I. POLICY

The Department shall promote effective management by systematically reviewing and evaluating standards and activities of the Department, at least annually, for the purposes of:

1. Analyzing compliance with existing laws, departmental rules, regulations, directives, professional standards, policies and requirements of external agencies;

2. Assessing efficiency and effectiveness in the utilization of resources;

3. Determining whether desired results are being achieved;

4. Providing consultation to encourage compliance and promote greater administrative, operational and program efficiency and effectiveness; and

5. Establishing responsibility and accountability for the review and inspection process.

II. PROCEDURE

A. Purpose

The purpose of this directive is to establish a written procedure governing the Department’s facility and external review process to ensure all facilities, offices and program sites are in compliance with rules and policies of the Department.

B. Applicability

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

C. Facility Review

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

D. Designees

Individuals specified in this directive may designate stated responsibilities to another person or persons unless otherwise directed.
E. **Definitions**

American Correctional Association (ACA) Standards – The standards created and refined by the American Correctional Association representing fundamental correctional practices that ensure staff and offender safety and security; enhance staff morale; improve record maintenance and data management capabilities; assist in protecting the agency against litigation; and improve the function of the facility or agency at all levels.

Chief Administrative Officer (CAO) – for the purpose of this directive, shall refer to the designated administrator of any facility or program site within the Department or the Chief of Parole.

Compliance Review Instrument – a document used to verify specific compliance with existing departmental rules, policies or directives.

External Review – a systematic reviewing and reporting of a facility’s operations, programs, activities and procedures to determine compliance with existing policies. External reviews shall be coordinated through the Office of Administrative Directive Standards (OADS) by a Regional Coordinator and conducted by personnel not employed at the facility being reviewed.

Facility – for the purpose of this directive, shall mean any facility, office or program site within the Department or for Parole, the Office of the Chief of Parole.

Facility Privacy Officer – the person(s) designated by the CAO to coordinate efforts of the facility in carrying out its responsibilities under Title II of the Health Insurance Portability and Accountability Act.

Facility Review – an internal systematic reviewing and reporting of the facility’s operations, programs and activities to determine compliance with existing laws, Departmental Rules, regulations, directives, professional standards, policies and requirements of external agencies. The facility review program shall be coordinated by the respective Facility Review Control Officer and conducted by facility personnel who are not directly responsible for the subject or activity being reviewed.

Facility Review Control Committee – a diverse committee appointed by the CAO that assists with evaluation, establishing responses to non-compliance, problem resolution and follow-up relative to facility and external reviews and examinations, and other related responsibilities.

Facility Review Control Officer (FRCO) – the person designated at each facility or office to serve as coordinator of the facility review process, ensuring compliance with American Correctional Association (ACA) Standards, managing related requirements and activities, and serving as contact person for the Office of Administrative Directive Standards and the assigned Regional Coordinator.

IDOC Review Standard – An established level of performance that is recognized within the Department as a good correctional practice. IDOC Review Standards are established and promulgated by the OADS, with input from assigned program administrators and are based on legal requirements, settlement agreements and/or consent decrees, requirements or guidelines of an external agency, Department Policies and Directives, or generally accepted management practices. The IDOC Review Standards shall be utilized to supplement the standards of the ACA during the evaluation of facility operations.

Office of Administrative Directive Standards (OADS) – the unit responsible for managing the ACA and policy-based facility and external review process for the Illinois Department of Corrections.

Policy – all existing laws, Department Rules, regulations, directives, professional standards, policies and requirements of external agencies, or portions thereof, that are currently in effect.

Regional Coordinator – an individual who, under the authority of the OADS, is geographically assigned and responsible for coordinating the external review process; serves as review Chairperson for specific external review engagements; and provides consultative services to regionally assigned facilities, offices
and program sites.

Review scope – the type of review conducted, the extent of the review, the period of review and the specific policies reviewed.

Sample size – a given percentage or number of documents reviewed, staff interviewed or activities observed for a specific requirement of the compliance review.

Working papers – the documentation gathered and utilized throughout the review process, including matrices, that supports the findings of the facility or external review.

F. **Frequency of Reviews**

1. **Facility Reviews:**
   a. Shall be conducted at least annually on all applicable departmental policies, except Fiscal Directives, unless a different frequency is specified in the language of the policy or ordered by the Director.
   b. May be conducted more frequently based on the subject area to be reviewed or the specific needs of the facility.
   c. Shall be conducted at least once every fiscal year on those Fiscal Directives identified in the facility review schedule. The schedule need not include all Fiscal Directives but shall include directives for which there has been a past finding that are most important or essential to the fiscal operations of the facility, or as otherwise directed by the Chief Financial Officer for the Department.

2. **External Reviews:**
   a. Shall be conducted at least once every fiscal year on subjects selected by the Manager of the Office of Administrative Directive Standards (OADS) utilizing established IDOC Review Standards, which are selected from past external review results, facility characteristics, administrative concerns, operational and programmatic priorities, legal settlements and/or consent decrees or activities identified by the Director.
   b. May be conducted more frequently as determined necessary for operational or programmatic needs as identified by the Manager of OADS.

G. **General Provisions**

1. Staff conducting reviews in accordance with this Directive shall have access to all Department activities, records, property and personnel that are subject to review. Access to protected offender medical and mental health information shall be monitored by the Facility Privacy Officer and disclosure shall be limited to the information that is reasonably necessary to accomplish the purpose of the review.

2. Regional Coordinators shall have the appropriate and needed extension of manpower to allow for enhanced productivity and effectiveness during the external review process.

H. **Requirements**

1. The Chief Administrative Officer (CAO) shall:
   a. Designate a Facility Review Control Officer (FRCO); and
b. Submit the name of the FRCO to the Regional Coordinator of the OADS and update same.

**NOTE:** A back-up FRCO must be designated to assist with the management of the review process.

2. The FRCO shall:

   a. Administer the facility review program;

   b. Provide appropriate training to staff members;

   **NOTE:** Prior to training other staff members, all FRCOs shall complete training provided by the OADS.

   c. Serve as the contact person for the Regional Coordinator and the OADS;

   d. Coordinate the orderly and efficient flow of information;

   e. Provide data and compile requested information and personnel contacts;

   f. Coordinate local policy and procedure development in accordance with Administrative Directive 01.01.105;

   g. Notify the Facility Review Control Committee of scheduled monthly meetings;

   h. Conduct monthly Facility Review Control Committee meetings and document meeting minutes in the format provided by the OADS;

   i. Submit signed and finalized, no working draft versions, of the Facility Review Control Committee meeting minutes to the Regional Coordinator monthly and upload the meeting minutes within 30 days from the date in which the meeting was held for their respective facility as directed;

   j. Prepare and upload the facility review schedule and maintain a current copy of the review schedule (including the Fiscal Directives section) for their respective facility on the Department’s established website, Intranet, SharePoint, or as directed, no later than July 1 of each fiscal year;

   k. Distribute and collect the compliance review instruments in accordance with the review schedule;

   l. Advise the CAO in writing monthly of those facility internal reviews which were not completed within the established timeframe and to whom the review was assigned;

   m. Assist with the coordination of external reviews and inspections that may be conducted by entities approved by the Director;

   n. Establish and maintain facility files and documentation associated with established American Correctional Association (ACA) Standards;

   o. Consult with appropriate committee members to provide recommendations for non-compliance to the CAO; and

   p. Ensure all affected personnel have read and understand the procedures listed in this policy and that same has been documented by signoff of the employee.
3. The CAO shall designate staff to serve on the Facility Review Control Committee who shall:
   a. Develop facility compliance review formats for local procedures, as needed.
   b. Evaluate various external reviews and facility review reports for understanding, clarification and recommendations for corrective action.
   c. Assist with the review, establishment and maintenance of facility files and documentation associated with established ACA Standards.
   d. Coordinate required training noted as a result of compliance reviews.
   e. Compile recommendations for non-compliance.
   f. Solicit input of the CAO.
   g. Review previous facility and external reviews.

4. The CAO shall designate a Facility Review Team who shall conduct facility reviews.

5. The CAO shall ensure a written facility review schedule is established by July 1st of each fiscal year which identifies:
   a. The departmental policies to be reviewed;
   b. The frequency of the facility reviews; and
   c. The supervisory staff, by titles, who are required to conduct facility reviews of those subject areas determined by the Manager of OADS to be sensitive.

6. A copy of the facility review schedule shall be filed each year with the Chief Financial Officer for that portion of the schedule concerning Fiscal Directives only.

7. All facilities shall utilize the Department’s approved format or instrument for each area or activity reviewed. The format shall:
   a. Address all applicable requirements of Department policies.
   b. Contain interview activities that reflect a working knowledge of the policy requirements.
   c. Require the observation of objects, activities or practices specified in Department policies.
   d. Require an adequate review of documentation to verify compliance.

8. The reporting and follow-up process for completed facility reviews shall be documented on the Facility Review Report and Non-Compliant Follow-Up Report, DOC 0509, and shall include:
   a. Results of facility reviews.
   b. Signature and date by the CAO (no designee) after completion of the facility review.
   c. Assignment of responsibility for corrective action for each finding, if applicable.
   d. Time frames for completion of assigned corrective action.
e. Responsibility for follow-up to ensure corrective action is taken within proper time frames.

f. A final review by the CAO.

g. A copy of the final report shall be submitted to the Regional Deputy Director for review and acknowledgement.

9. All review reports shall be maintained on file in a central location for a minimum of three years.

I. Coordination of the External Review Process

The OADS shall manage and direct the External Review and ACA Standards accreditation process for each correctional institution, the Corrections Training Academy, IDOC Correctional Industries, Division of Parole and IDOC Central Office.

J. Development of IDOC Review Standards

The OADS shall develop and maintain the IDOC Review Standards. Each calendar year, the OADS shall initiate the review and revision of the existing IDOC Review Standards by the appropriate Department administrator(s). The OADS shall make available to all facilities a complete set of the approved IDOC Review Standards no later than June 30 of each year. The approved set of IDOC Review Standards shall be utilized throughout the following fiscal year (July 1 through June 30) during the external reviews. Any modifications to the approved review standards prior to the end of the external review cycle shall be coordinated and approved by the Manager of OADS and notification of the change provided to each facility.

K. External Review Procedures and Overview

1. Planning

a. Each facility shall be scheduled for a full external review each fiscal year.

b. During a full external review, compliance levels with the full set of ACA Standards, all approved IDOC Review Standards, including all approved IDOC observations, and a PREA compliance review shall be conducted utilizing standard auditing practices established by the OADS.

c. Planning for external reviews shall normally begin by notifying a facility that a review has been scheduled; however, this shall not preclude the assignment of unannounced reviews.

d. Full external reviews shall generally not exceed three (3) days. Extensions as may be granted by the Manager of the OADS, as needed. In very limited circumstances, scheduling conflicts may require specific team members to conduct their review outside of the scheduled audit dates; however, this deviation must be approved in advance by the Manager of the OADS.

e. At least 30 calendar days prior to the external review, the facility shall post notices regarding the upcoming review in areas that are accessible to employees and offenders. Any comments received from staff or offenders shall be forwarded to the FRCO or the Regional Coordinator in advance of the external review. Review team members may interview those individuals during the course of the external review, as time permits.

f. The Regional Coordinator shall confer with the FRCO to ensure appropriate planning is taking place relative to the scheduled external review engagement.
g. The external review team shall review available records paying particular attention to previous review findings, special issues and systemic issues that may include issues generated within the Department or by sources outside the Department. i.e. Restrictive Housing, use of force or offender grievances.

h. With approval from the Regional Coordinator, external reviews may include security challenges, an emergency medical drill or testing of the emergency alarm systems. Staff safety shall be considered prior to any drills being conducted. The Regional Coordinator is responsible for approving all drills, challenges, etc. and inform external review team members that all such drills must be coordinated with facility staff to ensure there is no unreasonable disruption to normal facility operations.

i. A full external review shall consist of review team members selected by the Manager of the OADS. The size of the review team shall be based on the size and complexity of the facility being audited.

j. Appropriate resources shall be provided from within the Department in the event any issues requiring special expertise arise. Such personnel shall be selected due to their technical expertise as evidenced by credentials, technical or unique nature of skills, or their direct responsibility for some operating unit, such as Health Care Services or Capital Programs. Other resource personnel shall be selected based on their general working knowledge that may be critical to the completion of the review assignment, such as Fiscal Services or Budget Unit.

k. A licensed principal shall audit each academic and vocational trade program at least once each three (3) year accreditation cycle. In these situations, it is not necessary to require an Education Facility Administrator to serve on the audit team during a full external review in an ACA audit year. The OADS shall coordinate the review of academic and vocational trade programs to comply with this directive.

l. The planning phase shall culminate with the establishment of the review scope that shall determine if:

(1) The facility is managing and utilizing its resources economically and efficiently, such as personnel, property and space;

(2) The facility has complied with established laws, Departmental Rules, regulations, directives, professional standards, policies and requirements of external agencies; and

(3) Desired operational and programmatic initiatives are being achieved.

m. Once the review scope has been established, staff shall be properly assigned to complete the external review within set time frames.

2. Verification

a. The verification phase of an external review shall normally begin with the presentation of the review scope to the CAO of the facility, office or program site being reviewed. At that time, the review scope, objectives and the process to be utilized to conduct the review shall be outlined.

b. The Regional Coordinator shall immediately report any significant security related problems, or any impairment that significantly inhibits the review from being completed, to the CAO and the Manager of the OADS.
c. The review team shall compare and contrast laws, consent decrees, professional standards, requirements of external agencies, policy, procedure and practice by utilizing the established IDOC Review Standards that require the reviewer to:

(1) Interview personnel;

(2) Observe an item or activity that may include a proficiency demonstration by responsible personnel; or

(3) Review documentation.

d. The FRCO shall:

(1) Be the crucial link between the external review team and the facility being reviewed;

(2) Serve as the contact person and coordinate the orderly and efficient flow of information during the review process; and

(3) Assist the Regional Coordinator in the scheduling of personnel contacts and expediting the on-site external review process.

e. Members of the external review team shall develop working papers that shall be the link between the work conducted during the planning and verification phase and the final review summary report. The working papers shall:

(1) Contain evidence to support findings, judgments and conclusions.

(2) Be retained for no less than three years to satisfy legal and administrative requirements established by the Department.

3. Evaluation

a. The evaluation phase shall normally begin during the last days of the on-site verification process during which the review team shall carefully review all working papers in an effort to assess the facility (administrative) controls.

b. Data shall be crosschecked against all available sources to ensure accurate information is provided to the Regional Coordinator.

c. The review team shall determine whether any factors outside of their control or the control of the facility, office or program site being reviewed restricted the review or interfered with the review team’s ability to form objective opinions and conclusions. If all attempts to remove such impairment were exhausted and the impairment still existed, it shall be reported.

d. The Regional Coordinator shall carefully review issues of a confidential nature to determine whether any such information should be omitted from the review report. If certain information is prohibited from disclosure, the report shall state the nature of the information omitted and the requirement that makes the omission necessary.

e. A written report of findings and recommendations shall be developed as a culmination of all work completed during the planning, verification and evaluation phases.

4. Reporting
a. The Regional Coordinator shall debrief with the CAO in order to provide a comprehensive summary report of all noted requirements and findings. An exit conference shall be held to allow for the review team’s presentation of their draft findings.

b. The Regional Deputy Director, CAO, FRCO and other appropriate staff as determined by the CAO shall attend the exit conference.

c. During the exit conference, the CAO shall have the option to:

   (1) Accept the findings;
   (2) Reject the findings with a verbal explanation for the non-acceptance; or
   (3) Ask for clarification of the findings presented, and either accept or reject the findings.

d. Following the exit conference, and within the timeframe established by the Manager of the OADS, the Regional Coordinator shall prepare and submit to the Manager of the OADS a finalized report of all review findings. The Manager of the OADS shall:

   (1) Review the report for any discrepancies or items of issue; and
   (2) Forward the approved report to the CAO, the Director, respective Deputy Director and other appropriate executive staff.

e. Unless granted an extension in writing by the Manager of the OADS, within 14 calendar days of receipt of the final review report, the CAO shall prepare and submit to the Manager of the OADS a Corrective Action Plan (CAP) that shall:

   (1) Identify the CAP to be taken to achieve compliance on each individual requirement deemed noncompliant;
   (2) Assign responsibility for corrective action for each individual requirement;
   (3) Identify the time frames in which the corrective action shall be completed; and
   (4) Assign responsibility for follow-up on the corrective action to ensure each issue has been resolved within the time frames established.

f. The CAO may elect to:

   (1) Request a Plan of Action Waiver identifying noncompliant requirements:

      (a) Including why the requirement for compliance should be waived; and
      (b) Submitting the request to the Manager of the OADS for review and approval.

   (2) Appeal the findings by:

      (a) Indicating the reason for disagreeing with the findings of noncompliance; and
      (b) Citing specific policy and procedure and providing an explanation of how the specific facility achieved compliance.
g. Upon receipt, the Manager of the OADS shall review the CAP and:

(1) If accepted, notify the CAO, respective Deputy Director and appropriate executive staff.

(2) If not accepted, notify the CAO that he or she shall be required to submit a supplemental CAP within 14 calendar days of notice. The respective Deputy Director and appropriate executive staff shall be notified of all notices of non-acceptance.

5. Follow-up

a. Follow-up reviews to verify corrective action relative to the originally reported external review findings or comments may be either scheduled or unscheduled.

b. The Regional Coordinator shall prepare and submit a Regional Coordinator Inspection Report documenting the results of follow-up review to the Manager of OADS upon completion.

c. The Manager of OADS shall review the Regional Coordinator Inspection Report and forward it to the CAO, respective Deputy Director, appropriate executive staff and the Director in a timely manner.

L. External Review Auditor Qualifications and Approval

1. Prior to assignment to any external review, Auditors shall have:

a. The appropriate expertise and skills necessary to ensure an accurate and thorough assessment of their assigned areas of responsibility;

b. Participated in the facility internal review process for a minimum of 12 months prior to the scheduled external review;

c. Received the recommendation and signed approval of the respective FRCO, CAO, Regional Deputy Director, Regional Coordinator for the OADS and the Manager of the OADS; and

d. Completed external auditor training conducted by the OADS.

2. The Manager of the OADS shall assign and approve auditors to specific audits. Consideration including, but not limited to, the type of facility being audited, experience of the auditor, frequency of the auditor in reviewing that specific facility, demographics of the overall audit team, travel considerations for the auditors and any concerns with past audit performance shall be given.

M. Evaluation of the External Review Process

Immediately following the end of each audit cycle, OADS staff shall conduct an evaluation to assess the effectiveness of the audit process. This evaluation process may include conducting surveys of facility and facility staff. The OADS shall utilize all information from the evaluation to ensure responsiveness to the concerns of facility staff and provide the opportunity for continuous improvements in the audit process.

N. Reporting Process of External Review Statistics

The OADS shall maintain a cumulative record of the results of each external review for evaluative purposes. This report shall include a detailed summary of standards found to be in non-compliance at the facilities and any issues or concerns that seemed predominant throughout the year. This information shall
be provided to the Director, Assistant Director, Chief of Staff, Public Safety Director, Chief of Health Services, Chief of Programs and Support Services, Chief of Operations and other appropriate Department employees, as necessary.

O. **ACA Audits**

The IDOC Operations, Training Academy, IDOC Correctional Industries, Parole Division and all correctional facilities may be audited by qualified professionals not affiliated with the facility or system at least every three years.