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: Marie J. Carter Calvin			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
Email: marie.carter@nakamotogroup.com			
Telephone number: (904) 962-4300			
Date of facility visit: March 28-30, 2016			
Facility Information			
Facility name: Pontiac Correctional Center			
Facility physical address: 700 W. Lincoln St., Pontiac, IL 61764			
Facility mailing address: *(if different from above)* P.O. Box 99, Pontiac, IL 61764			
Facility telephone number: 815-842-2816			
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: Guy D. Pierce, Warden			
Number of staff assigned to the facility in the last 12 months: 444			
Designed facility capacity: 2104			
Current population of facility: 2001			
Facility security levels/inmate custody levels: Maximum-Medium/Maximum/Medium			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Jacob Walters	**Title:**	Clinical Services	
Email address: jacob.walters@doc.illinois.gov	**Telephone number:**	815-842-2816	
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 Pontiac Correctional Center (PCC) was conducted March 28-30, 2016 by Nakamoto Group Inc. auditor Marie J. Carter Calvin. When the auditor first arrived at the facility, an in-briefing meeting was held with the Warden, Assistant Wardens, PREA Compliance Manager, Administrative Assistant I and the Agency PREA Coordinator. Subsequent to the in-briefing, the auditor conducted an extensive tour of the facility.

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 and the Administrative Assistant 1. 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. In the past year, there was 50 incidents of a reported allegation of sexual abuse/harassment. There were 23 cases unsubstantiated, one case involving sexual abuse of a staff on inmate in which the employee resigned and the case was referred for possible prosecution, 21 cases are pending some stage of investigation, and one case was an allegation of alleged sexual abuse/sexual harassment that took place at another facility. That case was referred to the proper authorities. A review of the investigative files revealed that the investigations were conducted properly and are completed following the guidance of the agency policy and meets the mandates of the standards.

A total of 75 staff were interviewed: 34 correctional officers (from all three 8 hour shifts); six administrative staff; 6 medical contract staff; and 32 specialized and random staff were interviewed. The administrative staff interviewed included the Warden, two Assistant Wardens, and Human Resource Manager. The investigative files were reviewed and found to be complete.

A total of 70 inmates were interviewed which included three LEP/Disabled, three trangenders, one inmate that reported an allegation of sexual abuse, and no inmates refused.

The auditor concluded, through interviews and review of policies and documentation, that all staff and inmates were very knowledgeable concerning their responsibilities involving the PREA. During the interviews, the inmates 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 that they felt safe at the facility. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an incident occurred or an allegation of sexual abuse/sexual harassment was made.

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. The mission of this facility is to protect the public from criminal offenders through a system of incarceration and supervision which securely segregates offenders from society, assures offenders of their constitutional rights and maintains programs to enhance the success of offenders' re-entry into society.

The facility consists of a total of 63 buildings which comprise more than 744,000 square feet. The facility sits on a 37-acre site, with 32 acres being enclosed by fencing. Pontiac Correctional Center (PCC) is currently the most diverse of all the male facilities within the State of Illinois Department of Corrections, housing nine (9) different/separate types of populations. These population include: 1- inmates serving long-term disciplinary segregation terms from facilities throughout the state system; 2- inmates who are unable to live in general population settings and have requested and been granted protective custody from other offenders; 3- inmates requiring specialized mental health treatment due to long segregation terms; 4- inmates who had been incarcerated at the Tamms Maximum Security Unit, which closed and requires reviews every 90-days; 5- inmates who currently have active warrants issued from other law enforcement jurisdictions. PCC acts a liaison between these jurisdictions and the Illinois Department of Corrections, arranging the transfer of custody of these offenders to the jurisdiction with the active warrant; 6- inmates that have an immigration warrant awaiting discharge or parole and will be released to ICE for possible deportation; 7- inmates from other facilities, who have pending court dates in the northern district; 8- inmates are offered step down segregation housing to prepare to be reassigned to a more traditional correctional setting; and finally 9- inmates housed in a specialized medium security unit that is used primarily as workers both inside and outside of the maximum security facility. The inmate population age range is 18-65.

Pontiac Correctional Center offers long term segregation offenders the opportunity to actively work to shorten their segregation time by participating in the Long Term Segregation Incentive Program. Offenders can receive services and earn privileges as a direct result of good institutional adjustment. The program is goal orientated, based on appropriate self-management of emotions and offers incentives for positive behavior. The offender must meet the listed criteria and must have the Warden's approval to participate. There are three tiers that focus on Anger Management, Healthy Relationships and Lifestyle Redirection. Self-directed reading material and work sheets are provided to each participant by the facility designated Program Administrator. Each participant must complete the worksheets and return them to the Program Administrator to be reviewed. After tier 1 is completed, the offender will be submitted for a segregation and C-grade cut and will also be able to make a phone call to their family/friends. After they complete tier 2, they will be able to make a phone call and they will receive one extra shower per week. Completion of tier 3 will result in removal from segregation. Each tier is estimated to last two months, resulting in a six-month program. Any inmate who receives a disciplinary report while in the program may be removed or the offender may have to complete a tier again.

The inmates assigned to the medium security unit provide all the maintenance for the facility. The dietary department has established a very productive garden throughout the facility that is maintained by the inmates housed the medium security unit. Throughout the year, the inmates are allowed to grow a variety of vegetables. The most commonly grown are green bell peppers, cantaloupe, cucumbers, hot peppers, radishes, and okra. The produce is used to supplement the dietary budget and allows the inmates to develop a skill that can be used once released from the facility. In addition, the inmates have a sustainable recycling program the includes, but not limited to, recycling steel cans, cardboard, paper, plastic bottles, motor oil, batteries, tires, and wooden pallets.

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, the Agency PREA Coordinator, 2 Assistant Wardens, the PREA Compliance Manager, Chief of Security, Administrative Assistant 1, and the Internal Security Investigator 2 were in attendance. There are 91cameras throughout the facility , with 77 distributed in and around the housing units. Pontiac Correctional Center was found to be staffed sufficiently to ensure the safety of both inmates and staff on each shift. The facility staff were found to be extremely courteous, cooperative and professional. All areas of the facility were found to be clean and well maintained.

There were three blind spots Identified during the tour. In order to enhance staff supervision and the security of inmates in those areas, two conclave mirrors were installed in the warehouse and one blind spot identified in the dry storage area was corrected by redirecting the staff coverage when inmates were working in that area.

Number of standards exceeded: 0

Number of standards met: 42

Number of standards not met: 0

Number of standards not applicable: 1

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) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Institution Directive (ID) 04.01.301, Offender Sexual Assaults-Prevention and Intervention 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 PREA Coordinator to ensure adherence to PREA. IDOC policy mandates that the facility PREA Compliance Manager be a Qualified Mental Health Professional. The facility PREA Compliance Manager reports to the Warden. 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 training, thereafter. Both the agency PREA Coordinator and facility 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 PREA of 2003 and the National Standards to prevent, detect and respond to prison rape as contained in 28 CFR, part 115.

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)

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; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and the agency and facility organizational charts meet the mandates of this standard. Interviews with the Warden and Assistant Wardens 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 are 91 cameras throughout the facility, 77 in the housing units and the remaining are distributed throughout the inside and outside of the facility. The facility has received 19 new cameras, two DVRs and 2 video monitors since 2014. Sufficient staff are 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 staff confirmed unannounced rounds to all areas of the institution are conducted on a weekly basis, with no warning to staff. There were three blind spots Identified during the tour. In order to enhance staff supervision and the security of inmates in those areas, two conclave mirrors were installed in the warehouse and one blind spot identified in the dry storage area was corrected by redirecting the staff coverage when inmates were working in that area.

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)

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 Pontiac 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.

AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation–Adult Process; ID 04.03.104, Evaluations of Offenders with Gender Identification Disorders; DR 501, Searches for and Disposition of Contraband; Warden's Bulletin 15-75, 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, meets 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 training. The auditor observed each unit has individual shower stalls with shower curtains for privacy purposes. Inmates, officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by the opposite gender. Inmates and staff reported staff of the opposite gender announce their presence before entering a housing unit and at the beginning of the shift. The speaker system is used to announce, at the beginning of each shift, the possibility of opposite gender staff entering the housing unit. Additionally, the auditor observed written notifications that opposite gender staff routinely come into the units are posted at the entrance of living areas and throughout the units. The postings are written in both English and Spanish. 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; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; PREA Inmate Orientation Insert; Orientation Manual; DR 475 ADA Grievance Procedure and the Offender Handbook address the mandates of this standard. Pontiac 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 inmate handbooks are in both English and Spanish. The above-mentioned documents were submitted and reviewed by the auditor. Telephonic translation services are available through Propio Language Services LLC. Staff 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.

AD 03.02.106, Administrative to Administrative Directive, Filling Vacancies, was issued effective January 1, 2016. Policy was amended to add Prison Rape Elimination Act Pre-Employment Self Report (DOC 0450); require DOC 0450 to be completed by any applicant selected for hire; require current Department employees, who are selected for promotion to a position, to update, as needed, any employment forms listed; and require 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 auditor reviewed files that contained the appropriate documentation for hew hires and promotions which is in compliance with the standard.

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.

Pontiac Correctional Center has added two 16-channel DVRs, 19 cameras, and two monitors in 2014 to enhance the security and supervision of inmates throughout the facility.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; 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 Supervisor conducted investigations relative to sexual abuse allegations. The established facility protocol mandates that all forensic medical examinations be conducted by medical director on site. The clinical director was interviewed and indicated that he is aware of the provisions of the PREA standards and the examinations are performed without cost to the offender. There were no SANE/SAFE exams conducted during the past 12 months. A local rape crisis center-Area Domestic Violence Sexual Assault Services (ADVSVS) has agreed to provide services and support for inmates when they have to be transported to the local hospital for service. However, Qualified Mental Health Professionals on staff at the facility are available to provide victim advocacy services to inmates at the facility. 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. 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. The review of training records supported the finding that investigators at Pontiac have received training on the investigation of sexual abuse and harassment in confinement settings.

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 (ISP)/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. There was one case in the last 12 months that was referred to the ISP for investigation that involve a staff member and an inmate. The staff member resigned and the case is still pending resolution through the ISP and State's Attorney office. 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)

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 03.03.102, Employee Training; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; PREA Cadet/PSOT Training; PREA Training Power-point Presentation; Annual Cyclic 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, staff 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)

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; IDOC Volunteer/ Contractor Training (A Guide for the Prevention and Reporting of Sexual Abuse with Offenders); Volunteer Service Orientation Checklist and Wexford Health Sources Incorporated PREA Training meet the mandates of this standard. There are 46 contractors and 220 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)

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 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Offender handbook; IDOC PREA Fliers; Offender Orientation Insert and Orientation Video Bullet Points meet the mandates of this standard. The facility puts forth its best efforts in educating the inmates about the PREA. Inmates receive information during the intake process that includes a PREA handout and offender handbook, printed in both English and Spanish. There are PREA posters throughout the facility and, 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 relevant written materials. All inmates were required to acknowledge in writing they completed PREA education.

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)

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 01.12.115, Institutional Investigative Assignments and Pathlore Printout Investigator Training 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)

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.

Health care services at the Pontiac Correctional Center are provided through a comprehensive contract with Wexford Health Sources Incorporated. The Medical Director was interviewed and indicated that he is qualified to conduct forensic examinations and will conduct forensic examinations when warranted at the facility. The PCC health services infirmary was toured and found to be well equipped to conduct such examinations.

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; AD 05.07.101, Reception and Orientation-Adult Process; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; DOC 0372, Mental Health Screening form and DOC 0379, Evaluation of Suicide Potential Form are the policies and procedures governing this standard. DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse, includes, at a minimum, the criteria to assess inmates for risk of sexual victimization and the criteria to assess the inmate's risk of being sexually abusive. The auditor reviewed samples of the screening tool, to support a finding that facility is in compliance with the standard.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention 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 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 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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and Title 20 Illinois Administrative Code, Protective Custody, meets the mandates of this standard. The Pontiac Correctional Center is unique in that 70% of the inmates are housed is disciplinary segregation special housing provisions with access to programs, education and work opportunities being limited. The inmates housed in protective custody or in the medium security unit are afforded that privileges that are allowed by inmates that would be housed in general population to include, but not limited to, programs, education, and work programs.

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.

ID S4.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B); PREA Poster: How to Report; Offender Handbook (English and Spanish);Inmate Orientation Insert 07292014; MOU Between IDOC/John Howard Association; Offender Request Form; Mental Health 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 from a third party) 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. Offenders at PCC 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.

Title 20 Illinois Administrative Code, AD 04.01.114, Local Offender Grievance Procedure (Revised January 1, 2016) and DOC 0046, Offender Grievance Form (English and Spanish) and Sexual Abuse and Harassment Prevention and Intervention Program govern the mandates of this standard. Inmates are allowed to file a grievance alleging sexual abuse without using the informal grievance process; removing the 60-day filing mandate relative to allegations of sexual abuse; and mandating 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 Department's PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, specifies 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. Additionally, documentation was provided to demonstrate the Warden incorporated revised Agency policy changes into the facility's local policy and procedures, ensured changes were communicated/distributed to staff and inmates, ensured changes were incorporated in the 2016 Annual Cycle Training and provided training sign-in/acknowledgment sheets to demonstrate documentation was being maintained on file. There has been no grievances filed in the 12 months regarding sexual assault/sexual harassment.

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, Offender Sexual Assaults-Prevention and Intervention (Attachment B) and the Offender Handbook (English and Spanish) meet the mandates of this standard. The facility has been able to an agreement with a local outside victim advocacy services agency - A Domestic Violence and Sexual Assault Service (ADV/SAS) which has agreed to provide services in the community for inmates housed at PCC. 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 Offender Handbook outlines the steps of how to report and who to report to, and where to report, along with the PREA Report Line telephone number. The facility conducts orientation at the medium security facility where the PREA guidelines are discussed in detail with inmates. No inmates housed in this facility are detained solely for civil immigration purposes.

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 Offender Handbook 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.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.02.108, Standards of Conduct and Title 20 Illinois Administrative Code, Rules of Conduct, address 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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention 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 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 in which the 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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention 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, the facility received one allegation that an inmate was abused while confined at another facility. The case was referred to the effected facility for further disposition.

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 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.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-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 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.

According to the Warden, there is currently no collective bargaining agreement between the Illinois Department of Corrections and the 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 and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention govern the mandates of this standard. The Clinical Services Supervisor (CSS) is charged with monitoring retaliation. During the interview, he indicated he follows up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conducts periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern of a potential for possible retaliation, the CSS indicated he would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months.

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, DR 501d 1994 5, Protective Custody; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and Sexual Abuse and Harassment Prevention and Intervention Manual govern the mandates of this standard. AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, Housing, includes that an offender identified as vulnerable shall not be housed in segregation status for the sole purpose of providing protective custody unless no other means of separation can be arranged. Additionally, the policy 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.

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 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 completed by the Illinois State Police, per the established MOU, the facility cooperates with outside investigators and the Warden serves as the liaison between the two agencies, to remain informed about the progress of the investigation. In the past year, there were 50

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 governs the mandates of this standard. Agency policy, AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program was revised effective January 1, 2016, including the mandate required for the facility to be in compliance with this standard. Additionally, a January 19, 2016 Memorandum from the Chief, Investigations and Intelligence, was issued confirming the policy change and directing all investigative staff to act accordingly. All investigations will use 51% for the preponderance of evidence.

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 and the PREA Investigations Finding Notifications Memo address the mandates of this standard. The agency has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse/harassment in an Agency facility shall be informed, verbally and in writing, that the allegation has been determined to be substantiated, unsubstantiated or unfounded, at the conclusion of the investigation. The documentation supports the finding that the facility is in compliance with this standard.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.01.120, Employee Review Hearing; AD 03.01.310, Sexual Harassment; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and AD 01.12.120 Investigations of Unusual Incidents 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. 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. In the past 12 months, there was one allegation of sexual abuse that involved a staff member, who resigned, and the case was referred to the Illinois State Police for investigation. The facility is waiting for a final disposition.

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.

AD 03.01.310, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and ID 04.01.122, Volunteer Services 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 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. 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.

Title 20 Illinois Administrative Code–Administration of Discipline for Offenders Identified as Seriously Mentally Ill; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and the Offender Handbook 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; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; DOC 0372, Mental Health Screening Form and 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 Pontiac Correctional Center has Wexford Health Sources Incorporated contract medical and mental health staff. Medical staff are on duty 24 hours and 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 Pontiac. 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 PCC.

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 and ID 04.01.301, Offender Sexual Assaults-Prevention and 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 at this facility. The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. 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, Offender Sexual Assaults-Prevention and Intervention and August 2015 Memo Designating Incident Review Team address the mandates of this standard. The Warden has designated the facility PREA Compliance Manager/Qualified Mental Health Professional, Director of Nurses and a second Qualified Mental Health Professional as members of the sexual abuse 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. The auditor reviewed several incident review team minutes which supports the facility compliance with the standard.

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; PREA Checklist and the PREA After-Action Checklist address the mandates of this standard. Observation and review of documentation support the finding 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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard. The Administrative Directive and Institution Directive were effective July 1, 2015, which is after the June 30th deadline for reporting. 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, 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 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. Additionally, the report shall provide an assessment of the Agency's progress in addressing sexual abuse. At the time of the on-site audit, the facility PREA Compliance Manager had prepared and submitted a report of the aggregated statistical data regarding sexual abuse and sexual harassment at Pontiac.

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.

Marie J. Carter Calvin _____ April 20, 2016 _____

Auditor Signature Date