Illinois Department of Corrections
Administrative Directive

Number: 01.01.101
Title: Administrative Directives
Effective: 3/1/2021

Authorized by: [Original Authorized Copy on File] Rob Jeffreys Acting Director
Supersedes: 01.01.101 Effective 6/1/2020

Authority: 730 ILCS 5/3-2-2
Related ACA Standards: 5-ACI-1A-05, 12, 14

Referenced Policies: 01.03.100, 01.03.101, 01.03.110, 01.11.103
Referenced Forms: DOC 0225 – Request for Variance
DOC 0386 – Administrative Directive Impact Analysis

I. POLICY

It shall be the policy of the Illinois Department of Corrections to develop and maintain Administrative Directives to document internal management policies and procedures.

II. PROCEDURE

A. Purpose

The purpose of this directive is to:

1. Establish a uniform format and procedure for the development, review, approval, issuance and dissemination of the Department's directives.

2. Ensure a permanent and official record of all Department directives is maintained.

B. Applicability

This directive is applicable to all correctional facilities, offices, programs and parole services within the Department.

C. Facility Reviews

A facility review of this directive shall be conducted at least annually.

D. Designees

Individuals specified in this Administrative Directive may delegate stated responsibilities to another person or persons unless otherwise directed.

E. Definitions

1. The following definitions shall be used for the purpose of this directive:

   Executive Policy Administrator – The title identified as having authority to approve Administrative Directives during the review process.

   Policy Owner – The division, unit or office that, by area of responsibility, has been identified as the reviewing authority for an Administrative Directive.
Variance – a programmatic or procedural deviation from an Administrative Directive.

2. The following definitions shall apply to terms in all directives unless otherwise specifically defined in an individual directive:

Administrative Directive – an internal management policy and procedure adopted by the Department.

Central Office – shall normally indicate the administrative or executive offices of Springfield or JRTC.

Chief – the head of a division within the Department.

Chief Administrative Officer (CAO) – the warden of a correctional facility or program site or the supervisor of a transitional security facility.

Chief Administrator – the Chief Administrative Officer of a correctional facility or program site; or for all other offices, the Deputy Director or Chief of the appropriate division, or the Assistant Director of the Department.

Correctional facility – a place where offenders are housed, such as a facility or transitional security facility. Unless otherwise specified, this shall include life skills re-entry centers and mental health treatment centers.

Department / IDOC – the Illinois Department of Corrections.

Deputy Director – the head of any region or division within the Department.

Director – the Director of the Illinois Department of Corrections.

Executive staff – the Director, Assistant Director, staff who report directly to the Director and other positions so identified by the Director.

Facility Review – in accordance with Administrative Directive 01.11.103, an internal systematic review and report of a facility’s activities by the Facility Review Control Officer and assigned staff to determine compliance with the existing policy.

Manager – the administrator, manager, supervisor or superintendent of any unit or subdivision.

Offender – an individual who is committed, under sentence to, or confined in a correctional facility.

Policy and Directives Unit – the unit of the Department that coordinates reviews, assists in drafting and preparation and disseminates effective Administrative Directives.

Program site – a place that provides services such as a parole office.

Releasee – an offender released from a correctional facility under conditional supervision.

F. General Provisions

1. When a title is used in a directive it shall mean the person who:
a. Holds that title;

b. Has been designated, in writing, to fulfill the duties of that title during a temporary absence or during an emergency; or

c. Has been given written signature authority to routinely, or for a specified period of time, sign documentation on behalf of the person specified in the Administrative Directive.

2. No other designees may be used unless the directive specifically provides for designees. However, local written policy, including institutional directives, may formally provide for a person in an equivalent or higher position to routinely perform the duties of the title specified in the Administrative Directive.

3. Administrative Directives shall not be distributed to offenders or outside entities, excluding other State agencies, except as authorized by the Freedom of Information Office, Legal Services, or the Director. Information contained in Administrative Directives may be communicated in writing in another form such as orientation manuals or bulletins for offenders or the IDOC website.

G. **Establishing a New Administrative Directive**

1. New Administrative Directives shall only be developed to address an issue if the subject matter is not addressed in a current Administrative Directive or a current Administrative Directive cannot be reasonably revised to incorporate the new policy.

2. Prior to drafting a new Administrative Directive, a request for approval to the Manager of Policy and Directives shall be required. This approval process shall ensure there are no overlaps or conflicts with existing Administrative Directives. For all new Administrative Directives, the Manager of Policy and Directives shall contact the Executive Policy Administrator to assign a Policy Owner. New Administrative Directives shall be processed in accordance with the standard review process established herein.

H. **Review and Development of Administrative Directives**

1. Any Department employee may, at any time, provide comments on existing Administrative Directives. All comments shall be submitted to the Policy and Directives Unit electronically via an approved format that shall be made available on the IDOC Intranet Policies tab. Comments submitted shall identify the Administrative Directive number, to the extent possible cite the paragraph for which the comment(s) pertain and provide a clear, concise and thoughtful description of the issue(s).

2. The Policy and Directives Unit shall coordinate the review, approval and dissemination of all IDOC Administrative Directives and shall establish a quarterly review process to ensure each Administrative Directive is reviewed annually. Policy Owners shall be assigned for each Administrative Directive.

3. Revisions to Administrative Directives shall only be initiated during the scheduled annual review period. Valid, urgent situations that warrant revision of an Administrative Directive outside the scheduled period shall require approval of the Manager of Policy and Directives.

4. Policy Owners shall be responsible for reviewing their policy(ies) prior to the beginning of the scheduled quarterly review.
5. On or about the beginning of the quarter in which a policy is scheduled for annual review, the Policy and Directives Unit shall contact the Policy Owner and, if applicable, forward any comments received with regard to the specified Administrative Directive. The Policy Owner shall, within 5 working days of the beginning of the quarter, provide the Policy and Directives Unit with the determination if a revision shall be required.

   a. If the Policy Owner determines no revision is required:
      
      (1) He or she shall so indicate on the Administrative Directive Impact Analysis, DOC 0386, and electronically submit to the Executive Policy Administrator for approval prior to submitting to the Policy and Directives Unit.
      
      (2) The Policy and Directives Unit shall document the annual review as complete.

   b. If the Policy Owner determines a revision is required, he or she shall so notify the Policy and Directives Unit who shall provide a copy of the current Administrative Directive in Word format. All revisions to the directive must comply with the standards established in Section II.I.

   c. Within 30 days of the beginning of the quarter, the Policy Owner shall, using track changes, prepare and submit to the Policy and Directives Unit a draft revision incorporating any necessary changes.
      
      (1) It shall be the responsibility of the Policy Owner to conduct analysis and research of the policy and to ensure compliance with applicable Federal and State laws, Department Rules and existing policy and procedure.
      
      (2) If a substantive comment was received but was not incorporated into the revision, a brief explanation for the decision shall be provided on the DOC 0386.
      
      (3) The Policy Owner shall ensure proper form citation, grammar, etc. and shall be responsible for the accuracy of all information contained within the Administrative Directive, not only the parts being revised.
      
      (4) When submitting the draft Administrative Directive to the Policy and Directives Unit, the Policy Owner shall also complete Sections I and II and electronically submit a DOC 0386 which shall provide information about the revision including the justification for changes and the anticipated impact on other areas of the Department.

6. Upon receipt of the proposed draft and DOC 0386, the Policy and Directives Unit shall make the draft available Department wide for a period of 14 days. The Policy and Directives Unit shall notify staff of the availability; however, it shall be the responsibility of local level management to identify and ensure staff needing to review the draft but not having access to email are provided with the opportunity to review and comment. All comments regarding the drafted Administrative Directive shall be submitted electronically via the approved format to the Policy and Directives Unit.

7. Comments received during the Department wide review shall be forwarded by the Policy and Directive Unit to the Policy Owner. The Policy Owner shall review and make changes to the draft and, if applicable, the DOC 0386, as appropriate.
8. Following completion of the Department wide review, the Policy and Directives Unit shall coordinate an Administrative Review whereby areas or units that may be impacted by the revisions shall have an additional opportunity to review and make comments.

a. The Administrative Review process shall always include the Executive Policy Administrator, a representative of Legal Services and the Manager of Administrative Directive Standards.

**NOTE:** To ensure approval of the final version, reviews by Legal Services may be conducted separately after the conclusion of the Administrative Review if substantial or substantive changes are anticipated.

b. The Administrative Review may be in person or through email dependent upon the nature and extent of the changes to the Administrative Directive.

(1) If an in-person Administrative Review meeting is held, the Policy Owner and any person presenting comments shall be required to attend.

(2) If an email review is held, impacted areas or units shall normally have 5 working days to review the draft and submit any comments. If comments are not received by the established due date, concurrence with the draft as written will be assumed.

**NOTE:** Administrative Reviews may be held concurrently to the Department wide reviews or the time provided for comment adjusted dependent upon the nature of the changes.

9. Upon conclusion of the Administrative Review, the Policy Owner shall review and, if applicable, incorporate any agreed upon changes in the Administrative Directive Draft. The Policy Owner shall submit the final edited version (using track changes), final clean version (free of editing marks) and updated DOC 0386 electronically to the Policy and Directives Unit. Final drafts shall not be accepted without verification of approval by the Executive Policy Administrator (Section III of the DOC 0386). Accuracy of the final draft shall be the responsibility of the Policy Owner.

10. The Policy and Directives Unit shall assign a tentative effective date and submit the Administrative Directive to the Director for review and approval.

11. Upon approval of the Director, the Policy and Directives Unit shall make the Administrative Directive available on the Intranet and provide Department wide notice in accordance with Paragraph II.N.

**NOTE:** It shall be the responsibility of the local management to ensure staff that do not have access to email are notified of new and revised directives.

I. **Standard Policy Format**

Administrative Directives shall comply with the following format:

1. All Administrative Directives shall be prepared on the approved template. The template shall be provided to Policy Owners when approval for a new directive has been established.

2. All text shall be formatted in 10pt Arial font and paragraphs shall follow the approved outline format below with 5 pt tabs:
A. 

1. 

a. 

(1) 

(a) 

i. 

ug.  Administrative Directives shall have an applicability statement and a facility review frequency.

J. **Assignment of Numbers, Applicability and Review Frequency**

The Policy and Directives Unit shall assign a unique number to all Administrative Directives that denotes the section, subsection and subject.

1. The sections shall be:

   01  Administration and General Office
   02  Fiscal and Business Management
   03  Personnel and Labor Relations
   04  Programs and Services
   05  Operations

2. Within each section shall be two-digit subsections numbered 01, 02, 03, etc. denoting general topics.

3. Each subsection shall be further subdivided into specific three-digit subject areas numbered 101, 102, 103, etc.

K. **Rescission Notices**

1. When an Administrative Directive is no longer necessary or should otherwise be rescinded, the Policy Owner shall complete and electronically submit to the Policy and Directives Unit a DOC 0386 including an explanation for the request for rescission and documentation of the Executive Policy Administrator’s approval.

2. The Manager of Policy and Directives shall review the request and determine the impact of the rescission on existing policies and other areas of the Department. If needed, an Administrative Review may be coordinated following the procedure outlined herein.

3. Once determined that a rescission is appropriate, the Policy and Directives Unit shall prepare a Rescission Notice that shall be submitted to the Director for review and approval.

4. Upon receipt of the Director’s approval, the Policy and Directives Unit shall make the notice available Department wide in accordance with Paragraph II.N.. Rescission Notices shall be posted for no less than two years from the effective date.
L. **Variance**

1. The Director may permit a deviation from an Administrative Directive, or portion thereof.

2. All requests for a variance shall be submitted electronically on a Request for Variance, DOC 0225, and shall identify the Administrative Directive number, citation of the paragraph(s) the request pertains to and a detailed justification for the need to deviate from the current directive. Requests for statewide variance shall include the reason the change was not included in the previous annual review.

3. Facility requests for variance shall normally be initiated by the Chief Administrative Officer (CAO) and shall be approved by respective Deputy Director or Chief (as applicable) prior to submission to the Manager of Policy and Directives. Requests for variance having statewide impact shall normally be initiated by the Executive Policy Administrator or the Chief Administrator of an office or division.

4. A DOC 0225 shall be submitted electronically to the Manager of Policy and Directives who shall, for non-emergency variances, coordinate a review of the request to obtain the approval of the Executive Policy Administrator before submitting the request to the Director for review and approval.

5. A variance shall be effective upon the date of the Director’s approval. Variances shall be valid for no more than one year if specific to an individual facility’s unique needs. It shall be the responsibility of the Chief Administrator to renew expiring requests for variance. Statewide variances shall expire upon completion of the next scheduled annual review for the applicable Administrative Directive.

6. Approved variances for an individual facility or office shall be maintained by the facility or office needing to deviate from the existing policy. Statewide requests for variance shall be maintained by the Policy and Directives Unit and shall be made available for statewide distribution.

M. **Forms Referenced in Administrative Directives**

1. Forms referenced in Administrative Directives shall be made available by the Policy and Directives Unit, provided that the form is referenced by proper title and number.

2. Form development and maintenance shall be in accordance with Administrative Directives 01.03.100, 01.03.101 and 01.03.110.

N. **Distribution**

1. The Policy and Directives Unit shall provide monthly notice of, and make available via the Department intranet any new or revised directives, rescission notices, or provide a notice of no changes.

2. The CAO of each facility and program site or manager of each unit, as applicable, shall determine the positions and maintain a list of persons that shall maintain paper copies of Administrative Directives, if any.

**NOTE:** Correctional facilities shall maintain, at minimum, one paper copy of all Administrative Directives in a location designated by the CAO.
O. Interpretation and Communication of Directives

1. Interpretation of Administrative Directives shall be delegated by the Director to the Chiefs, Deputy Directors and other executive staff.

2. The Chiefs and Deputy Directors shall review and communicate the contents of the Administrative Directives to staff.

3. Chief Administrators shall ensure continued review and communication of the Administrative Directives. This shall include at a minimum:
   a. Periodic reviews with staff during staff meetings, briefings and roll calls;
   b. Ensuring employees that do not have computer access are provided with a means to read and review the Administrative Directives;
   c. Appropriate handling of confidential and restricted Administrative Directives; and
   d. Review and development or revision of local procedures, as necessary, within 30 days of receipt of a new or revised directive to ensure compliance with current departmental procedures; or within 60 days of receipt if the local procedure requires approval by someone outside the facility, such as the Agency Medical Director.