PREA AUDIT REPORT ☐ INTERIM ■ FINAL

ADULT PRISONS & JAILS

NATIONAL PREA RESOURCE CENTER

BJA Bureau of Justice Assistance U.S. Department of Justice

Auditor Information			
Auditor name: Carolyn Rickards Williams			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
Email: carolyn.rickards@nakamotogroup.com			
Telephone number: (770) 565-3720			
Date of facility visit: April 11-12, 2016			
Facility Information			
Facility name: Hill Correctional Center			
Facility physical address: 600 S. Linwood Road, Galesburg, IL 61401			
Facility mailing address: *(if different from above)* N/A			
Facility telephone number: (309) 343-4212			
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: Stephanie Dorethy, Warden			
Number of staff assigned to the facility in the last 12 months: 385			
Designed facility capacity: 1867			
Current population of facility: 1741			
Facility security levels/inmate custody levels: Medium			
Age range of the population: 18 - 61			
Name of PREA Compliance Manager: Aimee Bequette-Chaney	**Title:**	Administrative	
Email address: aimee.bequettechaney@doc.illinois.gov	**Telephone number:**	(309) 343-4212,	
Agency Information			
Name of agency: Illinois Department of Corrections			
Governing authority or parent agency: *(if applicable)*			
Physical address: 1301 Concordia Court, Springfield, IL 62794			
Mailing address: *(if different from above)* P.O. Box 19277, Springfield, IL 62794			
Telephone number: (217) 558-2200			
Agency Chief Executive Officer			
Name: John Baldwin	**Title:**	Acting Director	
Email address: john.baldwin@doc.illinois.gov	**Telephone number:**	(217) 558-2200	
Agency-Wide PREA Coordinator			
Name: Mike Funk	**Title:**	Agency PREA	
Email address: mike.funk@doc.illinois.gov	**Telephone number:**	(217) 558-2200, ext.	

AUDIT FINDINGS

NARRATIVE

The on-site visit for the Prison Rape Elimination Act (PREA) compliance audit of the Hill Correctional Center (Hill CC) was conducted April 11-12, 2016 by Nakamoto Group Inc. auditor Carolyn Rickards Williams. When the auditor first arrived at the facility, an in-briefing meeting was held with the Warden, Associate Warden-Programs, PREA Compliance Manager and the Agency PREA Coordinator. Subsequent to the in-briefing, the auditor conducted an extensive tour of the facility. The facility cameras are located, primarily, inside and outside the units. Additional camera coverage includes, but is not limited to, the gym, vocational building, visiting room, food service and segregation. It should be noted that Hill is staffed sufficiently to ensure the safety of both offenders and staff on each shift.

The Hill Correctional Center, located in Galesburg, IL, is comprised of 71 acres of land, with 38 acres inside the perimeter fence. The institution is situated in the southwest corner of Galesburg and serves a medium security adult male population. The living units consist of four multiple occupancy cell housing units and one orientation/receiving unit. There are no single cell housing units. Additionally, there is one segregation unit, a 17-bed infirmary and two main recreational yards. The facility has a design capacity of 1867 and a current population of 1741. The average length of stay is approximately two years and the inmate age range is 18-61.

The standards used for this audit became effective August 20, 2012. This auditor discussed the information contained in the Pre-Audit Questionnaire with the facility PREA Compliance Manager. The Agency PREA Coordinator (IDOC) and Agency Head were previously interviewed telephonically. As part of the audit, a review of all agency and local facility PREA policies was conducted, as well as a tour of the facility. A total of 17 offenders were interviewed, with another 11 refusing to speak to the auditor. During the auditing period of 1/1/2015-1/19/2016, there were three reported allegations of sexual abuse, with two of the cases resulting in an administrative investigation. There were no substantiated complaints of sexual abuse committed by staff against an inmate.

A total of 67 staff were interviewed: 32 correctional officers (from all three 8 hour shifts) and 27 specialized staff were interviewed; to include four administrative staff and three contractual staff; to include two from medical and one from education. This auditor telephonically interviewed the Emergency Department Director at the hospital contracted to conduct forensic medical examinations by SANE/SAFE staff, for the Hill Correctional Center. According to the Director, when SAFE/SAFE staff are unavailable, the ER Director on duty would complete the rape kit and other requirements. The administrative staff interviewed included the Warden, Associate Warden-Programs, Administrative Assistant I and one Human Resource Representative.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Illinois Department of Corrections is to serve justice and increase public safety by promoting promoting positive change in offender behavior, operating successful reentry programs and reducing victimization. Hill fully supports the mission of the Illinois Department of Corrections (IDOC) through the development of security levels and supervision of offenders. The correctional center strives to provide a safe and secure environment to ensure the offender population will have the opportunity to participate in treatment and education programs that will better enable them to live productive lives upon release.

It is the policy of the facility to ensure all inmates have a full-time work assignment or program assignment, depending on availability, after completion of the orientation. Work assignments include, but are not limited to Dietary, Laundry, Maintenance and Industries, where milk, juice and meat products are processed and delivered to institutions throughout the Department. Offenders also work in Education/Recreation and perform unit orderly duties. Work assignments require the approval of the institutional assignment office and assigned offenders are expected to report to work on time. In order to maintain the safety and security of the institution, offenders are reassigned from most assignments, after a six month period.

Offenders are afforded appropriate opportunities to improve their knowledge and skills. Mandatory Adult Basic Education, Pre-GED and GED programs are available to the population, as well as Special Education. Courses offered at the community college level, through Lakeland College, include Remedial, Career Technologies, Custodial Maintenance, Auto Diesel, Business Management and Computer Technology. Other re-entry and programming opportunities include, but are not limited to, Substance Abuse Education, TRAC I and II Life Skills Program, Parole School, Lifestyle Redirection, Anger Management, Inside Out Dads, Fatherhood Initiative and Empathy Skills. The center library maintains an extensive legal collection, leisure and reference materials.

The facility has a Leisure Time Activities Program designed to offer a variety of activities related to sports and other physical activities. Offenders may participate in recreational activities at times that do not conflict with their primary work assignment.

The auditor concluded, through interviews and a review of policies and documentation, that the facility was in full compliance with all of the standards as outlined by the Prison Rape Elimination Act.

During the interviews, most offenders acknowledged that they received information about the facility's Zero Tolerance policy against sexual abuse, upon their arrival to the facility, that staff were respectful and they felt safe at the facility. Those offenders who have been incarcerated long-term, before the Agency implemented the PREA, acknowledged that they have subsequently received information about their right not to be sexually abused or harassed. They would feel comfortable reporting an incident of sexual abuse or sexual harassment to the unit officer or other available institution staff. Staff were able to describe their "first responder" responsibilities, if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, an "out-briefing" meeting was conducted. In addition to the PREA auditor, the Warden, Agency PREA Coordinator/Agency Jail and Detention Standards Manager and PREA Compliance Manager were in attendance. The auditor was provided extensive and lengthy files prior to the audit for review to support a conclusion of compliance with the PREA. There was one area of concern during the audit. A number of shower stalls did not have shower curtains or appropriate covering to ensure offenders were not completely exposed, when they showered. In order to ensure offenders were afforded privacy while showering, the auditor observed that shower curtains had been purchased and were installed in areas throughout the facility, where there had previously been none. Facility staff were found to be extremely courteous, cooperative and professional. At the conclusion of the audit, the auditor thanked the Warden and her staff for their dedication to the PREA process.

Number of standards exceeded: 1

Number of standards met: 40

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) PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; Administrative Directive (AD) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and Institution Directive (ID) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program meet the mandates of this standard. The Agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. In addition to the facility PREA Compliance Manager, there is a designated agency-wide PREA Coordinator to ensure adherence to the PREA. The facility PREA Compliance Manager reports to the Warden. A backup facility PREA Compliance Manager has also been appointed. Zero tolerance posters are displayed throughout every area of the institution. Both institution staff and inmates are provided with a variety of opportunities to become aware of the PREA. Staff receive initial in-service training and annual cycle training, thereafter. Both the Agency PREA Coordinator and facility PREA Compliance Manager advised they have 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)

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 meets the mandates of this standard. All agency contractual agreements were modified to incorporate the language requiring contractors to adopt and comply with PREA standards. The auditor reviewed the State of Illinois Standard Contract for Confinement of Inmates, Section 1.3.1.9, page 11, which mandates that the Vendor comply with the Prison Rape Elimination Act of 2003 and the National Standards to prevent, detect and respond to prison rape as contained in 28 CFR, part 115. Additionally, the Vendor agrees that the State or its representative shall have the right to examine any of the Vendor's records that relate to the contract.

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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AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and the Agency and facility organizational charts meet the mandates of this standard. Interviews with the Warden and Human Resource Manager revealed compliance with the PREA and, that the elements listed in the standard, as well as other safety and security issues are always a primary focus when they consider and review their respective staffing plan. There is no central control room and cameras are monitored by assigned staff from computer terminals. All videos are overridden, when the recording memory is exhausted. Although video monitoring systems are considered at staffing meetings, funds have not been allocated to expand facility monitoring resources. Sufficient staff are currently assigned to each shift to ensure the safety of both offenders and staff. The facility reviews the staffing plan at least annually and the staff complement is adequate. There have been no instances where the staffing plan was not complied with. Documentation of unannounced rounds covering all shifts by administrative staff was reviewed. Interviews with higher level facility staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff.

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 Hill Correctional Center 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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 13; Warden's Bulletin 15-71, Knock and Announce Policy Update; Acting Director's Memo, Limits to Cross-Gender Viewing and Title 20-Illinois Administrative Code, Chapter 1, 501, Sub-Chapter e, Searches for Contraband meet the mandates of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Staff indicated they received cross-gender pat search training during initial and annual cycle training. The auditor observed that inmates have the ability to change clothes and use the toilet in private, without being viewed by the opposite gender, however, shower curtains were not available for every shower stall in each unit. Additionally, approximately 70% of the inmates interviewed indicated there was a strong possibility that they could be naked in full view of female staff, due to some of the showers not having coverage. This concern was identified to the Warden and, prior to the end of the on site visit, shower curtains had been ordered, picked up and installed, to ensure the inmates had the ability to shower in private. All non-medical female staff are expected to make their presence known, when entering an offender housing unit. Staff reported that employees of the opposite gender announce their presence before entering a housing unit, however, approximately 70% of the inmates interviewed indicated that female staff failed to announce their presence or did it infrequently. That same 70% also acknowledged that signage, which indicates female staff routinely enter the unit, is posted throughout the unit. Additionally, the auditor observed colorful written notifications, that opposite gender staff routinely come into the units, are posted at the entrance of living areas and throughout the units. The training curriculum includes Searches of Transgender and Intersex Offenders and staff were well aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status.

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.

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; PREA Spanish Orientation Insert; Inmate Orientation Manual (English and Spanish); American Sign Language Video Remote Interpretation Procedure and DR 475 ADA Grievance Procedure address the mandates of this standard. Hill takes appropriate steps to ensure inmates with disabilities and inmates with Limited English Proficiency have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. PREA handouts, bulletin board postings and orientation manuals are in both English and Spanish. Additionally, the Agency has a contract with the Center for Sight and Hearing Video Remote Interpretation Services. The above-mentioned documents were submitted and reviewed by the auditor. Telephonic translation services are available through Propio Language Services LLC. Procedures are in place that provide clear direction on how to successfully access the language interpretation service and staff who were interviewed were well aware of the policy that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues.

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)

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pages 16-17, Hiring and Promotion decisions; AD 03.02.106, Amendment to Administrative Directive, Filling Vacancies; DOC 0450, PREA Pre-Employment Self-Report Form and AD 01.02.107, Background Investigation, pages 2-4, General Provisions meet the mandates of this standard. All applicants, employees, contractual employees and interns must have their background investigations completed by the Agency's Background Investigations Unit and be approved for employment at the Agency level. Current procedures require all applicants seeking employment with the Department to complete and submit DOC 0450, prior to being considered for hire. Additionally, all current employees, who are selected for hire to a position, are required to complete DOC 0450, as well as update, as needed, any other Department employment forms. Policy requires DOC 0450 to be maintained on file, along with all information gathered during the screening process for background investigations, in the Background Investigation Unit. The Agency continuously monitors the background of employees through the Law Enforcement Agency Data System (LEADS), which is the criminal history check/fingerprinting daily reporting system.

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 Hill Correctional Center has had no substantial expansions/modifications to the facility or installation of updated monitoring technology since August 20, 2012.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents and Illinois State Police (ISP)/Illinois Department of Corrections Memorandum of Understanding meet the mandates of this standard. Correctional and Health Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Internal Affairs Investigator conducted investigations relative to sexual abuse allegations. The current established facility protocol mandates that all forensic medical examinations be conducted by a SANE/SAFE (Sexual Abuse Nurse Examiner/Sexual Abuse Forensic Examiner) nurse on staff at Unity Point Methodist Health Hospital in Peoria, IL. The examinations are performed without cost to the offender. Prior to the current mandate to transport all offenders to a local hospital for examination, one forensic medical exam was conducted during the past 12 months by a qualified medical practitioner on staff at the facility. The institution does not have a Memorandum of Understanding with an outside local rape crisis center, but has developed a partnership with Illinois Coalition Against Sexual Assault (ICASA). Written documentation is on file which details their efforts to secure a partnership with a local sexual assault advocacy group. Qualified Mental Health Professionals are on staff at the facility to provide victim advocacy services to the inmates. Administrative investigations are conducted by trained investigators who are full time employees at the facility. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police (ISP), who follow the requirements of the standard. The Memorandum of Understanding between the two agencies clearly clarifies the responsibilities of both entities; the IDOC will investigate inmate-on-staff and inmate-on-inmate sexual assaults and the ISP will conduct investigations involving staff-on-staff and

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.

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 Conduct and Illinois State Police/Illinois Department of Corrections Memorandum of Understanding meet the mandates of this standard. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. The Memorandum of Understanding clearly clarifies the responsibilities of both entities; the IDOC will investigate inmate-on-staff and inmate-on-inmate sexual assaults and the ISP will conduct investigations involving staff-on-staff and staff-on-inmate sexual assaults. When there is substantial evidence that a criminal act has taken place, the case is referred to the State's Attorney for possible prosecution. There have been no referrals for criminal investigation in the past 12 months. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment and facility investigators are trained in conducting sexual assault investigations in confined settings/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)

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AD 03.03.102, Employee Training; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Cadet/PSOT Training; PREA Training Power-Point Presentation; Annual Cycle Training and PREA Compliance Manager Training meet the mandates of this standard. Newly hired employees receive extensive training relative to PREA standards at their initial training at the Training Academy. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities by the facility PREA Compliance Manager. All staff are also mandated to receive training annually and the curriculum includes PREA requirements. In addition to reviewing the training curriculum, training sign-in sheets and other related documentation, department staff, contractual staff and volunteers interviewed indicated they were required to acknowledge, in writing, not only that they received PREA training, but that they understood it as well.

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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AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; DOC 0042, Volunteer Service Orientation Checklist; IDOC: A Guide for the Prevention and Reporting of Sexual Abuse with Offenders; FY16 Cycle Training Schedule; Wexford PREA Training Power Point and Wexford Health Training Verification Summary Form/Sign-in Sheet meet the mandates of this standard. There are 26 contractual employees and 31 volunteers who have received PREA training, to include the agency's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. Interviews were conducted with contract staff which revealed that they received the appropriate training. There were no volunteers available to be interviewed during the audit.

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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PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 23, Inmate Education; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 7, Requirements; Inmate Orientation Manual (English and Spanish); PREA Posters (English and Spanish); IDOC PREA Pamphlet: Sexual Abuse and Custodial Sexual Misconduct; Offender Orientation Insert and the Offender Orientation Receipt meet the mandates of this standard. The facility puts forth its best efforts in educating the inmates about PREA. Inmates receive information during the intake process that includes a PREA handout and offender handbook, printed in both English and Spanish. There are professionally manufactured and colorful "End the Silence" posters bolted to the walls, throughout the facility. In each housing unit, a PREA "Report Line" telephone number, which may be called to report sexual abuse or sexual harassment, is posted on the bulletin boards and beside each unit telephone. The Illinois Department of Corrections' mailing address is also posted in each housing unit for inmates to write, concerning any sexual abuse or sexual harassment allegation. There is a language line available for Limited English Proficient inmates. This auditor reviewed a random sampling of A&O Checklists to verify those inmates admitted during the auditing period received sexual assault/assault prevention & intervention education and other relevant written materials. All inmates were required to acknowledge in writing they completed PREA education. The facility also offers an inmate information channel (Channel 20), which is available on each inmate personal television, as well as televisions in unit common areas. The information, to include PREA continuing education (16 minute video), is provided in both English and Spanish. The information must be approved by the Warden and the channel is maintained and monitored by the Leisure Time Services Officer.

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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AD 01.12.115, Institutional Investigative Assignments, pg 2, Requirements; PREA for Investigators (IDOC Training Academy) Power Point and Basic Intel Officer Training Curriculum/Record meet the mandates of this standard. Administrative investigations are conducted by trained investigators who are full time employees at the facility. When required, the facility investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. Facility investigators have received PREA specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting. This auditor reviewed the specialized training documentation on file.

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)

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PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 24, Specialized Training: Medical and Mental Health Care; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Power Point Presentation; FY 2015 Educational Training In-service Log; Evidence Collection Training Tape; Wexford Mental Health Orientation; IDOC PREA: What Health Care and Mental Health Providers Need to Know Quiz and PREA for Health Care and Mental Health Providers Curriculum Approval Sheet meet the mandates of this standard. Health care services at the Hill Correctional Center are contracted out to Wexford Health Sources Incorporated. Medical staff at the facility no longer perform forensic examinations at the facility, per a directive from the Warden, mandating that any sexual abuse cases be transported to the emergency room at Unity Point Methodist Health Hospital, Peoria, IL. Mental and medical health practitioners are required to receive specialized training on victim identification, interviewing, reporting and clinical interventions.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 5, Requirements; AD 05.07.101, Reception and Orientation-Adult Process, pages 1-5, Requirements; Hill CC Procedure #G40.06.500, Receiving and Screening, pg 2; DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse; DOC 0372, Mental Health Screening form and DOC 0379, Evaluation of Suicide Potential Form, meet the mandates of this standard. The initial intake screening is conducted at the Reception and Classification Center and, thereafter, at each designated facility, per IDOC policy and procedures. Inmates are ordinarily screened within 72 hours of admission or transfer to this facility. The screening tool includes all the criteria necessary to assess the inmate's risk of sexual victimization and the inmate's risk of being sexually abusive. The auditor reviewed copies of the screening tool and finds the facility is in compliance with the standard. Access to information related to sexual abuse occurring in the facility is limited to medical and mental health practitioners to the extent possible, and other key staff on an need-to-know basis.

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.

PREA Sexual Abuse and Harassment and Prevention and Intervention Manual, pg 27, Screening Information; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders, pg 5, Requirements; DOC 0494 and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, meet the mandates of this standard. Agency policy and institution procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. Interviews with risk management staff also support the finding that the facility is in compliance with this standard. When determining 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 agency 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 own safety are 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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 28, Protective Custody; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and Title 20 Illinois Administrative Code, Protective Custody, meet the mandates of this standard. Hill Correctional Center's segregation unit has a total of 32 administrative and disciplinary cells. Offenders at high risk for sexual victimization are not placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and there is no available means of separating the inmate from the abuser. 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. Should any restrictions apply, the facility would document the privileges that were limited, the rationale for the limitation and the duration of the limitations. The inmates are reassessed at least once every 30 days, after being placed in the segregation unit. There were no inmates at risk of sexual victimization held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Additionally, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. There were no inmates in protective custody status during the time of the audit.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 29, Inmate Reporting; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 7, Offender Education; PREA Poster: How to Report; Inmate Orientation Manual (English and Spanish); MOU Between IDOC/John Howard Association; DOC 0286, Offender Request Form; DOC 0387, Mental Health Services Referral, ADA and PREA Report Line (217) 558-4013 meet the mandates of this standard. A review of documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and third party reporting) for inmates to report sexual abuse/sexual harassment. The John Howard Association is a private entity and is not associated or otherwise connected to the IDOC. The facility has procedures in place for staff to document all allegations. There are posters and other documents on display throughout the facility (observed by auditor) which also explain reporting methods. All inmates interviewed indicated they had been advised of the multiple ways to report sexual abuse and sexual harassment and, in addition to having PREA posters visible throughout the facility, they had been given a variety of reading materials that contained the information. The PREA Report Hotline is available to staff, as well, to privately report sexual abuse and harassment of inmates. Offenders at Hill are not detained solely for civil immigration purposes.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pages 30-31, Exhaustion of Administrative Remedies; AD 04.01.114, Local Offender Grievance Procedure (Revised January 1, 2016) and DOC 0046, Offender Grievance Form (English and Spanish) meet the mandates of this standard. Offenders are permitted to file a grievance alleging sexual abuse at any time, without using the informal grievance process or submitting it to the staff member who is subject of the complaint. Policy mandates the Agency to provide an initial response within 48 hours and a final decision within 5 calendar days relative to emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse. Additionally, the initial response and final decision would document the Department's determination whether the offender is subject to a substantial risk of imminent sexual abuse. The Agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the Agency demonstrates that the inmate filed the grievance in bad faith. During the past 12 months, there was one grievance filed that alleged sexual abuse. The final decision was reached within 90 days, after being filed, and no extension was required.

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.

ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 7, Requirements and Inmate Orientation Manual PREA Information Insert (English and Spanish) meet the mandates of this standard. The facility has developed a partnership with the Illinois Coalition Against Sexual Assault (ICASA), Springfield, IL to provide victim advocacy services. Another outside confidential support services resource, available to the inmate population, is the Rape Abuse and Incest National Network (RAINN) (1/800-656-HOPE). No inmates housed in this facility are detained solely for civil immigration purposes. 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. Monitoring notices are also posted next to each telephone designated for offender use. The Inmate Orientation Manual PREA Information Insert outlines the steps of how to report and who to report to, and where to report, along with the PREA Report Line telephone number.

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 IDOC Sexual Abuse and Custodial Sexual Misconduct Pamphlet; Third Party Reporting Pamphlet (Visiting Room); Inmate Orientation Manual PREA Information Insert and IDOC Website: https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx meet the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with both staff and offenders revealed they were aware of the procedures for third-party reporting or know how to get the information, if necessary .

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pages 32-33, Staff and Agency Reporting duties, addresses the mandates of this standard. Staff interviewed were well aware of their duty to immediately report all allegations of sexual abuse, sexual harassment and retaliation relevant to PREA standards. There were no volunteers available for interview; however, contract staff indicated they had received PREA training and were well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 33, Agency Protection Duties; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pages 10-11, General Provisions and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 5, General Provisions, meet the mandates of this standard. Staff interviewed were well aware of their first responder duties and responsibilities, as it relates to them having knowledge of an inmate being at imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the inmate. They also stated they would separate the potential victim/predator, secure the potential crime scene to protect possible evidence, not allow inmates to destroy possible evidence and contact the shift supervisor, medical and psychology staff. In the past 12 months, there were no instances where facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 34, Reporting to Other Confinement Facilities and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 8, Requirements meet the mandates of this standard. Policy requires that any allegation by an inmate that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of receipt of the allegation. In the past 12 months, there were no allegations received that an inmate was abused while confined at another facility. Reports of sexual abuse or harassment, occurring while an offender was housed at a different facility, would be documented and investigated by agency trained investigators.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. All staff interviewed were extremely knowledgeable concerning their first responder duties and responsibilities, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the inmates, secure the potential crime scene, would not allow inmates to destroy any evidence, contact the shift supervisor and refer the inmate to medical and psychology staff. Policy dictates that a member of the security staff shall be promptly notified, if the first responder is other than security staff. During the past 12 months, there was one instance in which the first to respond was a non-security staff member. As required by policy, the non-security staff member notified security staff and requested the alleged victim not take any actions that could destroy physical evidence.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 65; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and Hill Correctional Center PREA Response Plan 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 process.

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.

There is currently no collective bargaining agreement between the Illinois Department of Corrections and unions relative to the Prison Rape Elimination Act. The last collective bargaining agreement was entered into July 2012, prior to the adoption of these standards. However, that 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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 11, Protection Against Retaliation; DOC 0498, PREA Retaliation Monitor Form-Offender and DOC 0499, PREA Retaliation Monitor Form-Staff meet the mandates of this standard. The Agency has a comprehensive monitoring program in place, that includes periodic status checks for inmates or the provision of monitoring beyond 90 days, if there is a continuing need. The review shall include, but not be limited to disciplinary reports, housing, program changes and facility transfers for the offender and negative performance reviews and job assignments for staff. DOC 0498 is used to document periodic status checks, protection measures employed, concerns reported by the offender and whether the monitoring will be continued past the initial 90 days. Additionally, DOC 0499 is used to document the concerns reported by the staff member, protective measures employed and whether the monitoring will be continued past the initial 90 days.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 6, Housing; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 37, Post-allegation Protective Custody meet the mandates of this standard. Inmates alleged to have suffered sexual abuse or identified as being vulnerable are not placed in involuntary segregated housing, unless an assessment of all available alternatives had been made and there is a determination that there is no available alternative means of separation from likely abusers. Current policy also mandates that the placement shall only be continued until an alternative means of separation can be provided, and such placement in segregation shall not ordinarily exceed a period of 30 days. There were no offenders placed in involuntary segregation status for any duration, during this rating period.

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.

Title 20 Administrative Code, DR Part 112, Internal Investigation; AD 01.12.101, Employee Criminal Misconduct and AD 01.12.120, Investigations of Unusual Incidents address the mandates of this standard. 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 the necessary special training in sexual abuse investigations. Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and any available electronic monitoring data. Interviews are conducted with the alleged victim, suspected perpetrator and potential witnesses. The trained investigators also 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's Office to determine 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 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. Substantiated allegations that appear to be criminal are referred for prosecution. The agency retains all written reports for as long as the alleged abuser is incarcerated or staff are employed by the agency, plus five years. If the staff member alleged to have committed sexual abuse terminates employment prior to the investigation being completed or victim/alleged abuser leaves the facility prior to the completion of the investigation, the investigation is not terminated, but pursued until a finding is obtained. When the investigation is

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 9, Investigation and Referral for Discipline or Prosecution meets the mandates of this standard. Agency policy mandates that no standard higher than a preponderance of the evidence should be imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 10, Conclusion of Investigation; PREA Sexual Abuse and Harassment Prevention and Intervention Manual, pg 40, Reporting to Inmates and IDOC Victim Notification of Completed PREA Investigation Findings Memorandum address the mandates of this standard. The Agency has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse in an Agency facility is informed, verbally or in writing, whether the allegation has been determined to be substantiated, unsubstantiated or unfounded, at the conclusion of the investigation. During this auditing period, there were no criminal/administrative investigations of alleged sexual abuse that were completed by an outside agency (Illinois State Police). There was one administrative sexual abuse allegation investigation that was completed by facility investigators; that inmate was notified in writing of the results of the investigation and a copy is maintained on file.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 41, Disciplinary Sanctions for Staff; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 3, General Provisions; AD 03.01.120, Employee Review Hearing; AD 03.01.310, Sexual Harassment, pg 3, Requirements and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention address the mandates of this 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. In the past 12 months, there were no facility staff found to have violated Agency sexual abuse or sexual harassment policy.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 41, Corrective Action for Contractors and Volunteers and AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 10, Conclusion of Investigation address the mandates of this 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. In the past 12 months, there were no contractors/volunteers reported to have engaged in an act of sexual abuse with an inmate.

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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pg 42, Disciplinary Sanctions for Inmates; Title 20, Illinois Administrative Code–Administration of Discipline, pages 1-2, Offenses and Maximum Penalties; AD 05.12.103, Administration of Discipline for Offenders Identified as Seriously Mentally Ill, pg 1, Policy Statement; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 10, Conclusion of Investigation and Hill CC Disciplinary Tracking Violation Breakdown address the mandates of this 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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 6, Requirements; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pg 7, Requirements; DOC 0372, Mental Health Screening Form; DOC 0284, Mental Health Treatment Plan; DOC 0379, Evaluation of Suicide Potential; PREA Checklist and Authorization for Release of Offender Mental Health or Substance Abuse Treatment Information Form address the mandates of this standard. Observation and review of intake screening documents supports the finding that 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 ensure 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 within 72 hours of 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 on a need-to-know-basis 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 offenders under the age of 18. All information is handled confidentially and interviews with staff support a finding that the facility is in compliance with this standard.

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.

The Hill Correctional Center has Wexford Health Sources Incorporated contract medical staff on duty 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 at Hill. There is no financial cost to the inmate for any sexual abuse/harassment 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 sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The are no female offenders housed at Hill.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pages 7-9, Crisis Intervention and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, pages 7-8, Crisis Intervention address the mandates of this standard. 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 fully staffed medical and mental health departments 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 on 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. A review of documentation and interviews with medical/mental health staff support the finding that this facility is in compliance with this standard.

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.

ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and August 2015 Director's Designating Incident Review Team Memorandum address the mandates of this standard. The Warden has designated the facility PREA Compliance Manager/Administrative Assistant I, Clinical Casework Supervisor, Director of Nursing, Chaplain, Internal Affairs Lieutenant, a Qualified Mental Health Professional, a Licensed Professional Counselor and the Health Care Unit Administrator to be members of the Incident Review Team. 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 a report is prepared by the PREA Compliance Manager for the Warden. The facility implements the recommendations for improvement, or documents its reasons for not doing so. Documentation for any recommendation not implemented is maintained.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA FY 2015 Annual Compliance Report; Hill 2015 Annual PREA Compliance Report; PREA Checklist and the PREA After-Action Checklist address the mandates of this standard. Observation and a review of documentation support the determination that the Illinois Department of Corrections 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. 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.

PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, pages 49-50, Data Review for Corrective Action and IDOC Website Annual Reports address the mandates of this standard. 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, to include 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 report is 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. Additionally, the report shall provide an assessment of the Agency's progress in addressing sexual abuse.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the IDOC website. The reports cover all data required in the elements of this standard.

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.

Carolyn Rickards Williams May 11, 2016

Auditor Signature Date