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: William Willingham			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
Email: william.willingham@nakamotogroup.com			
Telephone number: (850) 718-7173			
Date of facility visit: January 4-6, 2016			
Facility Information			
Facility name: Stateville Correctional Center/Stateville Northern Reception Center			
Facility physical address: Route 53, P.O. Box 112, Joliet IL 60434			
Facility mailing address: *(if different from above)*			
Facility telephone number: (815) 727-3607			
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: Randy Pfister, Warden			
Number of staff assigned to the facility in the last 12 months: 1202			
Designed facility capacity: 3955			
Current population of facility: 3652			
Facility security levels/inmate custody levels: Maximum,Medium, Minimum and Unassigned			
Age range of the population: 18-85			
Name of PREA Compliance Manager: Catherine Larry and Inna Mirsky	**Title:**	Qualified Mental	
Email address: Catherine.Larry or Inna.Mirsky@doc.illinois.gov	**Telephone number:**	(815) 727-3607	
Agency Information			
Name of agency: Illinois Department of Corrections			
Governing authority or parent agency: *(if applicable)* State of Illinois			
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 to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Stateville Correctional Center/Stateville Northern Reception Center (SSNRC), Illinois Department of Corrections (IDOC), was completed January 4-6, 2016. The standards used for this audit became effective August 20, 2012. The auditor was advised that the Director of the IDOC ordered all state correctional facilities to implement the provisions of the PREA. Prior to the visit, the auditor telephonically interviewed the PREA Managers and Administrative Assistant (the Pre-Audit Questionnaire and audit process were discussed). The auditor was also provided a file of documentation to review (to support PREA compliance) prior to the on-site visit. When the auditor first arrived at the facility, a meeting was held with the Warden, the Assistant Wardens, the Assistant PREA Coordinator, both PREA Managers, and several facility administrative staff, to explain the audit process. As part of the audit, a tour of the entire facility was completed, and 18 inmates were interviewed. Of the inmates interviewed, one was disabled, one was Transgender, two were victims of alleged sexual abuse and one was limited English proficient. The inmates interviewed were of various ages and ethnic backgrounds. 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 they felt safe at the facility. Most reported 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. Ten randomly selected staff (who had worked all shifts-male and female), one volunteer, a SANE (Sexual Abuse Nurse Examiner) employee of a local hospital (used by the SSNRC), and one contractor were also interviewed. The specialized staff interviewed were the Warden, the Health Services Administrator, the Assistant PREA Coordinator, the Personnel Manager, the PREA Managers, the Administrative Assistant, one investigator, the Special Housing Unit (SHU) supervisor, and two security shift supervisors. Written answers to the interview questions were received from the IDOC Director, PREA Coordinator and State Contract Administrator. The auditor also inspected 41 PREA investigations (two substantiated,thirty-nine unsubstantiated). Additional files and documentation were also reviewed by the auditor as part of the on-site visit. During the course of the audit and prior to the preparation of this report, many IDOC policies were under review and updated. This was an effort to address concerns brought by the PREA audit process (also involving prior IDOC PREA audits). SSNRC staff implemented these changes and instructed staff and inmates as necessary. This auditor was provided evidence to ensure compliance to the policy changes, as documented in this report.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission of the Illinois Department of Corrections is to serve justice and increase public safety by promoting positive change in offender behavior, by operating successful reentry programs and reducing victimization. For the purpose of this report, the Stateville Correctional Center and Stateville Northern Reception Center will be described separately. These institutions have significantly separate missions, and vastly different physical layouts.

The Stateville Correctional Center (SCC) is one of twenty-nine correctional facilities in the Illinois Department of Corrections. The facility had an adult male Maximum security inmate population of 1895 during the audit, and does not house females or youthful offenders (under 18 years of age). The SCC was activated in 1925, and is located just outside of Joliet, IL. The prison has undergone many significant expansions, modifications, and closures of buildings since the initial construction. Due to the age of the facility, maintenance is very difficult and costly, which has an effect on the overall management of the institution. The SCC is not accredited by the American Correctional Association. The facility has 22 cameras, with recording capabilities. The facility is very heavily staffed with correctional officers and supervisors. Prisoners housed at the facility are classified as Maximum, which represents secure cells, controlled inmate movement, and a high level of direct inmate supervision by staff. Offenders have committed very violent crimes, with approximately five hundred serving life sentences. The institution has six general population units, a thirty-two bed in-patient medical wing and a Special Housing Unit (SHU). Unit F is a unique "Panopticon" (essentially a round cell house), and houses the SHU. There are single/double bed housing (cell) configurations within the units, and the cell doors have open bars. Inmates in need of special management considerations are housed in the unit that best suits their needs. Inmates awaiting a court date, usually after sentencing (appeals etc.), are housed at the SSC on a temporary basis. Inmates at the SCC work in the kitchen, laundry, perform janitor duties throughout the entire facility, and complete other duties in support of institution operations. Other inmate programs/activities include Barbering School, adult secondary education, parenting skill development, prison industry, and many self-improvement courses. The SCC also offers religious programs involving numerous faith groups, personal development programming, mental health counseling services, recreational activities and has a leisure/legal library. Most of the inmates are eligible to participate in these programs.

The Northern Reception Center (NRC) is one of twenty-nine correctional facilities in the Illinois Department of Corrections. The facility had an adult male inmate population of approximately 1800 during the audit (the population count changed hourly), from the northern part of the state. Youthful offenders (under 18 years of age) may be housed at the facility for usually one week or less. The NRC was activated in 2004, and is located just outside of Joliet, IL., next to the SCC. The prison has undergone essentially no significant expansions, modifications, or upgrades since the initial construction. The NRC is not accredited by the American Correctional Association. The institution has 190 cameras, with recording capabilities. Approximately three thousand inmates are admitted to/transferred out each month. Prisoners housed at the facility may be classified at all levels, due to the mission of the reception center to determine their final prison placement for the service of the sentence. An analysis of each inmate's security, housing, medical, mental health, and program participation needs are completed to determine an appropriate institutional placement. In the field of Corrections this is called Classification. NRC population management includes the use of secure cells, controlled inmate movement, and direct inmate supervision by staff. The institution has twenty-two general population units, a separate health care housing area, a SHU and a minimum security unit (this program provides a workforce for the entire facility). There are single/double bed housing (cell) configurations within the units. Inmates in need of special management considerations are housed in the unit that best suits their needs. Inmates at the NRC work in the kitchen, laundry, perform janitor duties throughout the entire facility, and perform other duties in support of institution operations. Other inmate programs/activities include GED instruction and adult secondary education (normally inmates in the minimum security unit participate in these programs-others would not be eligible). The NRC offers religious programs involving numerous faith groups, mental health counseling services, recreational activities, and has a program to help prepare inmates for transfer.

SUMMARY OF AUDIT FINDINGS

When the on-site audit was completed, another meeting was held with executive/administrative staff, to discuss audit findings. The facility was found to be fully compliant to the PREA. The auditor had been provided with extensive and lengthy files prior to and during the audit for review to support a conclusion of compliance to the PREA. All staff interviews also supported compliance. The facility staff were found to be courteous, cooperative and professional. Staff morale appeared to be good, and the staff/inmate relationships were observed to be appropriate. Almost all interviewed inmates stated that they felt safe at the facility. All areas of the prison were observed to be clean and reasonably well maintained, considering the age of the facility. At the conclusion of the audit, the auditor thanked the SSNRC staff for their hard work and dedication to the PREA compliance process.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

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.

Administrative Directive (AD) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and 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 Managers, there is a designated agency PREA Coordinator to ensure adherence to the PREA. The facility PREA Compliance Managers are Qualified Mental Health Professionals. The facility PREA Compliance Managers report 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 (cycle training). Both the agency PREA Coordinator and Facility Compliance Managers advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. Staff interviews confirm compliance to this standard.

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 (Safer Foundation) comply with the PREA of 2003 to prevent, detect and respond to prison rape as contained in the PREA.

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 facility organizational charts meet the mandates of this standard. Interviews with the Warden and Personnel Manager confirmed compliance to 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 212 cameras throughout the two facilities. Although video monitoring systems are considered at staffing meetings and requests for additional equipment have been submitted, funds have not been allocated to expand facility monitoring resources. Sufficient staff are assigned to each shift to ensure the safety of both offenders and staff (overtime is scheduled as necessary). 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 and inmates confirmed unannounced rounds to all areas of the institution are conducted on a daily and 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)

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 corresponding local policies address the requirements of this standard. Only the NRC occasionally houses youthful inmates (17 years old only). There was one male youthful inmate housed at the facility during the course of the audit. The prison provides sight, physical and sound separation from adults at all times, including when outside of a cell. Adult inmates are secured in their assigned cells when youthful inmates are outside of their cells. Youthful inmates are provided access to programs and recreational/religious activities to the greatest extent possible, although they are in a classification status (limited program opportunities for all inmates in this status). There are no restrictions to large-muscle exercise. Youthful offenders are under direct staff supervision when outside of the cell, and have no contact with adults. The auditor reached this conclusion through a review of documentation, examination of the housing unit where youthful inmates are housed, observation of the management of the youthful offender, and staff/inmate interviews (the auditor also interviewed the youthful inmate). The NRC is compliant with this standard (standard is not applicable to the SCC).

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; Acting Director's Memo, Limits to Cross-Gender Viewing and Title 20-Illinois Administrative Code, Chapter 1, 501, Sub-Chapter E, Searches for Contraband and local policy directives 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 at the Academy, during "Roll Call" (daily briefing before the beginning of a shift) and during annual (cycle) training. Inmates, correctional officers and administrative staff stated inmates are allowed to shower, dress and use the toilet privately, without being viewed by staff of the opposite gender. Female staff are not involved in placing inmates in showers. 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 (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. Staff and inmate interviews, and a review of documentation, support compliance to this standard.

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; the PREA Inmate Orientation Insert; American Sign Language Video Remote Interpretation Procedure; DR 475 ADA Grievance Procedure and the Offender Handbook address the mandates of this standard. The SSNRC takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the facilities 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 to and reviewed by the auditor. Telephonic translation services are available through a language service. 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. Staff and inmate interviews, and a review of documentation, support compliance to this standard.

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.

ADs 01.02.107, Background Investigations; 03.02.100 Administrative Review of Personnel and Service Issues; IDOC memos and corresponding local policy/documentation require compliance to this standard. The Personnel Manager was interviewed and stated that all components of this standard have been met. The Personnel Manager contacted the IDOC personnel office to clarify several components of this standard. Employees cannot be hired if they have a history of involvement with sexual abuse. All employees, contractors and volunteers have had criminal background checks completed. Staff cannot be promoted if they have a history of any abuse. A tracking system is in place to ensure that the IDOC is informed of any employee arrests. Policy clearly states the submission of false information by any applicant for employment is grounds for termination. The SSNRC makes a significant effort to contact all prior institution employers for information on substantiated allegations of sexual abuse prior to hiring any staff. A review of documentation (PREA Screening Form) supports compliance to this standard. The SSNRC is compliant with this 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)

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The SSNRC has added several cameras since August 20, 2012, and has submitted a request for additional monitoring equipment (cameras). Compliance with PREA standards was considered in making this request.

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 /Illinois Department of Corrections Memorandum of Understanding (MOU) meet the mandates of this standard. SSNRC investigators conduct administrative and the Illinois State Police (ISP) conduct criminal investigations. All investigators have been trained to conduct PREA compliant investigations. Specific actions and clinical decisions are required to determine if an inmate is to be transported to the local hospital to receive a SANE exam. The facility medical doctor may also conduct a SANE exam. Three SANE exams were conducted within the last year, and the auditor interviewed medical staff involved in making the referrals. The facility also has a local hospital available to provide SANE services (the inmate will not be charged for any services related to PREA compliance). A Memorandum of Understanding (MOU) was initiated with the local Rape Crisis Center to also provide confidential treatment services, but has not been approved. However, the local center will provide PREA compliant services upon request. The auditor discussed these services with the Rape Crisis Center Victim Advocate, who was very knowledgeable concerning available services. A review of documentation and staff interviews also confirmed compliance to this standard.

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 the Illinois State Police /Illinois Department of Corrections Memorandum of Understanding meet the mandates of this standard. When required (criminal violation), 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 (unless criminal) and the ISP will conduct investigations involving staff-on-staff and staff-on-inmate sexual assaults (considered criminal). 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 in the past 12 months to the State's Attorney. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment, and facility investigators and the ISP are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and staff interviews confirmed compliance to this standard.

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; "Roll Call" instruction and PREA Compliance Manager Training meet the mandates of this standard. Newly hired employees (several were interviewed) receive extensive training relative to PREA standards during 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 Managers. All staff are also mandated to receive training annually (cycle) 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. The SSNRC is compliant with this standard.

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 PREA Training meet the mandates of this standard. There are 22 contractors and 779 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 the auditor. Interviews were conducted with two contract staff and two volunteers which revealed that they received the appropriate training. A review of documentation and staff interviews also confirmed compliance to this standard.

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 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 unit bulletin boards. The IDOC 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/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates were required to acknowledge in writing they completed PREA education. A review of documentation and staff/inmate interviews confirmed compliance to this standard.

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 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 (criminal), the facility investigators refer sexual abuse investigations to the ISP, who follow the requirements of the standard. Facility and ISP investigators have received PREA specialized training related to the investigation of sexual abuse and sexual harassment in a confinement (prison) setting. This auditor reviewed the specialized training documentation on file. A review of documentation and staff interviews confirmed compliance to this standard.

Standard 115.35 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ADs 03.03.102, Employee Training and 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address this standard. The facility has full-time medical and mental health care staff (on call) on site. A review of training records confirmed that health care staff (IDOC and contract) receive PREA training and have a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. All medical and mental health care practitioners have been trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Forensic medical examinations are conducted by SANE staff at the SSNRC or at a local hospital. A review of documentation and staff interviews confirmed compliance to this standard.

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. All offenders are assessed during the intake screening process at the reception center and again, upon their transfer to another facility, for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The screening is conducted by a qualified mental health professional. The screening generally routinely occurs within 24 hours of the inmate's arrival, but no more than 72 hours after the offender's arrival. An offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. This reassessment is completed upon receipt of the new information. Inmates are not disciplined for refusing to respond or failing to fully disclose information during screening. Controls are in place to ensure that information received during the screening is only available to staff only on a need-to-know basis. The SSNRC is using an updated form that addresses all issues required for consideration in this standard. Staff and inmates interviewed confirmed compliance to this 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. SSNRC 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 intake unit 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 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 and intersex inmate's own views with respect to his/her own safety is given serious consideration. By policy, Transgender and intersex inmates are given the opportunity to shower separately from other inmates. Staff and inmate interviews confirmed compliance to this standard.

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. Unit X is the involuntary protective custody housing area. 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. The SSNRC has alternatives to protective custody placement. Access to programs, privileges, education and work opportunities are not limited to inmates placed in Unit X 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 Unit X. Under this standard, there were four 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. Staff interviews confirmed compliance to this standard.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B); PREA Poster: How to Report; Offender Handbook (English and Spanish); Inmate Orientation Insert; MOU between IDOC/John Howard Association; Offender Request Form; Mental Health Referral, ADA and the PREA Report Line 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 (would be a third-party reporter) who inmates could contact and is not associated or otherwise connected to the IDOC. A local Rape Crisis Center is also available to contact. 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 PREA information. Offenders at the SSNRC are not detained solely for civil immigration purposes. The SSNRC is compliant with this standard.

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 and DOC 0046, Offender Grievance Form (English and Spanish) governs the mandates of this standard. Inmates may file a grievance; however, all allegations of sexual abuse/sexual harassment, when received by staff, would immediately result in an administrative or criminal investigation. Inmates are not required to use the formal grievance process and procedures allow an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Inmates may file a regular or emergency grievance at any time, and may seek assistance from others to file a grievance. All response/reporting time limits concerning grievance processing are required by policy. There was one grievance filed involving a PREA related issue during the past 12 months, which resulted in the opening of an immediate investigation. The SSNRC is using an updated form that addresses all issues required for consideration in this standard. Staff and inmates have been advised of the updated policy/forms relevant to this standard. Staff interviews confirmed compliance to this policy.

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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention (Attachment B); MOU Between IDOC/John Howard Association; the PREA Report Line and the Offender Handbook (English and Spanish) meet the mandates of this standard. 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. If contacted, the local Rape Crisis Center would also advise the SSNRC of a PREA violation (confirmed through an interview with the Victim Advocate) and provide services. Inmates may also contact IDOC staff through the PREA Report Line. The facility enables reasonable communication between inmates and these organizations in as confidential a manner as possible. However, inmates are informed as part of their orientation process that all telephone calls (except legal) are subject to monitoring and recording. Monitoring notices are also posted in each unit. 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. Staff interviews also confirmed compliance to this policy.

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. Notices are also posted in the Visiting Room (observed by auditor).

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 two volunteers and two contractors available to interview, and all stated 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 four instances in which the facility staff determined that an inmate was subject to substantial risk of imminent sexual abuse. In these cases, the inmates were immediately protected and placed in another housing assignment.

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 three allegations that an inmate was abused while confined at another facility. The Warden of those facilities was immediately notified, and a local investigation begun.

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. A review of policy and staff interviews confirmed compliance to this standard.

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 address the mandates of this standard. Policy provides 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 staff 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 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. 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 policy prohibits any type of retaliation against any staff or inmate who has reported sexual abuse, sexual harassment or cooperated in any related investigation. The Assistant Warden (AW) is charged with monitoring retaliation. When interviewed, he stated he would follow up every 30 days to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern that there was the potential for possible retaliation, the AW indicated he would monitor the situation indefinitely. There have been no suspected or actual 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 govern the mandates of this standard. Staff interviewed indicated that, in practice, inmates who allege to have suffered sexual abuse may be placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and there is a determination that there is no available alternative means of separation from likely abusers. Additionally, in practice, to the extent possible, access to programs, privileges, education and work opportunities are not limited to inmates placed in Unit X for the purposes of protective custody. The facility would document the reasons for restricting access to programs and the length of time the restriction would last. In the past 12 months there were four inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days, while awaiting alternative placement.

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 or 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 investigators contact the ISP to complete the investigation. 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 SSNRC 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. 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 being completed by the Illinois State Police, per the established MOU, the facility cooperates with ISP investigators and remains informed of the progress of the investigation.

Standard 115.72 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program addresses the requirements of this standard. The evidence standard is a preponderance of the evidence in determining whether administrative 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 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 at the SSNRC is informed, verbally or in writing, whether the allegation has been determined to be unsubstantiated substantiated or unfounded, at the conclusion of the investigation (unless unfounded involving staff). During this auditing period, there were 85 administrative investigations of alleged sexual abuse that required notification in accordance with this standard (all were made). The documentation of the notifications and inmate interviews support 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; 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 SSNRC policies relating to sexual abuse or sexual harassment 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 facility staff found to have violated agency sexual abuse/ sexual harassment policy (they resigned).

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 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 the 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, but considers such behavior to be a violation of policy. Staff and inmate interviews confirm compliance to this standard.

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, Offender Sexual Assaults-Prevention and Intervention; DOC 0372, Mental Health Screening Form; PREA Checklist and Authorization for Release of Offender Mental Health or Substance Abuse Treatment Information Form address the mandates of this standard. Interviews and a review of intake screening documents support the finding that screening for prior sexual victimization 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 sexually abusive behavior in an institutional setting or in the community. 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 attempt to obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. 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.

ADs 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; 04.04.100 General Provisions; ID 04.01.301 Offender Sexual Assaults-Prevention and Intervention and corresponding local policy/directives address the mandates of this standard. Information concerning treatment and access to care is offered immediately to all inmate victims, as clinically indicated. The treatment is offered at no financial cost to the inmate. All emergency decisions and care provided would be fully documented. Interviews with staff, a SANE nurse and a Victim Advocate support a finding that the facility is in compliance with this standard. Reviewed documentation also supports compliance to this standard.

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 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 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 30 days of learning of such abuse history (usually immediately). 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 the SSNRC 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.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and an August 2015 Memo Designating Incident Review Team Members address the mandates of this standard. The Warden has designated administrative staff 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. A review of documentation and staff interviews confirmed compliance to this 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. A review of documentation supports the finding that the IDOC has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control (including two contract facilities), using a standardized instrument and set of definitions. The incident-based data collected includes information 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. The SSNRC provides the required data for the preparation of the report. A review of documentation and staff interviews confirmed compliance to this standard.

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 AD and ID 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 IDOC 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 AD 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 Managers had prepared a report of the aggregate statistical data regarding sexual abuse and sexual harassment at the SSNRC.

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.

William Willingham _____ February 1, 2016 _____

Auditor Signature Date