PREA AUDIT REPORT ☐ Interim ☒ Final

ADULT PRISONS & JAILS

Date of report: 01/18/2016

Auditor Information			
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Telephone number: 417-425-0564			
Date of facility visit: December 2-4, 2015			
Facility Information			
Facility name: Western Illinois Correctional Center & Clayton Work Camp			
Facility physical address: 2500 Illinois 99, Mt. Sterling, IL 62353			
Facility mailing address: *(if different from above)* Click here to enter text.			
Facility telephone number: 217-773-4441			
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: Jeff Korte			
Number of staff assigned to the facility in the last 12 months: 404			
Designed facility capacity: 2173 at Western Illinois Correctional Center & 200 at Clayton Work Camp			
Current population of facility: 1871 at Western Illinois Correctional Center & 106 at Clayton Work Camp			
Facility security levels/inmate custody levels: Medium/Low			
Age range of the population: 20-68			
Name of PREA Compliance Manager: Martinette Douglas	**Title:** PREA Manager, LCPC		
Email address: Martinette.douglas@doc.illinois.gpv	**Telephone number:** 217-773-4441 ext. 202		
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			
Mailing address: *(if different from above)* Click here to enter text.			
Telephone number: 217-558-2200			
Agency Chief Executive Officer			
Name: John Baldwin	**Title:** Acting Director		
Email address: John.baldwin@doc.illinois.gov	**Telephone number:** 217-558-2200		
Agency-Wide PREA Coordinator			
Name: Mike Funk	**Title:** PREA Coordinator		
Email address: Mike.funk@doc.illinois.gov	**Telephone number:** 217-558-2200 ext. 5011		

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of the Western Illinois Correctional Center (WICC) and the facility's camp, Clayton Work Camp (CWC) was conducted December 2-4, 2015 using the PREA standards finalized August 2012. The auditor discussed the data contained in the Pre-Audit Questionnaire with the PREA Coordinator and the PREA Compliance Manager prior to the on-site visit. When the auditor first arrived at the facility, an in-briefing was held with the Warden, the PREA Compliance Manager and the agency's PREA Coordinator to explain the audit process.

A tour of the facilities was conducted on Wednesday, December 2, 2015. Following the tour, interviews with inmates and staff were scheduled. All required facility staff and inmate interviews were conducted on site. Twenty-two randomly selected inmates were interviewed that included inmates from each housing unit, the segregation unit, inmates who were identified as being in a designated group (e.g. disabled, limited English proficiency, LGBTI or who had reported sexual abuse) and one inmates reporting allegations of sexual harassment. Interviews with twenty five members were also conducted and included random selected staff as well specialized staff. The specialized staff included; Illinois Department of Corrections Agency Head designee, Warden, PREA Compliance Manager, IDOC PREA Coordinator, investigative staff, first responders, medical and mental health care professionals, incident review team members, intake/screening staff, administrative staff, intermediate and higher level facility staff as well as volunteers and contractors. Investigative records, training records and personnel records were reviewed. Intake PREA screenings and PREA training was observed as well as testing of the inmate phone systems for reporting allegations to outside sources.

A review of the 24 investigative files opened during the past 12 months alleging sexual abuse or sexual harassment was conducted. Of the 24 allegations investigated, 12 were inmate-inmate sexual abuse (1 substantiated, 10 unsubstantiated and 1 unfounded) and 5 inmate-inmate sexual harassment allegations (0 substantiated, 4 unsubstantiated and 1 unfounded). There were 7 allegations of staff-inmate sexual abuse (0 substantiated, 6 unsubstantiated and 1 unfounded) and no allegations of staff-inmate sexual harassment.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Western Illinois Correctional Center (WICC) is a medium security facility located in Mt. Sterling, Illinois. The WICC opened in in April of 1989. The all-male prison consists of 21 buildings inside a perimeter fence surrounding 32 acres. The facility consists of four residential housing units, an administration area, medical and receiving unit building, food service, warehouse and maintenance complex, a multi-purpose building with education and recreation areas and a work camp. The facility has a capacity of 2,173 adult males, 1973 at the prison and 200 at the Clayton Work Camp. The average daily population was 1871 at the prison and 106 at the work camp during the audit. The average length of stay is 8.3 years. A total of 103 staff is employed at the facilities.

The satellite camp for WICC, Clayton Work Camp, is an adult male facility that was originally constructed in 1975 as an elementary school and was converted into a prison camp in 1995. All areas of the camp are contained within one structure that includes four dorms, a dayroom, educational classrooms, laundry facilities, food service, visiting room and gymnasium. The work camp allows inmates to participate in public service projects, primarily consisting of off grounds work. The work camp provides inmate labor to various community work projects to the surrounding counties.

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.

Western Illinois Correctional Center's prison industries facility is a meat processing plant that provides meat for all IDOC food service operations. The primary function of the prison industries is to provide inmates with a viable skill set for their use upon release while providing a service to the IDOC. Inmates not assigned to prison industries are provided other work assignments that include: Food Service, Mechanical Services, Health Services, and Education/Recreation, Laundry and unit orderlies. Inmates are offered opportunities to participate in educational programs such as ABE (Adult Basic education), Pre-GED and GED (General Education Development). Inmates are also offered vocational programs such as: automotive technology, construction occupations, horticulture, career technology and college academic. Inmates are provided the opportunity to participate in the practice of their faith, access to leisure and law libraries as well as a wide variety of recreational programs.

The health care unit serves the inmate population by addressing all medical, dental and mental health needs, through the use of licensed professionals. Offenders with on-going health problems are assigned to chronic clinics, which assures proper monitoring and treatment of their medical needs. Additionally, programming is offered by the facility mental health professional, 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 Blessings Hospital in Quincy Illinois, and McDonough District Hospital in Macomb Illinois,

The auditor concluded, through interviews and the examination of policy and documentation, that all staff were knowledgeable concerning their responsibilities involving 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, inmates stated that staff were respectful and that they felt safe at the facility. Staff were observed to be interacting with inmates in a positive and helpful manner.

SUMMARY OF AUDIT FINDINGS

The site visit was completed on December 4, 2015 and an "out-brief" meeting was held with the following;

Warden, Jeff Korte

IDOC PREA Coordinator, Mike Funk

WICC PREA Manager, Martinnete Douglas, QMHP

WICC Investigative Supervisor, Tim Megginson

The auditor was provided with comprehensive files of documentation prior to the audit for review to support a conclusion of compliance with the PREA standards. During the course of the on-site visit, staff were found to be cooperative, courteous and professional. All areas of the facilities toured were observed to be clean and well maintained. At the conclusion of the audit the auditor thanked the WICC staff for their hard work and commitment to the Prison Rape Elimination Act and the processes that have been incorporated into the daily operations of the facility.

Number of standards exceeded: 0

Number of standards met: 43

Number of standards not met: 0

Number of standards not applicable: 0

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Illinois Department of Corrections (IDOC) Administrative Directive 04.01.301 mandates zero tolerance towards all forms of sexual abuse and sexual harassment. The policy outlines the facility's approach to preventing, detecting, and responding to such conduct, and includes such definitions. IDOC has a designated agency-wide PREA Coordinator. The PREA Compliance Manager for WICC and the Clayton Work Camp is a Licensed Clinical Professional Counselor and serves as a Qualified Mental Health Provider (QMHP) for the facility. Interviews with the PREA Coordinator and PREA Compliance Manager indicated they have sufficient time and authority to develop and oversee compliance. The PREA Coordinator reports directly to the IDOC Director and the PREA Compliance Manager reports directly to the Chief Administrative Officer (Warden), which indicates proper authority.

Standard 115.12 Contracting with other entities for the confinement of inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

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

Standard 115.13 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Administrative Directives 01.02.103 and 05.01.101 address the standard. Interviews with the Warden, PREA Compliance Manager and the Human Resources Manager, indicated there are routine reviews of the staffing plan, recruitment policy and institutional needs to assure the safety of staff and inmates. Intermediate and higher level staff conduct unannounced rounds to identify any deviation from policy or procedure. Administrative Directive 01.02.102 addresses unannounced rounds. A review of the Unscheduled Inspection Report, Form 0481, indicated that unannounced rounds are taking place within the facility by administrative staff. It was the auditor's impression, from interviews with higher level and intermediate staff as well as interviews of random staff and inmates, that supervision was appropriate and that staff and inmates both felt safe.

Standard 115.14 Youthful inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Institution Directive 04.01.301 addresses this standard. Youthful inmates are not placed in a housing unit which the youthful inmate will have sight, sound or physical contact with any adult inmate through the use of a shared dayroom or other common space, shower area or sleeping quarters. Direct staff supervision is in place when a youthful inmate and adult inmates have sight, sound or physical contact in areas outside of the housing unit.

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)

Title 20 Illinois Administrative Code 501.220 and Administrative Directives 04.03.104 and 05.01.109 and Warden's Bulletin 12-13 address this standard. The facility is an all-male facility. The facility does not conduct cross-gender pat-down searches, strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Policy requires that any such search would be documented on the facility's incident report form. The facility has policies and procedures in place that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Policy and procedures in place require staff of the opposite gender to announce their presence when entering an inmate housing unit.
Interviews with staff and inmates and direct observation indicated this practice was in effect. The facility does not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it is determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.

At the time of the audit, the training curriculum was modified to include specific training on how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. A corrective action plan was developed to provide documentation regarding the training of staff on transgender and intersex inmates. The changes to the training curriculum, and the documentation received indicates that staff have received the necessary training to conduct searches of trangender and intersex inmates.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Administrative Directives 03.01.305, 04.01.111, 04.01.301, 05.07.101 and 04.01.105 address the requirements of this standard. WICC takes appropriate steps to ensure inmates with disabilities and inmates with limited English proficiency have an opportunity to participate in and benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA handouts, postings and inmate handbooks are in English and Spanish. Staff interviewed were aware that under no circumstances are inmate interpreters or assistants to be used in dealing with any PREA related matter.

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)

Administrative Directives 01.02.107, 03.02.100 and DOC Form 0450 address this standard. The agency has policy and procedures addressing hiring and promotion decisions. All employees, contractors, and volunteers have had their criminal background check completed. The agency uses a continuous system of background checks for employees that provide a notice whenever an employee is involved with law enforcement using National Crime Information Center (NCIC) systems in lieu of doing background checks every five years. Contractors and volunteers are subject to the same continuous monitoring program. The agency imposes upon all employees, contractors and volunteers, a continuing affirmative duty to disclose any misconduct to include sexual abuse or sexual harassment.

The agency will not hire or promote a staff member, or enlist the services of any contractor or volunteer who may have contact with inmates, who has engaged in sexual abuse in institutions or the community, or has been civilly or administratively adjudicated to have engaged in sexual abuse in institutions or the community. All incidents of sexual harassment are considered in the hiring or promoting of staff. Contact with prior institutional employers is attempted. 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). Material omissions regarding misconduct are grounds for termination. State law and agency policy allow for the information sharing with other institutions upon employment.

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)

The facility has an extensive video and visual monitoring system in place. There have been no substantial expansions or updates of existing facilities since August 20, 2012. A total of 64 dome cameras, 10 outside cameras, and 5 DVR's have been added during the past 12 months. The agency and facility reviews the electronic monitoring systems annually and considers how such technology will enhance the agency's ability to protect inmates from sexual abuse. The facility has asked for an additional 74 cameras to enhance visual/video monitoring.

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)

Administrative Directives 01.12.125, 01.12.112 and 04.01.301 addresses this standard. Policy and procedures outline evidence protocols that maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, and requirements for forensic medical exams. Medical and custody staff indicated an understanding of the facilities' procedures to obtain usable physical evidence if sexual abuse is alleged.

The facility's investigative internal affairs unit conducts all investigations. The IDOC protocols were reviewed and found to be in line with DOJ's National Protocol for Sexual Assault Medical Forensic Examinations. Victims are offered access to forensic medical examinations off-site, without financial cost to the victim. WICC has an MOU with McDonough District Hospital to conduct forensic exams using SANE/SAFE (Sexual Assault Nurse Examiner/Sexual Assault Forensic Examiner) staff. Interviews with staff indicated that the Internal Affairs investigative supervisor would be present at the hospital for the investigation. The facility has in place an agreement with the John Howard Association and Quanada Sexual Assault organization to provide outside confidential support services for any victim of a sexual abuse incident. There have been no forensic medical examinations conducted during the past twelve months. Policies reviewed and interviews with medical and mental health staff verify the compliance with this standard.

Standard 115.22 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Title 20 Illinois Administrative Code, Part 112 and Administrative Directives 01.12.101 and 01.12.120 addresses the requirements of this standard. Administrative and/or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. The facility's Internal Affairs unit completes all administrative investigations. If, during the course of an investigation, evidence surfaces indicating criminal misconduct, the investigation would be referred to IDOC Chief of Investigations and to the Illinois State Attorney General.

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)

Administrative Directive 03.03.102 addresses the training required by this standard. All employees of the agency receive training on IDOC Administrative Directive 04.01.301, for sexual abuse and sexual harassment at pre-service and annual refresher training sessions. Employees are required to sign an acknowledgement form indicating they

understand the training they have received. All staff interviewed indicated that they received the required PREA training. Staff training files were reviewed and contained documentation supporting compliance to this standard. Informational bulletins are provided to staff by the warden and include any revisions to policy and/or procedures.

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)

Administrative Directive 03.03.102 addresses the requirements of this standard. The training provided ensures that all volunteers and contractors who have contact with inmates have been trained on their responsibilities as outlined in policy. There are 110 contractors and volunteers who have received training related to their responsibilities concerning the PREA (zero-tolerance, detection, prevention, response, and reporting requirements). All training is documented. Interviews with contractors and volunteers, and an examination of training files, confirm compliance to this standard.

Standard 115.33 Inmate education

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

The facility's Offender Orientation Manual (inmate handbook) addresses the requirements of this standard. Inmates receive information at the time of intake processing verbally, via video presentation and a PREA pamphlet. Additional information regarding the PREA is also played on video monitors in the housing units on a daily basis. Inmates are required to sign a form acknowledging receipt of the handbook (IDOC Form 0291). The form acknowledging receipt is documented and maintained in the inmate's file. Provisions are in place to meet the needs of all disabled inmates. The facility also provides interpretive services when necessary. Housing unit meetings between inmates and staff are conducted which allows ample opportunity for inmates to ask questions to discuss the PREA. There are posters throughout the facility, and the "hotline" phone number to call to report abuse or harassment is in each housing unit. During the past 12 months, 545 inmates were given PREA information during the intake process. All orientation was provided within 30 days of intake.

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)

Administrative directive 01.12.115 addresses this standard. The investigations and intelligence Internal Affairs unit supervisors have received training relevant to PREA. Each investigator has successfully completed the PREA

Compliance Manager Training. The investigators were interviewed and able to explain in detail the process and procedures required during a PREA-related investigation. In addition to the general training provided to all employees, the agency ensures that the in-house investigators have received training in conducting such investigations in confinement settings.

Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The agency maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.

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)

Administrative Directives 03.03.102 and 04.01.301 and 04.04.100 address this standard. The facility has full-time medical and mental health care staff on site at all times. The review of training records confirmed that health care staff receives PREA training and has a duty to report when they have knowledge of sexual abuse/assault, even when disclosed in the course of a health care encounter. All medical and mental health care practitioners have been trained in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Forensic medical examinations are conducted by SANE/SAFE staff at a local hospital.

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)

Administrative Directives 04.01.301 and 05.07.101 address this standard. The facility screens arriving inmates for the individual's potential vulnerability to a sexual assault or risk of sexually abusive behavior. All inmates admitted to the facility have an initial PREA risk screen assessment completed by staff trained to administer the screen within 72 hours of arrival at the facility. The admission screen includes the inmate's demographics, results of a NCIC background check, sentencing and PSI (Presentence Investigation) information (if available), classification and assessment information, any documented/known institutional behavior or other relevant information. Inmates identified as high risk for sexual victimization or at risk of sexually abusing other inmates would be referred to a mental health professional for further assessment. Inmates are not disciplined for refusing to answer any questions or for not disclosing complete information. Copies of all intake screening forms are forwarded to the appropriate medical/mental health practitioner and the original forms are secured in inmate records with only designated staff allowed access to the files.

At the time of the audit, the agency issued new Administrative Directives, memorandum and modifications to the IDOC form 0494 (Screening for Potential Victimization or Sexual Abuse) to include a 30 day review. The

memorandum, policy and procedure changes adequately address the non-compliant portions of this standard. A corrective action plan was developed to provide documentation of the reassessment of inmates within 30 days of arrival to determine the individual's potential vulnerability to a sexual assault or risk of sexually abusive behavior. The facility has provided the required documentation regarding the reassessments to adequately meet the requirements of this standard.

Standard 115.42 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Administrative Directives 04.01.301, 04.03.104 and 05.07.101 address this standard. The facility uses the screening information to determine housing, bed, work, education, and program assignment with the goal of keeping inmates at high risk of being sexually victimized separate from those at high risk of being sexually abusive. Housing and program assignments are done on a case by case basis. The facility's goal is to keep inmates at high risk of being sexually victimized separate from those who are at a high risk of being sexually abusive. Guidelines on housing and program assignments and for the management of transgender and intersex inmates are outlined in this policy. Interviews with staff and inmates confirmed compliance with this standard.

Standard 115.43 Protective custody

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Title 20 Illinois Administrative Code 501.310 and Administrative Directive 04.01.301 addresses this standard. Policy requires that inmates at high risk for sexual victimization or who are alleged to suffer from sexual abuse, will not be placed in involuntary administrative segregation/protective custody unless assessment of all available alternatives has been made and a determination made that there are no available alternatives for separation from likely abusers. If an assessment cannot be done immediately the facility may hold the inmate in involuntary segregation for less than 24 hours while completing the assessment. Inmates placed in segregation for this purpose will have access to programs, privileges, and education and work opportunities. If it is necessary to restrict such activities the reasons for restrictions and duration will be documented. If an involuntary segregated housing assignment is made, the facility affords the inmate a review every 30 days to determine if there is a continuing need for separation from the general population. Interviews with staff indicated there have been no inmates placed in this status within the last 12 months.

Standard 115.51 Inmate reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

The agency and facility provide multiple internal ways for inmates to privately report sexual abuse, sexual harassment, retaliation and staff neglect or violation of responsibilities that may have contributed to such incidents. The procedures for reporting are clearly stated in the inmate handbook and on posters located throughout the facility. Interviews of staff and inmates verified procedures and policies demonstrate they know how to report incidents. Staff are trained to immediately report and document any sexual abuse or sexual harassment allegation.

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)

Title 20 Illinois Administrative Code 504 and Administrative Directive 04.01.114 address the requirements of this standard. The agency and facility have policy and procedures addressing grievance procedures. At the time of the audit, the Illinois Administrative Code and Agency Directive stated the following: "Offender grievances must be filed within 60 days after the discovery of the incident, occurrence, or problem that gives rise to the grievance. Grievances not filed within this time frame shall be considered only if the offender can demonstrate good cause for the untimely filing." There is no exception for sexual assault allegations.

Neither the agency nor facility requires an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Inmates who allege sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and the grievance is not referred to a staff member who is the subject of the complaint. The agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within two months of the initial filing of the grievance. The inmate may appeal the decision within 30 days of receiving the final decision.

There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are be permitted to file such requests on behalf of inmates. Agency and institution directives address the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the facility immediately forwards the grievance to the Warden for review, at which time immediate corrective action may be taken.

At the time of the audit, policy did not specify times for initial or final response to an emergency grievance or that the initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. Policy does not prohibit the agency from disciplining an inmate for filing a grievance related to alleged sexual abuse, where the agency demonstrates that the inmate filed the grievance in bad faith.

Since the time of the on-site audit and the filing of this report, the agency has issued Administrative Directives that adequately address the non-compliant portions of this standard.

A corrective action plan was developed that included modifying the policy and procedures and the documentation of training received by staff regarding grievance procedures addressing sexual asualt. The facility has provided the required documentation to adequately meet the requirements of this standard.

Standard 115.53 Inmate access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Administrative Directive 04.01.301 addresses this standard. WICC provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility has memorandums of understandings (MOU) with The John Howard Association and Quanada Sexual Assault Center. The facility enables reasonable communication between inmates and these organizations in as confidential a manner as possible. WICC informs inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

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)

The Agency has established a method to receive reports of sexual abuse and sexual harassment from a third party. IDOC takes third party reports and conducts an investigation. Third-parties are informed of reporting procedures on the agency website, pamphlets and posters in the lobby.

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)

Title 20 Illinois Administrative Code 120, Standards of Conduct, Administrative Directives 03.02.108 and 04.01.301 outline staff reporting requirements. All staff are required to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred at a facility whether or not it is part of the agency. Interviews with staff revealed an awareness of procedures to take concerning reporting incidences of sexual harassment and sexual abuse. A review of training documentation indicates that staff receive the required training regarding this subject.

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)

Title 20 Illinois Administrative Code 120, Standards of Conduct and Administrative Directive 04.01.301 stipulates under the zero tolerance policy, that when the agency learns an inmate is subject to substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. Interviews with staff indicated a comprehensive understanding of their duties and responsibilities if they became aware of an inmate being in imminent risk for abuse (first-responder or otherwise), and that certain immediate, mandatory actions to protect the inmate would take effect. The Warden indicated there have been no reported incidents of an inmate being subject to substantial risk of imminent sexual abuse during the past 12 months.

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)

Administrative Directive 04.01.301 requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden will notify the head of the facility or appropriate office of the agency where the sexual abuse allegedly occurred. Policy requires such notification will occur as soon as possible and no later than 72 hours of receiving the allegation. Documentation is required of any such notification. There has been one allegation of sexual abuse that was claimed to have occurred at WICC from an inmate housed at another facility in the last 12 months. The allegation was investigated in accordance with facility policy and PREA standards and found to be unsubstantiated.

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)

Administrative Directives 04.01.301and 01.12.112 addresses duties, procedures and actions for first responders to an allegation of sexual abuse. The PREA training lesson plan outlines the duties and responsibilities for first responders and medical staff in the event an inmate is sexually abused. Inmates may report acts of sexual assault, abuse, or harassment to any employee, contract employee, or volunteer. Upon learning of an allegation that an inmate was sexually abused, if the responder is a correctional officer: 1) separate; 2) preserve and protect the crime scene; 3) if the time allows for the collection of physical evidence, make appropriate request for it; 4) if the abuse occurred within a time period that allows for physical evidence, ensure the alleged abuser does not destroy evidence.

First responders interviewed were very knowledgeable about their duties and responsibilities. There has been one allegation of sexual abuse within the previous year requiring first responder actions, of which was responded to by non-security staff. The allegation was received after a time period that would have allowed for the collection of physical evidence.

Standard 115.65 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Administrative Directive 04.01.301 and the facility's PREA Response Plan address the duties of all staff, first responders, medical and mental health staff and facility leadership in coordinating actions taken in response to an incident of sexual abuse.

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

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

The agency's current collective bargaining agreement (CBA) with the American Federation of State, County and Municipal Employees was entered into on July 2012. The CBA is currently being renegotiated. Interviews with the Warden and the agency PREA Coordinator indicated that the collective bargaining agreement does not hamper the agency's commitment to protect inmates 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)

Administrative Directives 04.01.301 and 03.01.310 prohibit any type of retaliation to any inmate 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 inmates and/or staff members who have reported sexual abuse to insure any type of retaliation does not occur. The monitoring of 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.

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)

Title 20 Administrative Code 501.320, Administrative Directives 04.01.301 and 04.03.120 address this standard. Policy prohibits the placement of inmates, who allege to have suffered sexual abuse, in involuntary segregation housing unless an assessment of all available alternatives has been made. Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43. There have been no inmates who allege to have suffered sexual abuse, held in involuntary segregation during the past 12 months.

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)

Administrative Directives 01.12.101 and 01.12.120 outline the procedures for administrative and criminal investigations. All allegations of sexual abuse and sexual harassment, including third party and anonymous reports, are promptly, thoroughly and objectively investigated. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. There have been no substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since August 20, 2012.

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)

Administrative Directive 04.01.301 addresses this standard. During the on-site audit, the WICC Chief Investigator indicated that the standard for substantiating an allegation of sexual abuse or sexual harassment would be “beyond a reasonable doubt” and not the “preponderance of evidence” as required by the standard.

Since the conclusion of the on-site audit and before the completion of this interim report, the agency and facility has amended the Institutional Directive, 04.01.301, Sexual Abuse and Harassment Prevention and Intervention to state it shall impose no standard higher than the preponderance of evidence in determining whether sexual abuse or sexual harassment allegations are substantiated.

The policy and procedure changes made to policy adequately address the non-complaint portion of this standard. A corrective action plan was developed to include training and documentation that all investigators understand the state does not impose no standard higher than the preponderance of evidence in determining whether sexual abuse o sexual harassment allegations are substantiated. The facility has provided the required documentation to adequately meet the requirements of this standard.

Standard 115.73 Reporting to inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Administrative Directives 04.1.301 and 01.12.120 requires that following an investigation into an inmate's allegation that they suffered sexual abuse in an IDOC facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. If it is a staff member, the facility head or designee will inform the inmate victim whenever a staff member is no longer posted, employed, or has been indicted or has been convicted, unless the investigation determines the allegation is unfounded. All notifications are documented in the incident file and a copy provided to the inmate. There have been no allegations of sexual abuse committed by a staff member against an inmate in the past 12 months.

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)

Title 20 Illinois Administrative Code 120.40, and Administrative Directives 01.12.101 and 03.02.108 address this standard. Disciplinary sanctions for violations of the agency's policy relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of acts committed per these policies. Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary action for staff who engage in sexual abuse. Interviews with the Warden and PREA Compliance Manager indicated any termination for violations of agency sexual abuse or sexual harassment policies, or resignation by staff that would have been terminated if not for their resignation, would be reported to law enforcement agencies and to relevant licensing bodies. There have been no staff disciplinary actions, resignations in lieu of termination or terminations for violation of this standard in the past 12 months.

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)

Title 20 Illinois Administrative Code 120.40, Administrative Directives 01.12.120, 03.01.310 and 04.01.122 addresses this standard. Any contractor or volunteer who engages in sexual abuse of an inmate will be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Policy requires that appropriate remedial measures are taken and consideration as to whether to prohibit contractors/volunteers from further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies. Volunteers and contractors have all been trained and are aware of these policies. Documentation is maintained. In the past 12 months, there have been no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Standard 115.78 Disciplinary sanctions for inmates

☐ Exceeds Standard (substantially exceeds requirement of standard)

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

☐ Does Not Meet Standard (requires corrective action)

Title 20 Illinois Administrative Code 504 and Administrative Directive 05.12.103 address this standard. Inmates are subject to disciplinary sanctions pursuant to policy following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Information on inmate disciplinary sanctions is provided as part of the facility orientation process upon entry into the facility. Policy prohibits all sexual activity between inmates. Sanctions are commensurate with the nature and circumstances, subject's prior history, and sanctions imposed for comparable offenses. The inmates' mental health is also considered. Inmates may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. WICC does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with the investigator confirm compliance with this standard. There has been one substantiated case of inmate-on-inmate sexual abuse during the past 12 months.

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)

Administrative Directive 04.01.301, 04.04.100, 04.04.101 and 01.07.105 address this standard. Through interviews with medical and mental health staff, and a review of the intake risk screening processes, it was determined that the facility has a system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services if needed. All inmates at this facility who have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, pursuant to standard §115.41,-Screening for Risk of Victimization and Abusiveness, are offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary for treatment plans and security and management decision such as housing, bed, work, education and program assignments. Informed consent is obtained from inmates before reporting about prior sexual victimization that did not occur in an institutional setting.

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)

Administrative Directives 04.04.100, 04.04.101 and 04.01.301 address this standard. Policy requires that inmates who are victims of sexual abuse are offered immediate, unimpeded access to emergency treatment and crisis intervention services, the nature and scope of which are determined by the medical and mental health practitioners, according to their professional judgement. Policy requires medical and mental health departments to maintain secondary information documenting time of service, emergency medical treatment and crisis intervention services that were provided. Interviews with the medical and mental health practitioners confirmed the requirements of this standard are in place and adhered to. The facility uses the John Howard Association, Quanada Sexual Assault Center and McDonough Hospital to provide emergency care and crisis intervention service.

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)

Administrative Directives 04.04.100, 04.04.101 and 04.01.301 address this standard. The facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse and to abusers. Interviews with medical/mental health staff confirmed ongoing medical/mental health treatment is available to all victims, abusers and includes all follow-up services, treatments and referrals. These services are consistent with the community level of care. STD testing is offered as requested or pursuant to a practitioners order. Treatment services are offered at no cost to victims.

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)

Administrative Directive 04.01.301 meets the requirements of this standard. The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The review is conducted within 30 days of the conclusion of the sexual abuse investigation. The WICC PREA Review Team consists of the Warden, PREA Compliance Manager, Investigative Lieutenant, Medical/Mental Health professionals and line supervisors. The team considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. In review of documentation, all requirements of the standard are considered in the review and recommendations for improvements are made. In the past 12 months there have been 17 allegations of sexual abuse that have been investigated and reviewed by the PREA Review Team.

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)

Title 20 Illinois Administrative Code, Part 106.40 and Administrative Directive 04.01.301 address this standard. The IDOC publishes an annual report regarding PREA-related incidents. The IDOC conducts sexual abuse/assault incident reviews to determine if changes to or improvements in environmental, procedural, staffing and monitoring technology factors are required. The PREA Coordinator obtains and reviews information on all incidents from each facility. Upon request or no later than June 30th, the agency provides this information for the previous calendar year to the Department of Justice (DOJ). The report includes the aggregate data necessary to answer all of the questions on the Survey of Sexual Violence conducted by the DOJ.

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)

Title 20 Illinois Administrative Code, Part 106.40 addresses this standard. Interviews with the PREA Coordinator indicated this individual is responsible for reviewing all of the data collected from the agency's facilities and aggregates that data annually to assess and improve the effectiveness of its sexual abuse program and practices. The PREA Coordinator prepares an annual report that provides general comments with plans to enhance this information in future reports. Information that needs to be redacted is not included in this annual report that is forwarded to the state's Director of Corrections for approval.

This information is available to the public on the Illinois Department of Corrections website and can be accessed at http://www.illinois.gov/idoc/programs/Documents/2014%20IDOC%20PREA%20Report.pdf

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)

Administrative Directive 04.01.301 addresses this standard. The agency ensures that all aggregated sexual abuse data from facilities under its direct control is available to the public and securely retained. The agency maintains a sexual abuse data collection pursuant standard §115.87 for at least 10 years after the initial date of collection, unless federal, state or local law requires otherwise. The Illinois Department of Corrections, PREA section, is responsible for gathering and maintaining this information.

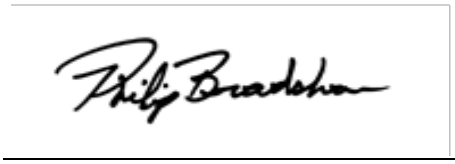
Public access to data is available on the IDOC website.
http://www.illinois.gov/idoc/programs/Documents/2014%20IDOC%20PREA%20Report.pdf

AUDITOR CERTIFICATION
I certify that:

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

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

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



01/18/2016

Auditor Signature Date