PREA AUDIT REPORT ☐Interim ☒Final

ADULT PRISONS & JAILS

Date of report: 05/12/2016

Auditor Information			
Auditor name: Philip Bradshaw - The Nakamoto Group			
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Telephone number: 417-425-0564			
Date of facility visit: April 13-15, 2016			
Facility Information			
Facility name: Taylorville Correctional Center			
Facility physical address: 1144 Illinois Route 29, Taylorville, Illinois 62568			
Facility mailing address: *(if different from above)* PO Box 1000, Taylorville, IL 62568			
Facility telephone number: (217) 824-4004, ext. 5200			
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: Kimberly Smith			
Number of staff assigned to the facility in the last 12 months: 412			
Designed facility capacity: 1221			
Current population of facility: 1199			
Facility security levels/offender custody levels: Minimum			
Age range of the population: 18-85			
Name of PREA Compliance Manager: Sharlette Rodgers		**Title:** PREA Compliance Manger/Clinical Services Supervisor	
Email address: sharlette.rodgers@doc.illinois.gov		**Telephone number:** (217) 824-4004, ext. 5512	
Agency Information			
Name of agency: Illinois Department of Corrections			
Governing authority or parent agency: *(if applicable)* Click here to enter text.			
Physical address: 1301 Concordia Court, Springfield, IL 62794-9277			
Mailing address: *(if different from above)* Click here to enter text.			
Telephone number: 217-558-2200			
Agency Chief Executive Officer			
Name: John R. Baldwin		**Title:** Acting Director	
Email address: john.baldwin@doc.illinois.gov		**Telephone number:** 217-55-2200	
Agency-Wide PREA Coordinator			
Name: Michael Funk		**Title:** PREA Coordinator	
Email address: mike.funk@doc.illinois.gov		**Telephone number:** 217-558-2200	

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act compliance audit of the Taylorville Correctional Center, Illinois Department of Corrections, was conducted April 13-15, 2016. The standards used for this audit became effective August 20, 2012. Prior to the onsite audit, the facility submitted the Pre-Audit Questionnaire and provided supporting documentation for the responses in the questionnaire. When the auditor first arrived at the facility, a meeting was held with the Warden, the Assistant Warden, Assistant PREA Coordinator, and the facility PREA Compliance Manager to explain the audit process. At the conclusion of the entrance meeting, a tour of the facility was conducted and included the facility's intake unit, all housing units, segregation housing unit, health care areas, recreation, food service, education and programming areas. Female employees were observed announcing their presence when entering the male housing units. Interviews with offenders indicated they are aware when females are present in the housing units, via female staff announcing their presence, public address announcements throughout the day reminding offenders that female staff were on duty, as well as the prominently posting of signs alerting offenders that female staff were on duty. Informal conversations with employees and offenders regarding the PREA standards were conducted during the tour. Postings regarding PREA reporting and the agency zero tolerance policy for sexual abuse and sexual harassment were observed displayed in the housing units, common areas and throughout the facility. PREA audit notices were prominently displayed throughout the facility.

Twenty-eight offenders were interviewed during the audit. Of those interviewed, one reported to have disclosed victimization during risk screening, one identified with being transgender and two identified with being gay. None reported being placed in segregated housing for risk of sexual victimization who allege to have suffered sexual abuse. The offenders interviewed were of various ages and ethnic backgrounds. Twenty-one randomly selected employees (from all shifts, male and female) were interviewed. In addition, specialized staff interviews consisted of the Warden, Assistant Warden, Facility PREA Compliance Manager, intermediate and higher level staff, medical and mental health staff, Human Resources staff, volunteers and contractors, investigative staff, staff who perform screening for risk of victimization and abusiveness, Segregation staff, Incident Review Team members, the Retaliation Monitor, first responders and Intake staff. Written answers to the interview questions were received from the Director, PREA Coordinator and Contract Administrator. The facility had two reported PREA allegations of sexual abuse involving offender on offender. A review of documentation supported the substantiated findings. Additional files and documentation were also reviewed by the auditor as part of the on-site visit.

The auditor concluded, through the examination of policy, documentation and interviews with staff, contractors and volunteers, that all were knowledgeable concerning their responsibilities involving PREA.

DESCRIPTION OF FACILITY CHARACTERISTICS

The mission statement and vision of the Illinois Department of Corrections 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. Taylorville Correctional Center is designed to provide for the custody, care and safety of the adult males who have been placed under its jurisdiction. The facility works to provide the offender population with the skills necessary for a more positive and successful reintegration process back into the community by providing services that focus on the first-time offender as well as the recidivist. The operational and program philosophy, which has been developed at the Taylorville Correctional Center, focuses on providing opportunities for program participation and increases the range of the individual's responsibility and decision-making authority.

The Taylorville Correctional Center (TCC) is one of twenty-nine correctional facilities in the Illinois Department of Corrections. TCC is a minimum-security adult male facility located on Illinois Route 29, 30 miles southeast of Springfield. The facility consists of 25 buildings on 118 acres of which 30 acres are located within the perimeter fencing. The facility opened in 1990. In 1995, the facility was designated as a security threat group (STG)-free facility, housing offenders with no affiliations to a STG. The facility has a zero tolerance policy towards STG (gangs), STG affiliations and STG activity. All offenders who are transferred to the facility are carefully screened to ensure they have no STG affiliation. Maintaining the STG (gang-free) prison has required enhanced security and gang intelligence operations. The STG-free prison was a very innovative concept in corrections and was the first true STG-free prison in the nation. TCC's programs experience has been that offenders who are STG-free readily respond to population management techniques and commit fewer rule infractions than those associated with STGs. Also important in managing the population are the programs provided by the facility. These programs assist with population management and provide opportunities for inmates to improve their life and work skills to enhance their chance of success upon release.

An offender's average length of stay at TCC is 3 years and 10 months. The average age is 41. TCC employs 265 staff, 68 contractors and uses the services of 156 volunteers to assist in facility programs. The population during the audit was 1199. The facility has an operational population capacity of 1221. The facility does not house females or youthful offenders.

The prison has undergone no significant expansions, modifications, or upgrades since the initial construction. The facility has 15 cameras located throughout the facility and has requested funding from the IDOC to install additional cameras and video recording devices.

Offenders are provided work assignments that include Food Service, Mechanical Services, Health Services, Education/Recreation, Laundry and unit orderlies. Offenders are offered opportunities to participate in educational programs such as ABE (Adult Basic education), Pre-GED and GED (General Education Development). Vocational programs include career technology, culinary arts, construction occupations, commercial custodial and horticulture. Offenders are provided the opportunity to participate in the practice of their faith, access to leisure and law libraries and a wide variety of recreational programs.

The Healthcare Unit provides a comprehensive system of health, mental, and dental care to offenders. This care is consistent with appropriate health care standards that include the prevention, diagnosis and treatment of illness within the offender population. Medical staff provides instruction in hypertension management, diabetes treatment and the effect of drugs on the offender's health and wellness. Supervised/trained peer counselors provide instruction in HIV/AIDS. Additionally, programming is offered by the facility mental health professionals, which includes individual and group counseling. Medical care is provided 24 hours a day, seven days per week. Outside medical and emergency care is available at Taylorville Memorial Hospital in Taylorville, IL or St. John's Hospital in Springfield, IL.

The Clinical Services Department provides a managed system of offender services that includes personal counseling, and provides an informational base consisting of community resources for parole planning. Clinical Services addresses a wide range of institutional issues including such areas as offender discipline and good time.

The auditor concluded, through interviews and the examination of policy and documentation, that all staff were knowledgeable concerning their responsibilities involving the PREA. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder", if an allegation of sexual abuse or sexual harassment were made. During the interviews, offenders stated that facility employees were respectful and that they felt safe at the facility. Staff were observed to be interacting with offenders in a positive and helpful manner.

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. Staff were courteous, cooperative and professional. Staff morale appeared to be good, and the staff/offender relationships were observed to be appropriate. All interviewed offenders stated that they felt safe at the facility. All areas of the prison were observed to be clean and well maintained. At the conclusion of the audit, the auditor thanked the TCC staff for their hard work and dedication to the PREA compliance process.

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.

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, IDOC memorandums, and a facility organizational chart meet the mandates of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy 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 the PREA. The facility PREA Compliance Manager is the Clinical Services Supervisor and reports to the Warden. Zero tolerance posters were observed throughout the facility. Staff receives initial in-service training and annual training (cycle training). Both the agency PREA Coordinator and Facility Compliance Manager informed the auditor that 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 offenders

☐ 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 incorporate the language requiring contractors to adopt and comply with PREA standards. The auditor reviewed the State of Illinois Standard Contract for Confinement of Offenders, 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, AD 01.02.103, Inspection Tours, AD 01.02.103 Duty Administrative Officers and the facility organizational chart meet the mandates of this standard. Interviews with the Warden and Human Resources Manager confirmed compliance to the PREA and that the elements listed in the standard, as well as other safety and security issues, are a primary focus when they consider and review the staffing plan. There are 15 cameras in the facility. Video monitoring and recording enhancements have been requested, however, funds have not been allocated to expand facility-monitoring resources. A review of the staffing plan and interviews with administrative and line staff indicated that adequate staffing levels are maintained to ensure the safety of offenders and staff (overtime is scheduled as necessary). The staffing plan is reviewed at least annually. There have been no instances of deviation from the staffing plan. Documentation of unannounced rounds covering all shifts by administrative staff was reviewed and found to be in compliance.

Standard 115.14 Youthful offenders

☐ 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 TCC does not house youthful offenders.

Standard 115.15 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

IDOC AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation – Adult Process; TCC ID 04.03.104, Evaluations of Offenders with Gender Identification Disorders; Warden's Bulletin, Knock and Announce Policy; Director's Memo titled Limits to Cross-Gender Viewing; and Title 20-Illinois Administrative Code address the mandates of the standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergencies or when performed and documented by a medical practitioner. Staff has received cross-gender pat search training as indicated by a review of training documents. There has been no cross gender strip or visual body cavity searches by non-medical staff in the past year. Staff have been trained to conduct strip searches of transgender and intersex offenders in a respectful and professional manner, and may not conduct a search to determine their genital status. The auditor observed each unit has shower stalls with curtains for privacy purposes. Offenders interviewed confirmed that female staff does announce their presence when they enter their housing unit and that privacy is provided when they shower, toilet and change their clothing. Female staff was observed to announce "female on unit" or an equivalent phrase when entering the housing units. The facility is compliant with this standard.

Standard 115.16 Offenders with disabilities and offenders 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 03.01.305 Americans with Disabilities Act; 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 Offender Orientation Insert; American Sign Language Video Remote Interpretation Procedure; DR 475 ADA Grievance Procedure, local memos and the Offender Handbook address the mandates of this standard. The TCC takes appropriate steps to ensure offenders with disabilities and offenders 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 offender handbooks are in both English and Spanish. A language interpretation service is available. Staff interviewed was well aware of the policy that under no circumstance are offender interpreters to be used when dealing with PREA issues. Interviews with staff, offenders and a review of documentation, support compliance with the 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.

AD 03.02.100, Administrative Review of Personnel Issues and AD 01.02.107, Background Investigation, address the requirements of the standard. All employees, contractors and volunteers who have regular contact with offenders have criminal background checks completed by the IDOC's Background Investigations Unit prior to having contact with offenders. The facility continuously monitors the background of employees through the computer criminal history check using the National Instant Criminal Background Check System (NCIS) and Law Enforcement Agencies Data System (LEADS). A tracking system is in place to ensure that the IDOC is informed of any employee arrests. In interview with the Human Resources Manager and review of random personnel files of employees, the agency performs criminal background records checks before hiring new employees. Agency policy prohibits the hiring or promoting of a staff member, or enlist the services of any contractor or volunteer who may have contact with offenders, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity.

All applicants are asked about prior misconduct and are required to certify and confirm by signing a Prison Rape Elimination Act Pre-Employment Self-Report (DOC Form 0450). Employees have a duty to disclose any such misconduct. Omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The facility considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with

offenders as evident of compliance to this standard from a review of documentation, policies and interviews. The agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Interviews with staff and a review of documentation, support 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.

The TCC 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.

IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; AD 01.12.112, Preservation of Physical Evidence; AD 01.12.120, Investigations of Unusual Incidents and TCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. The agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Correctional and Health Services staff were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence, when sexual abuse is alleged. Staff were aware the Internal Affairs Investigator conducted investigations relative to sexual abuse allegations. The current established facility protocol mandates that all forensic medical examinations be conducted by a SANE/SAFE (Sexual Abuse Nurse Examiner/Sexual Abuse Forensic Examiner) nurse or qualified medical practitioner at Decatur Memorial Hospital, in Decatur, IL. The examinations are performed without cost to the offender. Rape crisis services are available through Growing Strong Sexual Assault Center out of Decatur Illinois. There is no Memorandum of Understanding on file, but written correspondence is on file from the Growing Strong Sexual Assault Center organization and the Decatur Memorial Hospital, acknowledging a partnership with the facility and reflecting their commitment to ensuring quality and comprehensive services to those offenders affected by sexual abuse. Qualified Mental Health Professionals are also on staff at the facility to provide victim advocacy services. 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 offender-on-staff and offender-on-offender sexual assaults and the ISP will conduct investigations involving staff-on-staff and staff-on-offender sexual assaults.

The review of training records supported the finding that investigators at Taylorville have received training on the investigation of sexual abuse and harassment in confinement settings. There has been no SAFE/SANE examinations conducted during the past 12 months. Interviews with staff and a review of documentation, support compliance with the 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 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 offender-on-staff and offender-on-offender sexual assaults and the ISP will conduct investigations involving staff-on-staff and staff-on-offender sexual assaults. When there is substantial evidence that a criminal act has taken place, the case is referred to the State's Attorney for possible prosecution. There have been no referrals for criminal investigation in the past 12 months. Administrative and criminal investigations are completed on all allegations of sexual abuse/harassment and facility investigators are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and interviews with staff indicate the facility is compliant with 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, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Cadet/PSOT Training; PREA Training Power-Point Presentation; Annual Cycle Training and PREA Compliance Manager Training meet the mandates of this standard. Newly hired employees receive extensive training relative to PREA standards at their initial training at the Training Academy. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities by the facility PREA Compliance Manager. All staff are mandated to receive training annually and the curriculum includes PREA requirements. In addition to reviewing the training curriculum, training sign-in sheets and other related documentation, department staff and contractual staff interviewed indicated they were required to acknowledge, in writing, not only that they received PREA training, but that they understood it as well. There were no volunteers available to interview during the audit, however, documentation on file indicated training was provide to volunteers regarding the PREA.

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; DOC 0042, Volunteer Service Training; Volunteer Services Handbook; Wexford PREA Training Power Point/Quiz and Wexford Health Training Verification Summary Form/Sign-in Sheet meet the mandates of this standard. There are 156 Volunteers and 68 contractors who have received PREA training that includes 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 with staff and contractors revealed they have received appropriate training. There were no volunteers available to be interviewed during the audit.

Standard 115.33 Offender 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 and Orientation Video, PREA Posters (English and Spanish); IDOC PREA Pamphlet: Sexual Abuse and Custodial Sexual Misconduct; Offender Orientation Insert and the Offender Orientation Receipt meet the mandates of this standard. The facility puts forth its best efforts in educating the offenders about the PREA. Offenders 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 that 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 offenders to write, concerning any sexual abuse or sexual harassment allegation. There is a language line available for Limited English Proficient offenders. A review of a random sampling of intake checklists and screening documentation verified that offenders have received sexual assault/assault prevention & intervention education and other relevant written materials. All offenders were required to acknowledge in writing they completed the PREA education. A review of documentation and interviews with staff and offenders indicate 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 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. A review of training documentation and interviews with facility investigators indicated they have received PREA specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting. There have been no criminal investigations referred to the ISP during the preceding 12 months.

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.

AD 03.03.102 Employee Training; AD 04.04.100, General Provisions; AD 04.04.102, Suicide Prevention and Intervention Emergency Services and AD 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 site. A review of training records confirmed that health care staff (contract and state employees) receive PREA training and are required 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 on 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/SAFE staff at a local hospital. A review of documentation and staff interviews as well as a telephone interview with the SANE/SAFE staff 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, Sexual Abuse and Harassment Prevention and Intervention Program; DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse; DOC 0372, Mental Health Screening form and DOC 0379, Evaluation of Suicide Potential Form meet the mandates of this standard. The initial intake screening is conducted at the Reception and Classification Center and thereafter, at each designated facility, per IDOC policy and procedures. The screening tool includes all the criteria necessary to assess the offender's risk of sexual victimization and the offender's risk of being sexually abusive. The screening is conducted by a mental health professional. The screening routinely occurs within 24 hours of the offender's arrival but not more than 72 hours after the offender's arrival at the facility. Access to information related to sexual abuse occurring in the facility is limited to medical and mental health practitioners to the extent possible, and other key staff on a need-to-know basis. A review of the screening form used and interviews with staff performing the screening indicate the facility is compliant 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; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and DR 420 meet the mandates of this standard. TCC policy requires 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 offenders at high risk of being sexually abused/sexually harassed separate from those offenders who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis and offenders 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 complies with this standard. When determining whether to assign a transgender or intersex offender to a facility for male offenders, and in making other housing and programming assignments, the facility considers whether the placement would ensure the offender's health and safety, and whether the placement would present management or security problems. All reviews are done on a case-by-case basis. Placement and programming assignments for each transgender or intersex offender are reassessed at least twice each year. Transgender and intersex offender's own views with respect to his/her own safety are given serious consideration. By policy, transgender and intersex offenders are given the opportunity to shower separately from other offenders. Interviews with staff and one offender identifying with being transgender confirmed compliance to this standard.

*Standard 115.43 Prote*ctive custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Title 20 Illinois Administrative Code, Protective Custody; IDOC AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and TCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program address the requirements of the

standard. Policy requires that offenders at high risk for sexual victimization not be placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and there is no available means of separating the offender from the abuser. Access to programs, privileges, education and work opportunities are not limited to offenders placed in a special housing unit for the purposes of protective custody. Should any restrictions apply, policy requires the facility to document the privileges that were limited, the rationale for the limitation and the duration of the limitations. Policy requires that offenders will be reassessed at least once every 30 days, after being placed in the segregation unit. There were no offenders at risk of sexual victimization or offenders in protective custody status held in involuntary segregated housing in the past 12 months. Staff interviews and an examination of policy confirmed compliance with this standard.

Standard 115.51 Offender 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); MOU between IDOC/John Howard Association; Offender Request Form; Mental Health Referral and the PREA Report Line meet the mandates of this standard. A review of documentation and staff and offender interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately and from a third party) for offenders to report sexual abuse/sexual harassment. The John Howard Association is a private entity (would be a third-party reporter) that addresses PREA issues 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. Posters and other documents explaining the reporting methods were observed on display throughout the facility. All offenders interviewed indicated they had been advised of the multiple ways to report sexual abuse and sexual harassment and had access to a variety of reading materials that contained PREA information. Offenders at the TCC are not detained solely for civil immigration purposes. Staff and offender interviews and an examination of policy, brochures and postings confirmed compliance to 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 IDOC 0046, Offender Grievance Form (English and Spanish) governs the mandates of this standard. Offenders are permitted to file a grievance alleging sexual abuse at any time, without using the informal grievance process or submitting it to the staff member who is subject of the complaint. Policy mandates the facility will provide an initial response within 48 hours and a final decision within five calendar days relative to emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse. Additionally, policy requires that the initial response and final decision document the determination whether the offender is subject to a substantial risk of imminent sexual abuse. The facility may

discipline an offender for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the offender filed the grievance in bad faith.

Standard 115.53 Offender 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. Offenders are not housed in this facility solely for civil immigration purposes. The John Howard Association acts as an anonymous reporting conduit between offenders and the IDOC. If contacted, the local rape crisis center (Growing Strong Sexual Assault Center) would also advise the TCC of a PREA violation (confirmed through an interview with the center) and provide services. Offenders may also contact IDOC staff through the PREA Report Line. The facility enables reasonable communication between offenders and these organizations in as confidential a manner as possible. However, offenders are informed as part of their orientation process that all telephone calls are subject to monitoring and recording. Monitoring notices were observed posted in each unit. The Offender Handbook outlines the steps on how to report PREA violations and who to report to, and where to report, along with the PREA Report Line telephone number and addresses. Staff and offender interviews, as well as document review, confirmed compliance to this standard.

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 meets 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 03.02.108, Standards of Conduct; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention; Title 20 Illinois Administrative Code, Rules of Conduct; and TCC ID 03.02.108, Standards of Conduct address the requirements of the 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 aware of their first responder duties and responsibilities, as it relates to them having knowledge of an offender being at imminent risk for being sexually abused or sexually harassed. All staff indicated they would act immediately to protect the offender. Staff stated they would separate the potential victim/predator, secure the scene to protect possible evidence, not allow offenders to destroy possible evidence and contact the shift supervisor, medical and psychology staff. There have been no instances in which an offender was subject to substantial risk of imminent sexual abuse in the past 12 months. Staff interviews confirmed compliance to this standard.

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; DR 112 and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention meet the mandates of this standard. Policy requires that any allegation by an offender that he was sexually abused, while confined at another facility, must be reported to the head of the facility where the alleged abuse occurred, within 72 hours of

receipt of the allegation. In the past 12 months, there were no allegations that an offender was abused while confined at another facility. Staff interviews confirmed compliance to this standard.

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 and AD 01.12.112, Preservation of Evidence address the mandates of this standard. All staff interviewed were 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 offenders, secure the scene, would not allow offenders to destroy any evidence, contact the shift supervisor and refer the offender to medical and psychology staff. No first responder actions have been required within the last year. 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 required duties in the coordinated response process.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

The agency's current collective bargaining agreement (CBA) with the American Federation of State, County and Municipal Employees was entered into on July 2012, prior to the adoption of these standards. The CBA is currently being renegotiated. The current agreement does not prohibit the agency from removing alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interviews with the Warden and the agency PREA Coordinator indicated that the collective bargaining agreement does not hamper the agency's commitment to protect offenders through any disciplinary action of a staff member, including reprimand, suspension, demotion, discharge or otherwise discipline employees with proper cause.

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; TCC ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention and AD 03.01.310, Sexual Harassment address the requirements of the standard. Policies prohibit any type of retaliation to any offender or staff member who has reported sexual abuse, sexual harassment or has cooperated with such investigations. The PREA Compliance Manager is the designated staff member that monitors the conduct or treatment of offenders and/or staff members who have reported sexual abuse to insure any type of retaliation does not occur. Policy requires that monitoring for any type of retaliation will be done for at least 90 days. Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. This follow-up may also extend without limit if necessary. There have been no incidents of retaliation occurring within the previous 12 months. Staff interviews and an examination of policy confirmed compliance to this standard.

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, 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, offenders who allege to have suffered sexual abuse may not be placed in involuntary segregated housing (SHU), 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 offenders placed in the SHU for the purposes of protective custody. Policy requires that the facility document the reasons for restricting access to programs and the length of time the restriction would last. In the past 12 months there were no offenders held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment and none held in involuntary segregated housing for longer than 30 days while awaiting alternative placement. Staff interviews and an examination of policy confirmed compliance to this standard.

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 other 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 an offender or staff. The TCC does not require an offender 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 staff 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. Staff interviews and an examination of policy confirmed compliance to this standard. There have been no substantiated allegations of sexual misconduct that appears to have been criminal or referred for prosecution.

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 and ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the requirements of the standard. A review of training documents and interviews with the facility Internal Affairs

Investigator indicated that the facility and agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. A review of training documents indicated that the investigators have received the necessary special training in sexual abuse investigations. The review of documents and interviews with staff support the finding that the facility complies with this standard.

Standard 115.73 Reporting to offenders

☐ 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 01.12.120, Investigation of Unusual Incidents; local policy and the PREA Investigations Finding Notifications Memo address the mandates of this standard. The agency has a policy requiring that any offender who makes an allegation that he suffered sexual abuse at the TCC 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 two administrative investigations of alleged sexual abuse that required notification in accordance with this standard (all notifications were made). The documentation of the notifications and staff and offender interviews support the finding that the facility complies 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; DR 120, Standards of Conduct and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention address the mandates of this standard. Interviews with the Human Resource Manager confirmed that 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 TCC 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. Policy requires reporting to relevant licensing bodies if applicable. In the past 12 months, there have been no findings involving sexual abuse or sexual harassment between a staff member and offender. Interviews with staff and a review of policies support a finding that the facility complies with this standard.

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 offenders and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. The facility would take appropriate remedial measures, and consider prohibiting further contact with offenders, 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 or volunteers reported to have engaged in an act of sexual abuse or sexual harassment with an offender. Interviews with staff and a review of policy support a finding that the facility complies with this standard.

Standard 115.78 Disciplinary sanctions for offenders

☐ 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. Offenders found guilty of an administrative finding or criminal finding of offender-on-offender 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 offender's disciplinary history and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process considers whether an offender's mental disabilities or mental illness contributed to the offender'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 facility may discipline an offender 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 offenders and disciplines offenders for such activity. IDOC does not find consensual sex between offenders to constitute sexual abuse. Interviews with staff and a review of policy support a finding that the facility complies with 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.

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; the Offender Handbook, and IDOC form 0372 Mental Health Screening 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 offender experienced prior sexual victimization, staff ensures that the offender 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 ensures that offenders are 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 offenders 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. Interviews with staff and a review of documentation support a finding that the facility complies 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.

AD 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. The Taylorville Correctional Center has Wexford Health Sources Incorporated contract medical staff on duty at all times. Mental health providers are on-site seven days per week and are available for callback at any time. Offender 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. There is no financial cost to the offender 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. Offender 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. Female offenders are not housed at Taylorville. A review of policy and interviews with staff and contractors indicated the facility is compliant with the 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 offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims includes appropriate evaluation, treatment and follow-up services. The facility would arrange for referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. The facility has fully staffed medical and mental health departments and offers sexual abuse/harassment victims with medical and mental health services consistent with the community standard of care. Offender 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 offender-on-offender abusers within 30 days of learning of such abuse history. Treatment is offered for abusers when deemed appropriate by mental health practitioners. The facility does not house youthful or female offenders. A review of documentation and interviews with medical/mental health staff support the finding that the facility complies with this standard.

Standard 115.86 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and August 2015 Director's Designating Incident Review Team Memorandum address the mandates of this standard. The Warden has designated the facility PREA Compliance Manager/Psychologist III, Associate Warden, Shift Supervisor, Clinical Services Representative and the Investigation/Intel Representative to be members of the Incident Review Team. The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The incident review occurs within 30 days of the conclusion of the investigation. The review team addresses all items identified in the standard and a report is prepared by the PREA Compliance Manager for the Warden. The facility implements the recommendations for improvement, or documents its reasons for not doing so. Documentation for any recommendation not implemented is maintained. A review of documentation and interviews with medical/mental health staff support the finding that the facility complies with 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. Observation and a 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. Interviews with the PREA Coordinator and a review of policy indicated that 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 30 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. Policy requires the report to be published on the IDOC website and includes a comparison of the current year's data and corrective actions with those from prior years. Additionally, the report provides an assessment of the agency's progress in addressing sexual abuse.

Standard 115.89 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

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

AUDITOR CERTIFICATION
I certify that:

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

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

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

_____ May 12, 2016

Auditor Signature Date