PREA AUDIT REPORT ☐ Interim ☒ Final

ADULT PRISONS & JAILS

Date of report: Click here to enter text.

Auditor Information			
Auditor name: Howard Sweeney - The Nakamoto Group			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
Email: walt.sweeney@nakamotogroup.com			
Telephone number: 301-468-6535			
Date of facility visit: December 2- 4, 2015			
Facility Information			
Facility name: Graham Correctional Center			
Facility physical address: 12078 IL Rte. 185, Hillsboro, IL 62049			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 217-532-6961			
The facility is:	☐ Federal	☒ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☒ Prison	☐ Jail	
Name of facility's Chief Executive Officer: Cecil.E. Polley			
Number of staff assigned to the facility in the last 12 months: 426			
Designed facility capacity: 2012			
Current population of facility: 1873			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 18-99			
Name of PREA Compliance Manager: Sherry Kalicak		**Title:** Psychologist/PREA Compliance Manger	
Email address: sherry.kalicak@doc.illinois.gov		**Telephone number:** 217-532-6961	
Agency Information			
Name of agency: Illinois Department of Corrections			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 1301 Concordia Court, Springfield, IL 62794-9277			
Mailing address: *(if different from above)* Click here to enter text.			
Telephone number: 217-558-2200			
Agency Chief Executive Officer			
Name: John R. Baldwin		**Title:** Acting Director	
Email address: john.baldwin@doc.illinois.gov		**Telephone number:** 217-55-2200	
Agency-Wide PREA Coordinator			
Name: Michael Funk		**Title:** PREA Coordinator	
Email address: mike.funk@doc.illinois.gov		**Telephone number:** 217-558-2200	

AUDIT FINDINGS

NARRATIVE

The onsite PREA audit of Graham Correctional Center was conducted from December 2 through December 4, 2015. Prior to the onsite audit, the facility submitted the Pre-Audit Questionnaire and provided supporting documentation for the responses in the questionnaire. An entrance meeting was held the first day of the audit to discuss any concerns regarding the audit process and finalize the facility tour and interview schedules. The following persons were in attendance: Michael Funk, Illinois Department of Corrections (IDOC) PREA Coordinator and Chief of Jail and Detention Standards; Cecil Polley, Graham Correction Center (GCC), Chief Administrator (Warden); Patrick Ross, Assistant Warden – Programs; and Sherry Kalicak, psychologist and Institution PREA Compliance Manager (IPCM). A comprehensive tour of the facility was conducted and included the facility's intake, all housing units, segregation housing unit, health care areas and recreation areas, food service areas, education and programming areas. During the tour, it was noted that there were only six video monitoring cameras in the entire facility and it was learned that none of the cameras were functional. However, it was also noted that staffing was sufficient to ensure a safe environment for inmates and staff. Also during the tour, female employees were always announced when entering an area where male inmates were present. Additionally, a sign indicating that a female is on the unit is also posted in the observation bubble. Inmate interviews confirmed that this practice was performed but in some units, and is a fairly recent practice. Informal conversations with employees and inmates regarding the PREA standards were conducted during the tour. Postings regarding PREA reporting and the agency's zero tolerance policy for sexual abuse and harassment were prominently displayed in all housing units, common areas and throughout the facility. Audit notice postings were also identified in the same areas.

A total of 21 correctional officers were interviewed. Line officers, majors and lieutenants from all shifts were interviewed. All officers were aware of the agency's zero tolerance policy and knew their responsibilities to protect inmates from sexual abuse/harassment and their duties as first responders as part of a coordinated response. Specialized staff were also interviewed and included the Chief Administrative Officer (Warden), the IDOC PREA Coordinator, the current IPCM, the facility's chief investigator, volunteers, the health care unit administrator, health care providers and mental health providers. All staff, contractors and volunteers demonstrated a good understanding and knowledge of the PREA mission and standards and their responsibilities under the program.

Twenty inmates were interviewed and were randomly selected from all housing units. No inmates self-identified as being gay, bisexual or intersex. One inmate self-identified as being pre-operative transsexual. Two limited English proficient inmates were included in the group of 20 inmates. Of that group, there were no inmates in the facility at the time of the audit that had alleged sexual abuse; however, there was one inmate who had experienced sexual harassment and had sent a letter to this auditor as a result of the audit postings in the housing units. The concerns of that inmate were relayed to the warden, who immediately instituted an investigation regarding the inmate's concerns. All inmates interviewed demonstrated a good understanding of the PREA program and the prevention and reporting mechanisms.

The facility has had a sexual abuse and sexual harassment prevention and intervention program for many years. However, movement towards full adoption of the Adult Prison and Jail PREA standards has occurred over the last year and in some aspects, over the last couple of months.

Corrective Actions: Many of the standards that were noted as "not met", in the Interim Report required Illinois Department of Justice Administrative Directive revisions and subsequent Institution Directive revisions. The needed administrative directive/policy revisions were completed prior to the departure of this auditor and were awaiting signature by the agency director. Since that time, the agency director reviewed and signed the directives and the facility developed corresponding Institution Directives. As part of the corrective action process, the facility provided documentation of staff and offender education regarding the changes to policy and procedures. The facility has demonstrated implementation of new processes relating to training, screening, reporting, investigation and response with regards to sexual abuse and harassment.

DESCRIPTION OF FACILITY CHARACTERISTICS

Graham Correctional Center (GCC) is part of the Illinois Department of Corrections. GCC is a medium security facility located in rural southwestern Illinois, approximately 50 miles south of Springfield, Illinois. GCC houses only male offenders and does not house youthful offenders. The facility consists of 14 housing units plus a reception center, medical housing in the health care unit and a segregation unit. All inmates arrive to the facility through the reception center located with the secure perimeter of the facility. The average stay in the reception center is around 30 days. During an inmate's time in reception, they receive medical and mental health screening and examinations, are classified and receive an orientation to the IDOC. Following evaluation and classification procedures, inmates are either transferred to a housing unit within GCC or transported to a more appropriate correctional center within the IDOC. On their first day in reception, new arrivals are assessed for sexual victimization risk and past sexual abusive behavior. Referrals to appropriate medical and mental health providers are made when necessary. New arrivals receive printed information regarding the facility's PREA program and watch a video that provides additional information about the program. In addition to medical, dental, mental, health and social services, the facility offers education opportunities. The current design of the prison permits inmates to shower, change clothes and use toilet facilities with an adequate degree of privacy and avoid cross-gender viewing. The facility has a medical housing unit and has medical personnel on site at all times. Inmates requiring health care beyond the scope of services provided in the facility are transported to providers in the local community or to a hospital in Springfield, Illinois.

The mission of the Illinois Department of Corrections is to serve justice in Illinois and increase public safety by promoting positive change in offender behavior, operating successful reentry programs and reducing victimization.

SUMMARY OF AUDIT FINDINGS

Click here to enter text.

Number of standards exceeded: 0

Number of standards met: 41

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Illinois Department of Corrections (IDOC) Administrative Directive (AD) 04.03.301, Sexual Abuse and Harassment Prevention and Intervention Program; Graham Correctional Center (GCC) Institution Directive (ID) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and the agency and facility organizational charts address the requirements of the standard. The agency has appointed the Jail and Detention Standards manager as the agency wide PREA coordinator. The agency wide PREA coordinator is a certified PREA auditor and reports to the Deputy Chief of Operations. The warden has appointed the Chief of Mental Health as the facility PREA compliance manager. The PREA compliance manager reports directly to the warden regarding all PREA related concerns. Interviews with the agency wide coordinator and facility compliance manager confirmed that each has sufficient time and authority to coordinate efforts to comply with PREA standards. The agency and facility have a zero tolerance for all forms of sexual abuse and sexual harassment.

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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The agency meets the mandates of this standard. A review of the documentation submitted confirmed the agency requires other entities contracted with (The Safer Foundation) for the confinement of inmates to adopt and comply with the PREA standards. All agency contractual agreements were modified to incorporate the language requiring all contractors to adopt and comply with PREA standards.

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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GCC Institution Directives (ID) 01.02.102, Duty Administrative Officers and 01.02.103, Inspection Tours by Administrative Staff, address the requirements of the standard. A review of the facility staffing plan and interviews with the warden and human resource manager confirmed that the facility takes into consideration the items listed in the standard when developing the staffing plan. There have been no judicial findings of inadequacy; findings of inadequacy from Federal investigative agencies or findings of inadequacy from internal or external oversight bodies. The facility does not keep positions unfilled for salary savings and all mandatory posts are filled each shift. The facility reviews the staffing plan at least annually. The PREA coordinator may provide input as to whether adjustments may be required to meet PREA requirements. The review of housing unit logs and inspection logs confirmed that intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Staff are prohibited from alerting other employees regarding unannounced rounds.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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Not applicable. The facility does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation – Adult Process; GCC ID 04.03.104, Evaluations of Offenders with Gender Identification Disorders; Warden's Bulletin 2015-068, Knock and Announce Policy; Director's Memo titled Limits to Cross-Gender Viewing; and Title 20-Illinois Administrative Code address the requirements of the standard. The facility's rated capacity exceeds 50 inmates and the facility does not house female inmates. The facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or when performed by medical practitioners. There were no cross-gender visual body cavity searches conducted in the facility during the audit period. Staff and inmate interviews and the review of training documents confirmed compliance with the requirements. Inmate interviews confirmed that inmates are not delayed or prohibited from attending regularly available programming or other out-of-cell opportunities in order to comply with the standard. When conducted, officers are required to document all cross-gender strip searches and cross-gender visual body cavity searches. As confirmed by observation during the tour of all housing units, inmates are permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. The agency and facility have a "knock and announce" policy and procedures requiring staff of the opposite gender to announce their presence when entering an inmate housing unit. Inmate interviews confirmed that female staff announce their presence in housing units. In addition to the knock and announce procedures, a sign stating that female staff are

present is posted in the housing unit. Staff do not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. An interview with a pre-operative transgender inmate also confirmed compliance with the standard. The review of training documents confirmed that officers are trained how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Standard 115.16 Inmates with disabilities and inmates who are limited English proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.111, ADA Accommodations; AD 04 01 105, Facility Orientation; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101 Reception and Orientation; GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Inmate Orientation Insert; GCC Orientation Manual; American Sign Language Video Remote Interpretation Procedure; Language Interpretation Procedure; Title 4 – Illinois Administrative Code -Americans With Disabilities Act Grievance Procedures; address the requirements of the standard. Through policy and practice, the facility ensures that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. All PREA related information, including postings, brochures and handouts are available in English and in Spanish. Telephonic translation services are available through Propio Language Services are available for other languages. The facility also employs staff who are proficient in languages other than English. The facility does not rely on inmate interpreters, inmate readers, or other types of inmate assistants in the performance of first-response duties or the investigation of the inmate's allegations. Interviews with two non-English proficient inmates confirmed the availability and use of interpretive services.

Standard 115.17 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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IDOC AD 03.02.100, Administrative Review of Personnel Issues and AD 01.02.107, Background Investigation, address the requirements of the standard. All employees, contractors and volunteers who have regular contact with inmates have criminal background checks completed by the IDOC's Background Investigations Unit prior to having contact with inmates. The facility continuously monitors the background of employees through the computer criminal history check using the Law Enforcement Agencies Data System (LEADS). The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor who may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity. The facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to

enlist the services of any contractor, who may have contact with inmates. The facility has recently required the completion of a Prison Rape Elimination Act Pre-Employment Self Report. Employees have a duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

Standard 115.18 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not applicable. The facility has not had any substantial expansion or modification of existing facilities since August 20, 2012. Additionally, there has been no installation or updating of video monitoring systems, electronic surveillance systems, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

Standard 115.21 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; AD 01.12.112, Preservation of Physical Evidence; AD 01.12.120, Investigations of Unusual Incidents; and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention, address the requirements of the standard. The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Facility policy requires sexual assault victims to be "referred to health services for examination, treatment and evidence collection". An interview with the health care unit's physician revealed that although he had performed sexual assault evidence collection in the past, he had not performed this function in over ten years and that he was not comfortable performing this task without further training. The community hospital does not have certified Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) on staff. The closest community facility with known SAFE or SANE personnel on site is approximately one hour from the facility. All sexual abuse examinations, treatment, testing and follow-up care is provided without cost to the victim. Facility mental health staff offer victim advocacy services.

Administrative and criminal investigations are conducted by trained investigators who are full time employees of the facility. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. The review of training records confirmed that facility investigators have received training on the investigation of sexual abuse and harassment in confinement settings.

Corrective Action: Policy and procedures for victim Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner (SANE/SAFE) examinations and evidence gathering were modified. The facility no longer permits onsite medical providers to conduct examinations or forensic evidence gathering for sexual assault/abuse victims. New procedures require victims of sexual abuse to be transported to Memorial Medical Center in Springfield, Illinois, where SANE/SAFE staff are onsite at all times.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Title 20 Illinois Administrative Code - Part 112, Internal Investigations; AD 01.12.120 Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 01.12.101, Employee Criminal Misconduct; and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; address the requirements of the standard. The facility conducts both administrative and criminal investigations for allegations of sexual abuse and sexual harassment. When required, referrals are made to the Illinois State Police for investigation assistance and to the States Attorney in Montgomery County for possible prosecution. Investigations of allegations of sexual assault and sexual harassment were reviewed and none required referral to either agency. Investigators are trained in conducting sexual assault investigations in confined spaces/prisons.

Standard 115.31 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.03.102, Employee Training; GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and PREA Cadet Training and PREA cycle training PowerPoint Presentations; address the requirements of the standard. The review of lesson plans, training logs and PREA PowerPoint presentations confirmed that the provided training addressed all listed elements of the standard. The review of sign- in sheets for custody and non-custody personnel confirmed attendance for PREA training. All employee interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and harassment and their responsibilities. PREA training is part of new employee orientation and included each year as part of annual refresher (cycle) training.

Standard 115.32 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, IDOC, A Guide for the Prevention and Reporting of Sexual Abuse Offenders; Wexford Health Overview of 2003 PREA and Implementation; and GCC Volunteer Orientation training handout; address the requirements of the standard. The review of the lesson plans and training logs confirmed that volunteers and contractors who have regular contact with inmates received training regarding their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The review of sign in sheets confirmed attendance for PREA training. Contractor and volunteer interviews confirmed that the training was provided and that they understood the agency's zero-tolerance policy for sexual abuse and harassment and their responsibilities under the program. The level of training is appropriate for the services provided by the contractors and volunteers.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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IDOC AD 05.07.101 Reception and Orientation – Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Warden's Bulletin 2015-070, PREA Handouts; GCC Orientation Manual (Inmate); address the requirements of the standard.

Inmates receive information explaining the facility's zero-tolerance policy regarding sexual abuse and sexual assault within eight hours of arrival to the facility. A comprehensive orientation video that explains the facility's zero-tolerance policy is shown and covers the inmates right to be free from from sexual abuse, sexual harassment, and retaliation. The video describes the facility's response to such allegations and methods of reporting. The video is broadcast daily via closed circuit TV, in all housing units. The program is broadcast in English and Spanish.
Staff and telephonic translation services are available to inmates who are not proficient in English. Inmates also receive an Orientation Manual that includes PREA information. Inmates sign a form indicating receipt of PREA information. Inmate interviews confirmed that they received PREA information and they were aware of reporting methods, the zero-tolerance policy and their right to be free from retaliation. The tour of all housing units and common areas confirmed that PREA education posters were prominently displayed.

Standard 115.34 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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Administrative and criminal investigations are conducted by trained investigators who are full time employees of the facility. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. The review of training records confirmed that facility investigators have received training on the investigation of sexual abuse and harassment in confinement settings. The training curriculum was reviewed and contains all required items identified in the standard

Standard 115.35 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has a full-time medical and mental health care staff which includes a full-time physician and nurses on site at all times. The review of training records confirmed that health care staff receive the same PREA training as officers and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. Some medical staff have received training via the Wexford Health Overview of 2003 PREA and Implementation presentation. However, the interview with the Health Care Unit Administrator confirmed that all health care staff who work regularly in the facility have not been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; and (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment.

Corrective Action: The facility provided documentation that all full and part-time medical and mental health care practitioners who work regularly in the facility have been trained in the following:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment.

Standard 115.41 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101, Reception and Orientation; GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; DOC0372 Mental Health Screening form; and DOC0379 Evaluation of Suicide Potential form; address the requirements of the standard. All inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The screening is conducted by a mental health professional. The screening routinely occurs within 24 hours of the inmate's arrival but not more than 72 hours of the inmate's arrival at the facility. As confirmed by observation of the screening tool, the assessments are conducted using an objective screening instrument that includes obtaining the following information:
(1) Whether the inmate has a mental, physical, or developmental disability;
(2) The age of the inmate;
(3) The physical build of the inmate;
(4) Whether the inmate has previously been incarcerated;
(5) Whether the inmate's criminal history is exclusively nonviolent;
(6) Whether the inmate has prior convictions for sex offenses against an adult or child;
(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
(8) Whether the inmate has previously experienced sexual victimization;
(9) The inmate's own perception of vulnerability; and if
inmates housed at this facility are or are not detained solely for civil immigration purposes.
The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

The review of available screening documentation determined, that although required by agency and institution directives, reassessment of the inmate's risk of victimization or abusiveness was not conducted with 30 days the inmate's arrival at the facility.

An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Inmates are not disciplined for refusing to answer or for not disclosing complete information during the screening. Controls are in place to ensure that information received during the screening is only available to staff with a need to know and never to other inmates.

Corrective Action: Since the onsite audit, the warden has issued a memorandum requiring reassessment of an inmate's risk of victimization and abusiveness within 30 days of the inmate's arrival at the facility. Administrative Directives have also been issued requiring the reassessment. The facility has also provided documentation of conducting the 30 day reassessments for over two months.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders; GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and GRA0231 Predator Vulnerable Screening form address the requirements of the standard. Risk screening information is used by classification personnel, counselors and the housing lieutenant/assignment officer, to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis to ensure the safety of each inmate. In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the facility considers, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least twice each year. Transgender or intersex inmate's own views with respect to his or her own safety is given serious consideration. Transgender and intersex inmates are given the opportunity to shower separately from other inmates.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Title 20 Illinois Administrative Code, Protective Custody; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; address the requirements of the standard. Inmates at high risk for sexual victimization are not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit for the purposes of protective custody. The facility would document the reasons for restricting access and the length of time the restriction would last. Full compliance with the standard could not be determined, as there were no inmates placed in a special housing unit for protective custody due to vulnerability concerns. The Clinical Services Supervisor or other appropriate supervisor assigns correctional counselors to the protective custody area. An interview of each committed person in protective custody is conducted at least once every 30 days to evaluate the necessity of continued protective custody status.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 01.12.105, Reporting Unusual Incidents; GCC ID 01.12.105, Reporting Unusual Incidents; Offender Request form; Offender Handbook (and inserts); and the PREA MOU with the John Howard Association address the requirements of the standard. The agency provides multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Inmates may verbally or in writing report such incidents to staff; file a routine or emergency grievance; call the toll free PREA Report Line or write the John Howard Association or the IDOC. The John Howard Association is a private entity and is not connected with the IDOC. Inmates at GCC are not detained solely for civil immigration purposes. Staff accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. Staff can privately report sexual abuse and sexual harassment of inmates to the John Howard Association, a private entity, not associated with the IDOC. Inmates are informed about the reporting methods through the handbook, postings in the housing units and common areas and as part of the orientation video. All inmates interviewed were aware of multiple methods of reporting sexual abuse and harassment concerns.

Standard 115.52 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Title 20 Illinois Administrative Code, IDOC AD 04.01.114 and GCC ID 04.01.114 address the requirements of the standard. The agency and facility have policy and procedures addressing grievance procedures. At the time of the audit, the Illinois Administrative Code, Agency Directive and Institution Directive stated the following: "Offender grievances must be filed within 60 days after the discovery of the incident, occurrence, or problem that gives rise to the grievance. Grievances not filed within this time frame are considered only if the offender can demonstrate good cause for the untimely filing." There is no exception for sexual assault allegations. Neither the agency nor the facility requires an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and the grievance is not referred to a staff member who is the subject of the complaint. The agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within two months of the initial filing of the grievance. The inmate may appeal the decision within 30 days of receiving the final decision. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are be permitted to file such requests on behalf of inmates. Agency and institution directives address the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the facility immediately forwards the grievance the Chief Administrative Officer (Warden) for review, at which time immediate corrective action may be taken. At the time of the audit, policy did not specify times for initial or final response to an emergency grievance or that the initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Policy does not prohibit the agency from disciplining an inmate for filing a grievance related to alleged sexual abuse, where the agency demonstrates that the inmate filed the grievance in bad faith.

Corrective Action: Since the time of the onsite audit and the filing of this report, the agency has issued Agency Directives and Institution Directives that adequately address the non-compliant portions of this standard. The facility has provided documentation of employee and inmate education regarding the changes to grievance procedures that address sexual assault and the absence of a time limit for filing a related grievance.

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has provided the telephone numbers and addresses of seven community support service groups related to sexual abuse. None of the telephone numbers were identified as toll-free. No inmates housed in this facility are detained solely for civil immigration purposes. The facility has been unable to enter into a MOU with community service providers for confidential support services. The John Howard

Association acts as an anonymous reporting conduit between inmates and the IDOC. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Inmates are informed as part of their orientation process that all telephone calls are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well.

Standard 115.54 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The agency website lists methods for third parties to report sexual abuse and sexual harassment on behalf of an inmate. The website, (https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx) states the following:

"How to Report Institutional Sexual Abuse and/or Staff Sexual Misconduct

If you have information regarding an offender who has been sexually abused or sexually harassed while under IDOC custody or community supervision, please call: 217-558-4013.

Calls to this number at IDOC Headquarters are recorded. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit.

You do not have to give your name, but it is critical that you provide as many details as possible.

This includes:
•The name(s) and locations of persons involved;
•The name(s) or description of any witnesses to the incident;
•IDOC offender number (if an offender)
•A brief description of the incident(s)
•A brief description of where the event(s) occurred;
•The date(s), time, and place of occurrence(s);
•Names and contact information of others who might have additional information about the incident;
•Your contact phone number and address (optional)

IDOC investigates all allegations of offender–on–offender sexual abuse and staff sexual misconduct. The Investigation Unit at IDOC Headquarters initiates investigations. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation."

Standard 115.61 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 03.02.108, Standards of Conduct; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; Title 20 Illinois Administrative Code, Rules of Conduct; and GCC ID 03.02.108, Standards of Conduct address the requirements of the standard.
All staff, contractors and volunteers are required to report information or suspicion regarding sexual abuse or harassment or any staff neglect or violation that may contribute to an incident or retaliation. Employees are instructed to only report the instances to other employees with a need-to-know. All reports, including third party reports are submitted for investigation. Interviews with employees, contractors and volunteers confirmed they were aware of their reporting duties. Interviews with medical and mental health personnel confirmed that they were aware of their duty to report evidence or reports of sexual abuse and sexual harassment.

The facility does not house inmates under the age of 18.

Standard 115.62 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention, address the requirements of the standard. Employees are required to protect inmates who are subject to substantial risk of immanent sexual abuse. Staff interviews confirmed their knowledge of the requirement.

Standard 115.63 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention state the following: "Reports of sexual abuse or harassment occurring while an offender was housed at a different facility are reported to the Chief Administrative Officer of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received" During this audit period, the facility received one notification from another facility that an inmate formerly housed at GCC had been sexual assaulted. Documentation was reviewed and the allegation was investigated in accordance with the standards.

Standard 115.64 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301 addresses the requirements of the standard. All staff interviewed confirmed they were aware of their first responder and reporting responsibilities.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention provide detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with employees confirmed that they were knowledgeable regarding their responsibilities in the coordinated response.

Standard 115.66 Preservation of ability to protect inmates from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The current collective bargaining agreement was entered into July 2012, prior to the adoption of these standards. However, the current agreement does not prohibit the agency from removing alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.67 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. At the time of the onsite audit, the PREA Compliance Manager was charged with monitoring retaliation and policy required retaliation monitoring for 90 days. There was no formal process that included periodic status checks for inmates or the provision of monitoring beyond 90 days if initial monitoring indicates a continuing need. Between the conclusion of the onsite audit and the completion of the interim report, the agency and facility amended their respective sexual abuse and harassment prevention and intervention directives to include a more comprehensive staff and inmate retaliation monitoring program that meets the requirements of the standard. The policy revision also allows for monitoring beyond 90 days if necessary and periodic checks for inmates. The warden has designated members of the retaliation monitoring team. Staff and inmate monitoring forms have now been developed and approved.

Corrective Action: Since the onsite audit, the facility has provided documentation of staff and inmate training regarding the changes to policy and monitoring procedures.

Standard 115.68 Post-allegation protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Title 20 Illinois Administrative Code, Protective Custody; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; address the requirements of the standard. Inmates who allege to have suffered sexual abuse may be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. To the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in a special housing unit for the purposes of protective custody. The facility would document the reasons for restricting access and the length of time the restriction would last.

Standard 115.71 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As confirmed by the review of investigation documents, the facility promptly, thoroughly and objectively conducts its own investigations into allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Facility investigators have received special training in sexual abuse investigations pursuant to § 115.34. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. When the quality of evidence appears to support criminal prosecution, the agency conducts compelled interviews only after consulting with the State's Attorney in Montgomery County, as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and is not be determined by the person's status as inmate or staff. The agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Administrative investigations include all requirements of the standard. Substantiated allegations of conduct that appears to be criminal are referred for prosecution. The agency retains all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. When outside agencies investigate sexual abuse, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation.

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At the time of the onsite audit, the GCC Chief Investigator indicated that the standard for substantiation of sexual abuse or sexual harassment allegations was beyond a reasonable doubt and not a preponderance of evidence as required by the standard. Since the conclusion of the onsite audit and the completion of the interim report, the agency has amended the Sexual Abuse and Harassment Prevention and Intervention directive to state that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Corrective Action: Since the conclusion of the onsite audit, the Institution Directive has been changed to reflect that the evidentiary standard for substantiation of sexual abuse or sexual harassment is a preponderance of the evidence. The facility has demonstrated that the facility investigators have been instructed regarding the change.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility performs all administrative and criminal investigations. As confirmed by the review of documentation, inmate victims of sexual abuse are informed whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded. Additionally, unless an allegation regarding sexual abuse by a staff member is determined to be unfounded, the facility informs the inmate victim if the staff member is no longer posted within the inmate's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. If the inmate alleges sexual abuse by another inmate, the agency notifies the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Standard 115.76 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Title 20 Illinois Administrative code – Rules of conduct; IDOC AD 03.02.108, Standards of Conduct; IDOC AD 03.01.120, Employee Review Hearing; IDOC AD 03.01.310, Sexual Harassment; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and agency brochure Custodial Sexual Misconduct-Socialization Prevention; address the requirements of the standard. Employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The policy requiring reporting to relevant licensing bodies is a recent addition to written policy, however, it has been the long standing practice of the agency.

Standard 115.77 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 03.01.310, Sexual Harassment; IDOC AD 01.12.120, Investigations of Unusual Incidents; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; and GCC ID 04.01.122, Volunteer Services address the requirements of the standard. Contractors or volunteers who engage in sexual abuse are prohibited from contact with inmates and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. The facility would take appropriate remedial measures, and consider prohibiting further contact with inmates, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The policy requiring reporting to relevant licensing bodies is a recent addition to written policy; however, it has been the long standing practice of the agency.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Title 20 Illinois Administrative Code – Administration of Discipline; GCC Orientation Manual; and IDOC AD 05.12.103, Administration of Discipline for Offenders Identified as Seriously Mentally Ill address the requirements of the standard. Inmates found guilty of an administrative finding or criminal finding of inmate-on-inmate sexual abuse are subject to disciplinary sanctions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse. The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The agency prohibits all sexual activity between inmates and disciplines inmates for such activity. The agency does not find consensual sex between inmates to constitute sexual abuse.

Standard 115.81 Medical and mental health screenings; history of sexual abuse

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC Predator/Vulnerable Screening Form; and Authorization for Release of Offender Mental Health or Substance Abuse Treatment Information form; address the requirements of the standard. As confirmed by observation and review of intake screening documents, screening for prior sexual victimization in any setting is conducted by mental health professionals during in-processing procedures. If the screening indicates the inmate experienced prior sexual victimization, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days. Follow-up meetings with mental health providers routinely occur with 72 hours the initial screening. In-processing procedures also screen for previous sexual assaultive behavior in an institutional setting or in the community. Staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. The facility does not house inmates under the age of 18.

Standard 115.82 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Graham Correctional Center has onsite medical staffing at all times. Mental health providers are on site seven days per week and are available for call-back at any time. Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services within the facility or are transported to a medical facility in the community when health care needs exceed the level of care available within GCC. There is no financial cost to the inmate for any sexual abuse/harassment related incident related medical or mental health care, regardless of whether the victim names the abuser of cooperates with the incident investigation. Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to information on sexually transmitted infections prophylaxis.in accordance with professionally accepted standards of care, where medically appropriate.

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention, address the requirements of the standard. As confirmed by the review of policy and health records, the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-

up services. The facility would arrange for referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility has a fully staffed medical and mental health department and offers sexual abuse/harassment victims with medical and mental health services consistent with the community standard of care. Inmate victims of sexual abuse, while incarcerated, are offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
Mental health evaluations are conducted of all known inmate-on-inmate abusers within 60 days of learning of such abuse history. Treatment is offered when deemed appropriate by mental health practitioners. The facility does not house female offenders.

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention, addresses the requirements of the standard.
The warden has appointed the Assistant Warden – Programs; the Chief Investigator; and the Health Care Unit Administrator as members of the sexual abuse incident review team. As confirmed by a review of documentation, the facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The incident review occurs within 30 days of the conclusion of the investigation. The review team addresses all items identified in the standard and prepares a report for the warden and PREA compliance manager. The facility implements the recommendations for improvement, or documents its reasons for not doing so.

Standard 115.87 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention, addresses the requirements of the standard. As confirmed by observation and a review of documentation, the agency (IDOC) has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected includes data required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. The agency does not contract for the confinement of inmates.
Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.88 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and GCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention, address the requirements of the standard. The Administrative Directive and Institution Directive were effective July 1, 2015, and after the June 30th deadline for reporting. As a result, the first complete report has yet to be written. The July 1, 2015 policy requires the agency to collect and review data from all facilities in the State and to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The Administrative Directive requires the report to be published on the IDOC website and include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. At the time of the onsite audit, the facility had published aggregate statistical data regarding sexual abuse and sexual harassment in IDOC facilities for the prior fiscal year.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Agency data is retained in a secure filing system. Data maintained in computers is User ID and password protected. At the time of the onsite audit, the facility had published aggregate statistical data regarding sexual abuse and sexual harassment in IDOC facilities for the prior fiscal year. Personal identifiers are redacted. Agency policy requires maintaining sexual abuse data for at least 10 years after the date of the initial collection, unless federal, state, or local law requires otherwise.

AUDITOR CERTIFICATION

I certify that:

☒ The contents of this report are accurate to the best of my knowledge.

☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Howard Sweeney _____ February 29, 2016

Auditor Signature Date