Prison Rape Elimination Act (PREA) Audit Report
Adult Prisons & Jails

☐ **Interim** ☒ **Final**

Date of Interim Audit Report: ☒ **N/A**
If no Interim Audit Report, select N/A
Date of Final Audit Report: July 21, 2021

Auditor Information

Name: Debra D. Dawson	**Email:** dddawsonprofessionalaudits@gmail.com
Company Name: Correctional Management & Communication Group	
Mailing Address: 604 N Highway 27 Suite #1	**City, State, Zip:** Minneola, FL 34715
Telephone: (850) 209-4878	**Date of Facility Visit:** June 13 – 14, 2021

Agency Information

Name of Agency: Illinois Department of Corrections			
Governing Authority or Parent Agency *(If Applicable)*: State of Illinois IDOC			
Physical Address: 1301 Concordia Court		**City, State, Zip:** Springfield, Illinois 61794	
Mailing Address: P. B. 192777		**City, State, Zip:** Springfield, Illinois 61794	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: htt://idoc.com			

Agency Chief Executive Officer

Name: Rob Jeffrey, Director	
Email: Rob.Jeffreys@Illinois.gov	**Telephone:** (217) 558-2200

Agency-Wide PREA Coordinator

Name: Ryan Nottingham	
Email: Ryan.Nottingham@illinois.gov	**Telephone:** (217) 558-2200
PREA Coordinator Reports to: Chief of Compliance	**Number of Compliance Managers who report to the PREA Coordinator:** 31

Facility Information

Name of Facility: Jacksonville Correctional Center			
Physical Address: 2268 East Morton Ave		**City, State, Zip:** Jacksonville, IL 62650	
Mailing Address (if different from above): N/A		**City, State, Zip:** Click or tap here to enter text.	
The Facility Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☐ State	☐ Federal
Facility Type:	☒ Prison	☐ Jail	
Facility Website with PREA Information: https://www.illinois.gov/idoc/Pages/default/aspx			
Has the facility been accredited within the past 3 years? ☐ Yes ☒ No			

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☐ ACA

☐ NCCHC

☐ CALEA

☐ Other (please name or describe: Click or tap here to enter text.

☒ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name:	Cherryle Hinthorne		
Email:	Cherryle.Hinthorne@illinois.gov	**Telephone:**	(217) 245-1481

Facility PREA Compliance Manager

Name:	Jon VanWinkle		
Email:	Jon.VanWinkle@illinois.gov	**Telephone:**	(217) 245-1481

Facility Health Service Administrator ☐ N/A

Name:	Ashley Clement		
Email:	Ashley.Clement@illinois.gov	**Telephone:**	(217) 245-1481

Facility Characteristics

Designated Facility Capacity:	1600
Current Population of Facility:	458

Average daily population for the past 12 months:	1078
Has the facility been over capacity at any point in the past 12 months?	☐ Yes ☒ No
Which population(s) does the facility hold?	☐ Females ☒ Males ☐ Both Females and Males
Age range of population:	20- 76
Average length of stay or time under supervision:	149
Facility security levels/inmate custody levels:	Minimum security level
Number of inmates admitted to facility during the past 12 months:	135
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	134
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	98
Does the facility hold youthful inmates?	☐ Yes ☒ No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. ☒ N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	☐ Yes ☒ No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	☐ Federal Bureau of Prisons ☐ U.S. Marshals Service ☐ U.S. Immigration and Customs Enforcement ☐ Bureau of Indian Affairs ☐ U.S. Military branch ☐ State or Territorial correctional agency ☐ County correctional or detention agency ☐ Judicial district correctional or detention facility ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail) ☐ Private corrections or detention provider ☐ Other - please name or describe: Click or tap here to enter text. ☒ N/A
Number of staff currently employed by the facility who may have contact with inmates:	435
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	3
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	3
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	29
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	85

Physical Plant	
Number of buildings: **Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.**	Jacksonville CC = 26; Greene County Work Camp = 4 Pittsfiled Work Camp =6 Total buildings = 36
Number of inmate housing units: **Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.**	16
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	0
Number of open bay/dorm housing units:	16
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	6
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	☐ Yes ☐ No ☒ N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	☒ Yes ☐ No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	☐ Yes ☒ No

Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	☒ Yes ☐ No
Are mental health services provided on-site?	☒ Yes ☐ No

Where are sexual assault forensic medical exams provided? Select all that apply.	☐ On-site ☒ Local hospital/clinic ☐ Rape Crisis Center ☐ Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	21
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	☐ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A

Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	21 ISI /Facility Investigators
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	☒ Facility investigators ☒ Agency investigators ☐ An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	☐ Local police department ☐ Local sheriff's department ☐ State police ☐ A U.S. Department of Justice component ☐ Other (please name or describe: Click or tap here to enter text.) ☒ N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Audit for the Jacksonville Correctional Center (Jacksonville CC) located at 2268 East Morton Avenue, Jacksonville, Illinois 62650, was coordinated through a solicitation of PREA auditing services with Correctional Management and Communications Groups (CMCG) and the Illinois Department of Corrections. DOJ Certified PREA Auditor Debra Dawson, a representative with Correctional Management and Communications Group, was notified by email of assignment to conduct the PREA recertification audit as the lead auditor. DOJ Certified Auditor Crystal Norment, a representative with Correctional Management and Communications Group was assigned as the secondary auditor. The PREA recertification audit on-site visit was scheduled for June 13 -14, 2021.

The audit process began prior to the on-site visit. Specifically, the audit process began with communication contact between CMCG, the assigned PREA auditor, Agency PREA Coordinator, Ryan Nottingham and the Jacksonville CC PREA Compliance Manager Mr. Jon VanWinkle. Following the protocols, including posting of notice (posting was initiated through CMCG), the auditing team begin reviewing the material received in the prior weeks of the on-site visit. The lead auditor received confirmation of the audit notice posting on May 4, 2021, via photograph copies of sampling locations. The review period was determined as April 1, 2020 – March 31, 2021.

The lead auditor utilized resources within the PREA Auditor Portal for completion and return to the auditor by the Jacksonville PCM on March 18, 2021. The submitted forms included the PREA Audit Request for Information of Allegations and Investigations Overview; PREA Audit File Review Identification Forms; Specialized Inmate Identification Forms and PREA Audit Specialized Staff Identification Form. These forms would allow the auditing team to select investigative files, staff personnel files, identify specialized staff, and identify offenders within the various targeted categories for interviews during the onsite visit of the audit. Information from the files also assist the auditors in the completion of the audit report. The lead auditor reviewed the Agency Website, the Annual PREA reports and prior PREA audit reports for the facility.

Mr. Nottingham provided PREA information via a secure email link to the auditing team. The link was available to the auditing team for 10 downloads. The file contained the PAQ and supporting documentation for each of the 43 standards.

The auditor reviewed all information noted on the Pre-Audit Questionnaire (PAQ) and discussed any questions and/or discrepancies noted with the IDOC PREA Coordinator and Jacksonville CC PCM. The

facility provided a response within a timely manner to all inquiries made by the lead auditor. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other documents in advance to identify additional information that might be required and could be collected prior and during the audit visit. Data received required confirmation of documentation that each part of the 43 standards was in place by policy and practice.

The Jacksonville Correctional Center is the parent institution of the Pittsfield Work Camp and Greene County Work Camp. However, the Greene County Work Camp was closed in late March 2020 and remained closed throughout the post-audit with no tentative schedule date for reopening. The Pittsfield Work Camp was temporary closed effective December 2, 2020 – April 26, 2021.

The initial on-site visit for Jacksonville CC began on June 13, 2021 upon the auditing team's arrival at the Pittsfield Work Camp at approximately 9:00 a.m. The initial meeting was held in the Warden's Conference Room. The meeting consisted of facility personnel assigned to assist the audit team during the audit process and tour of the facility. Those in attendance were Lead DOJ Certified PREA Auditor Debra Dawson, Secondary DOJ Certified PREA Auditor Crystal Norment, IDOC PREA Coordinator Ryann Nottingham; Cherryle Hinthorne Warden; Augustine Nwajei Assistant Warden Programs; Jon Vanwinkle Clinical Services Supervisor/Jacksonville CC PREA Compliance Manager (PCM); Internal Affairs, Jeff Hawley; and Roy Sydney Correctional Lieutenant. The lead auditor explained the audit process, schedule and informed staff that the purpose of the site visit was to observe and assess all areas of the facility in order to verify compliance with the PREA Standards. The offender base count was identified as 458.

At the conclusion of the entrance briefing, the auditing team was escorted on a tour throughout the Pittsfield Work Camp. The facility is composed of 6 buildings. There are two housing unit buildings with 2 wings each, gym/education, administration, maintenance, and storage. A medical office, shift commander office, and central control center with 1 camera that monitors the vehicle gate and dietary are located in the administration building. The work camp does not have a segregation unit, however there are 4 holding cells. Holding cells are utilized for conducting visual searches of work crews. One medical staff is assigned at the work camp Monday – Friday 6:00 a.m. – 2:00 p.m. As Jacksonville CC main site is the parent facility, offender's complete orientation risk assessments while housed there. Jacksonville CC has 5 housing units, with 2 pods each. Each pod of the housing units holds 100 offenders. Each pod has 5 rooms with 10 bunk beds each (20 beds). The offender count was 103. The offenders share a community bathroom and showers. Shower curtains and/or doors provide privacy during usage. PREA posters and notice of the audit was identified throughout the various buildings and offender housing units on bulletin boards. The auditors conducted interviews with the staff and the offender population during the tour in a private setting.

Upon completing the on-site visit at the Pittsfield Work Camp, the auditors and identified staff traveled to the Jacksonville CC (main site) to conduct a tour of the facility only. It was decided that staff and offender interviews would be conducted on the second day of the on-site visit. The main site has 26

buildings that include 5 security towers that are manned by security staff. A tour was conducted in all areas that included the following: vocational building, commissary, inmate barbershop, dietary, library, personal property room, clothing room, educational classrooms, reception area, human resource, business office, records office, mental health and medical department, visitation, gymnasium, employee fitness area, staff and offender dining area, and all offender housing units.

On June 14, 2021, the auditing team returned to the Jacksonville CC at 8:30 a.m. to continue with on-site visit that included conducting staff and offender interviews and review of further documentation. The Jacksonville CC reported 435 employees who may have contact with offenders to include security and non-security staff at the 2 occupied sites (Jacksonville CC main site and Pittsfield Work Camp). Security staff selected for interviews was from each of the three shifts 7:00 a.m.- 3:00 p. m.; 3:00 p.m. – 11:00 p.m. and 11:00 p.m. – 7:00 a.m.

The auditor conducted interviews with security, non-security, specialized staff, and contractors that included male and female staff. The auditing team conducted 20 random sample staff interviews and 22 specialized staff interviews. The random staff interviews included security staff scheduled from each of the three shifts. Those staff interviewed included: (1) IDOC Director; (1) Jacksonville CC Warden: (1) IDOC Contract Monitor; (1) IDOC PREA Coordinator; (2) Investigative Staff; (2) Mental Health (1 Contract); (1) Health Services Staff; (1) Incident Review Team Member; (1) Designated Staff Member Charged with Monitoring Retaliation; (1) Facility Victim Advocate; (1) SANE, Nurse Manager (2) Staff who Conduct Risk Screening; (1) Intake Counselor; (2) Outside Facility Confidential Victim Advocate; (1) Staff Who Supervise Staff in Segregation; (1) Human Resource Supervisor; (2) Intermediate or Higher-level Facility Staff; (0) Volunteers. Volunteer services were suspended as of March 2020 due to COVID-19.

Random sampling interviews with inmates were selected from each housing unit by rosters. The inmate count on the first day of the on-site visit was 458. Three hundred fifty-five was designated at the main facility and 103 was designated at the Pittsfield Work Camp. Twenty-six inmate interviews were required as per the PREA Resource Center Handbook. Twenty-eight inmate interviews were conducted that included inmates at both sites. These interviews consisted of both random and targeted group inmates; 17 random inmate interviews and 11 targeted group inmate interviews.

The following targeted groups of inmates were interviewed: (2) Hearing Impaired; (1) Deaf; (2) Reported Prior Victimization During Risk Screening; (4) Inmates with Physical Disabilities; (1) Vision Impaired; (1) Inmate identified as Limited English Proficient (Spanish). There 0 inmates identified in the following targeted groups designated at Jacksonville CC during the on-site visit: Transgender, Reported Sexual Abuse, Bi-sexual, Gay, Cognitive Disability; or Inmates in Segregated Housing for High Risk of Sexual Victimization.

The auditors conducted 5 informal interviews with the offender population during the tour questioning them on their knowledge and understanding of PREA standards. All offenders acknowledged receiving PREA training and shared their knowledge of PREA and how to report allegations of sexual abuse and/or sexual harassment.

The Jacksonville CC uses contracts with 3 partner agencies that consist of 29 contract workers to obtain the mission of the facility by providing various services through contracts. Medical and mental health staff with the exception of department supervisors are contracted through Wexford Health Sources. GEO provide contract services for the Drug and Substance Abuse Program, and Lakeland Community College provides vocational training programs. Although the facility identified 85 approved volunteers, due to COVID-19, all volunteer programs were suspended as of late March 2020 throughout the post audit period.

The auditing team randomly selected and carefully examined a sampling of personnel files, staff training files, and volunteer/ contractor files. The personnel files were very well organized. No staff is hired or allowed entrance until a thorough background check is completed. Background checks were also completed on the auditing team prior to the on-site visit. The lead auditor reviewed the completed background investigations for the 3 hires identified during the 12-month review period. The lead auditor also reviewed an updated IDOC PREA Pre-Employment Self -Report forms for 20 staff noted as pending promotions.

The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors also viewed signatures of staff on training forms documenting that the staff understood the PREA training received.

The auditor randomly selected 51 offenders via rosters for review of PREA education, as well as documentation these offenders initial 72 risk assessments screening and 30-day follow risk assessment screening. No discrepancies were noted for the 51 identified offenders.

There were 4 allegations of sexual harassment 0 allegations of sexual abuse reported at Jacksonville CC during the 12-month review period of April 1, 2020 through March 31, 2021. The 4 reported allegations investigative findings were determined as unsubstantiated.

During the on-site review, the auditing team concluded through interviews and review of documentation that staff were knowledgeable regarding their responsibilities as a first responder and mandatory duty to receive and report any PREA allegations. The auditors observed the PREA posters throughout the facility and the notices of the audit were posted. The auditor observed grievance boxes and request forms were available. The auditor observed the location and design of the shower/toilet areas to ascertain if any privacy issues resulted. Additionally, there were observations of blind spots, camera deployment, use of mirrors to mitigate blind spots; staffing levels; supervision of offenders; and accessibility to telephones and programs. The auditor noted that there were several areas in which mirrors could be used to mitigate blind spots in the dietary, stairwell, and Pittsfield Work Camp Warehouse. The Warden was advised of this during the tour and agreed to try to secure more mirrors. However, meanwhile the facility has been approved for 71 additional cameras that will increase the monitoring and the prevention of sexual abuse and sexual harassment.

The auditor observed the postings about female staff working in the housing units and the offenders interviewed acknowledge that an announcement is made when female staff enter the housing unit.

During the interviews, offenders stated that the facility felt safe, and they were comfortable with advising staff if they had any issues.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Jacksonville Correctional Center is in Morgan County Illinois. It is a minimum-security facility that has a capacity rate of 1,600 adult males. The Jacksonville Correctional Center (JCC) is one of twenty-nine correctional facilities in the Illinois Department of Corrections. Jacksonville CC was activated in 1984 and is located in Jacksonville, Illinois, 30 miles west of Springfield, Illinois. The institution consists of approximately 70 acres of which 24 acres are located within the perimeter fencing. The Jacksonville Correctional Center is also the parent institution of the Pittsfield Work Camp and Greene County Work Camp. The Pittsfield Work was closed December 2, 2020 through April 26, 2021. The Greene County Work Camp was closed in late March 2020 and remained close throughout the audit cycle.

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

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

The Jacksonville Correctional Center employs 435 staff, 29 contractors and prior to COVID-19 used the services of 85 approved volunteers to assist in facility programs. Security staff are assigned to the one of the following shifts 7:00 a.m. – 3:00 p.m.; 3:00 p.m. – 11:00 p.m. and/or 11:00 p.m. – 7::00 a.m. The population on the first day of the on-site visit was 355 at Jacksonville CC and 103 at Pittsfield Work Camp, for a total of 438. The operational offender capacity rate for the three sites is 1600. The average daily offender population during the review period was 1,078. The average length of an offender's stay at Jacksonville CC was identified as 149 days which is calculated by the Planning and Search Unit. The facility does not house females or youthful offenders.

Jacksonville CC main site has five housing units. These housing units are designed with an A/B side which can hold 100 beds and a control desk with a wing officer and a control Sgt. There are 5 dorms rooms per side with 10 bunks each which hold 20 persons. The maximum capacity per each A/B is 100 offenders. Each A/B housing unit has a dayroom with tables and seating, a writing desk area, a laundry room, and a shower area with 7 shower heads. Per interviews with staff and the offender population, the offenders have an unwritten rule that only one person showers at a time. The sink and toilet area has 9 sinks and 5 toilets and 2 urinals. Offenders are able to use these areas without being seen from the dayroom. Telephones are mounted on the wall and the PREA Hotline number is stenciled on the wall and there is signage on the walls.

The Greene County Impact Incarceration Program, a military-style boot camp originally opened in March of 1993 and closed in October of 2002. The Greene County Work Camp consist of 4 buildings that includes 1 offender housing unit. In February 2004, the facility reopened as a work camp equipped to house up to 200 offenders who must meet stringent criteria. In June 2013, the Greene County Impact Incarceration Program reopened to accepting offenders into the boot camp program while the operations of the work camp there closed in July of 2013. In June 2014, the Greene County Impact Incarceration Program was closed and reopened as a work camp. In March 2020, the Greene County Work Camp was closed due to a low offender population, shortage of medical staff, and alternative available housing due to low offender count at the remaining two sites. Therefore, it was not feasible to operate the Greene County Work Camp. Offenders and staff assigned there were reassignment to the Jacksonville CC main site and Pittsfield Work Camp until its closure on December 2, 2020. Staff assigned at the Greene County Work Camp was reassigned to Pittsfield and Jacksonville CC. The Greene County Work Camp remained closed throughout audit cycle, on-site visit and post-audit period. Per interviews with the Warden, IDOC PREA Coordinator and Jacksonville CC PCM, a tentative date for reopening has not yet been discussed.

The Pittsfield Work Camp opened in September 1996 and has a capacity rate of 400 offenders who must meet a specific criterion for placement eligibility. The facility is a minimum-security adult male work camp facility. The work crew program at Pittsfield is used to provide services to the community The Pittsfield was closed on December 2, 2020 and reopened on April 28, 2021. During the closure, offenders and assigned staff were transferred to Jacksonville CC main site. The Pittsfield Work Camp has 6 buildings and 56 staff assigned to include security, non-security The facility has 6 buildings that include 2 housing units with both an A/B side. Each A/B side has a capacity of 200 offenders, double bunk in dormitory style housing. Community showers are installed with 7 shower heads with showers installed for privacy. Individual toilet stalls are installed with walls between and shower curtains providing privacy. Due to the low offender count of 103, only one of the two housing units were being utilized during the on-site visit. Pittsfield also offers ABE (Adult Basic Education), Pre GED (General Education Development) and GED education as well as Career Tech classes to better prepare offenders for reintegration into society.

Neither of the three sites has undergone no significant expansions, modifications, or upgrades since the initial construction. As of the on-site visit, the facility was identified to have 55 cameras located throughout the three sites. Three cameras are in each A/B side of the offender housing units at Jacksonville only and one is located in each housing unit control center that man both the A and B wings. Three cameras are in the visiting room. Five cameras are located in the health care unit. No video monitoring was currently installed in the dietary during the on-site visit. An upgrade of video monitoring equipment has been approved and remained pending installation throughout the post audit phase.

Offenders are assigned to work assignments that include dietary, mechanical Services, health services, education/recreation, laundry, facility gardens, and as housing unit and department offices orderlies. Offenders are offered opportunities to participate in educational programs such as ABE (Adult Basic education), Pre-GED and GED (General Education Development). Several vocational training opportunities such as custodial maintenance, horticulture, construction trades and career technology are also provided. Offenders are provided the opportunity to participate in the practice of their faith, access to leisure and law libraries and a wide variety of recreational programs.

The health care unit serves the offender population by addressing all medical, dental and mental health needs, with licensed professionals. A small in-patient medical wing is located in the medical department at Jacksonville CC. Offenders in this wing include long term care. Offenders with on-going health problems are assigned to chronic clinics, which assures proper monitoring and treatment of their medical needs. Medical care is provided 24 hours a day, seven days a week at Jacksonville CC. One medical staff provide services Monday – Friday 6:00. m. – 2:00 p.m. at the Pittsfield Work Camp. Offenders from the work camp are either transferred to Jacksonville CC or the local hospital additional medical needs. Mental Health programs are offered which includes individual and group counseling. An interview with mental health staff identified her schedule include being on call 24/7 to provide services to the offender population.

Outside medical and emergency care is available at Passavant Hospital of Jacksonville Illinois, which is approximately 5 miles from the facility. The auditing team concluded, through interviews and the examination of policy and documentation, that all staff were knowledgeable concerning their responsibilities involving the PREA. Staff were able to describe in detail their specific duties and responsibilities, including being a "first responder" if an allegation of sexual abuse or sexual harassment were made. During the interviews, offenders stated that facility employees were respectful and that they felt safe at the facility. Staff were observed to be interacting with offenders in a positive and professional manner.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: *No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.*

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 45

115.11, Zero Tolerance of sexual abuse and sexual harassment: PREA Coordinator

115.12, Contracting with other entities for the confinement of inmates

115.13, Supervision and monitoring

115.14, Youthful inmates

115.15, Limits to cross-gender viewing and searches

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

115.17, Hiring and promotion decisions

115.18, Upgrades to facilities and technologies

115.21, Evidence protocol and forensic medical examinations

115.22, Evidence protocol and forensic medical examinations

115.31, Employee training

115.32, Volunteer and contractor training

115.33, Inmate education

115.34, Specialized training: Investigations

115.35, Specialized training: Medical and mental health care

115.41, Screening for risk of victimization and abusiveness

115.42, Use of screening information

115.43. Protective Custody

115.51, Resident reporting

115.52, Exhaustion of administrative remedies

115.53, Inmate access to outside confidential support services

115.54, Third-party reporting

115.61, Staff and agency reporting duties

115.62, Agency protection duties

115.63, Reporting to other confinement facilities

115.64, Staff first responder duties

115.65, Coordinated Response

115.66, Preservation of ability to protect resident from contact with abusers

115.67, Agency protection against retaliation

115.68, Post-allegation protective custody

116.71, Criminal and administrative agency investigations

115.72, Evidentiary standard for administrative investigations

115.73, Reporting to inmates

115.76, Disciplinary sanctions for staff

115.77, Corrective action for contractors and volunteers

115.78, Disciplinary sanctions for inmates

115.81, Medical and mental health screenings, history of sexual abuse

115.82, Access to emergency medical and mental health services

115.83, Ongoing medical and mental health care for sexual abuse victims and abuser

115.86, Sexual abuse incident reviews

115.87, Data collection

115.88, Date review for corrective action

115.89, Data storage, publication, and destruction

115.401 Frequency and scope of audits

115.403 Audit contents and findings

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No

- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No

- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
  ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☐ Yes ☐ No ☐ NA

- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
  ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of IDOC Policies Administrative Directive (A.D.) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Institution Directive (I.D.) 04.01.301, Offender Sexual Assault-Prevention and Interview, IDOC memorandums, and the facility organizational chart it was confirmed by the auditor that Jacksonville CC and the agency has written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to the conduct of such. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors.

The Agency PREA Coordinator is a position assigned by the IDOC Director to coordinate the Department's statewide compliance with PREA. In this position, he has the authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all IDOC facilities and reports to the Chief of Compliance. During an interview with the Agency-Wide PREA Coordinator, he confirmed he has sufficient time to fulfill his obligations in the development, implementation and maintaining oversight of the agency's compliance with PREA standards in all IDOC facilities. Correspondence occurs via SharePoint site, email, phone and site visits. All IDOC facilities are aware of an open line of communication.

The Jacksonville CC is one of several facilities managed by IDOC. During an interview with the Agency PREA Coordinator, if he identifies an issue with complying with a PREA standard, he contacts the specific division in concern and initiate a corrective action. He also reviews the policies, procedures or any rule that encompasses concern. Agency legal, policy unit, training unit and administration are included with review. He continued in stating he utilize the PREA Resource Center and network with other state PREA coordinators and DOJ contacts as needed.

In accordance with IDOC A.D. 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; the Chief Administrative Officer of each correctional facility shall designate a facility PREA Compliance Manager and an alternate PREA Compliance Manager who are trained in sexual abuse crisis issues and have the knowledge, skills and abilities for program implementation and evaluation. Therefore, a PREA Compliance Manager and a Backup PREA Compliance Manager is assigned at each IDOC facility. A review of the Jacksonville CC organizational chart revealed the assigned PREA Compliance Manager is the Clinical Services Supervisor and the Assistant Warden of Programs assigned as the Backup PREA Compliance Manger. An updated designation listing noting the assigned PREA Compliance Manager and Backup PREA Compliance Manager was forward to all staff on July 14, 2020. During an interview with the PREA Compliance Manager, he confirmed he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PREA Compliance Managers have direct access to the Warden to report any and all PREA issues.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of State of Illinois Standard Contract for Confinement of Offenders, Section 1.3.1.0, page 11, contract facilities with IDOC are required to abide by all state and federal laws, specifically PREA as outlined in their contract. They are subject to IDOC policies and fall within the scope of the agency's investigations unit.

During an interview with the IDOC Director, he confirmed the agency has not entered into any contracts for the confinement of offenders during the past 12 months. The two facilities within the IDOC that does maintain a contract for such are Crossroads (January 28, 2016) and North Lawndale (April 17, 2016). These two facilities are Adult Transitional Centers. Therefore, the agency meets the mandate of this standard.

An interview with the Agency Contract Monitor confirmed individual correctional facilities do not contract for confinement services on their own. The Department (IDOC) does contract with Safer Foundation for the confinement of offenders in a Community Confinement setting. These two facilities – Crossroads Adult Transition Center and North Lawndale Adult Transition Center are stand-alone facilities and both facilities undergo their own PREA audits every three years just like our other facilities operated by the State. Final Reports for their PREA audits are available on the IDOC website.
The contracts for both Crossroads and North Lawndale require full compliance with the PREA Standards.

Additionally, both Community Confinement facilities maintain accreditation by the American Correctional Association (ACA). All contracted facilities were in compliance with PREA and were audited scheduled for recertification during the current audit cycle.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
  ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes

☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with the review of the Jacksonville CC Staffing Plan; AD 04.01, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assault-Prevention and Intervention; AD 01.02.103, Inspection Tours; AD 01.02.103 Duty Administrative Officers; the facility's organizational chart; Daily Rosters; Monthly Security Headcount Report; Staffing Level Review for PREA; Log Book Entries; and interviews it was determined by the auditor that Jacksonville CC and the agency has policies and procedures to confirm Jacksonville CC has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect offenders against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Jacksonville CC has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 11) Any other relevant factors. During an interview with the Warden, she confirmed the facility has a staffing plan that provide adequate staffing levels to protect offenders against sexual abuse by the use of staff supervision, placement of mirrors, and video surveillance that monitor inmate activities throughout the facility. During the on-site tour, the auditor noted areas in Dietary, Warehouse, and Stairwell that would benefit from additional mirrors to mitigate blind spots. During interviews with the Warden, Assistant Warden (P), and Investigative Staff, it was confirmed that although the facility currently has cameras for monitoring, the facility is in the developmental stages of adding additional cameras to ensure the further protection of offenders from sexual abuse. Specifically, 71 cameras have been approved and are pending arrival for installation. The department will utilize these additional cameras to increase supervision and to combat the blind spots within the physical nature of the facilities.

During an interview with the Warden, she confirmed staffing assessments are reviewed through daily reconciliation by the security supervisory staff.

In accordance with IDOC AD 05.01.101, procedures are outlined for circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. Specifically, the Chief Administrative Officer shall approve all changes subsequently made to the master roster. If changes are made, entries shall be made on the back of the master roster noting the date, name of the staff and reason for every personnel change. A review of the Daily Rosters schedules revealed assignment posts are identified as Mandatory and Non-mandatory. All Mandatory posts are required to be filled each shift. This daily roster is reviewed by the Assistant Warden (P) daily for compliance with this element. There was no deviation noted from the staffing plan implemented during the past 12 months. Interviews with both the Warden and Assistant Warden (P), each confirmed overtime is authorized for the fulfillment of all vacant mandatory post during each shift. Additionally, with the closure of the Greene Work Camp, and temporary closure of Pittsfield Work Camp, the assigned staff were transferred to the Jacksonville CC main site and/or Pittsfield Work Camp reopening.

In accordance with IDOC AD 01.02.103 Inspection Tours by Administrative Staff and review of logs, it was determined by the auditor that Jacksonville CC has policies and practices in place to maintain compliance of PREA Standard 115.13 Supervision and monitoring. The Jacksonville CC PCM presented confirmation of documented unannounced rounds completed by intermediate and higher-level supervisors for the 2nd and 4th week of even months and 1st and 3rd week of odd months while alternating days of the weeks for review. A review of the daily logbooks presented, and a review of all housing unit logbooks confirmed unannounced rounds were completed during each shift. During interviews with supervisory staff, they confirmed the unannounced rounds are not completed in a pattern and are not consistently completed throughout the shift. A review of the unit/program logbooks to include during the on-site visit revealed supervisory staff annotate the logs as conducting rounds during each of the three shifts during a variation of times. These unannounced rounds were observed being documented by supervisors of both intermediate-level and higher-level supervisors in all housing units. The practice of conducting unannounced rounds and the violation of staff advising others of such rounds was confirmed during interviews with the Warden and intermediate level supervisory staff.

The Greene County Work Camp was closed in early April 2020 and remained closed during the post – audit review. An interview with the Jacksonville CC PCM and IDOC PREA Coordinator indicated there has not been any discussion of an anticipated reopening date for this site due to COVID-19 and the low inmate count and lack of available medical coverage. Offenders were transferred to available housing at the main site and Pittsfield Work Camp. Staff previously assigned to the Greene County Work Camp were reassigned to work at either the main site or the Pittsfield Work Camp. The Pittsfield Work Camp was later closed effective December 2, 2020 – April 1, 2021.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Jacksonville CC does not house youthful offenders. However, policy and procedures are dictated within the agency that meets the mandate of this standard. Specifically, in accordance with the Illinois

Unified Code of Corrections Section 5-8-6 Place of Confinement [730 ILCS 5/5-8-6] was amended by Public Act 99-628 with an effective date of January 1, 2017. Subsection c provides: (c) All offenders under 18 years of age when sentenced to imprisonment shall be committed to the Department of Juvenile Justice and the court in its order of commitment shall set a definite term. The provision of Section 3-3-3 shall be a part of such commitment as fully as though written in the order of commitment. The place of confinement for sentences imposed before the effective date of this amendatory Act of the 99th General Assembly are not affected or abated by this amendatory Act of the 99th General Assembly.

As of January 1, 2017, newly sentenced offenders 17 years old are to be admitted into the penitentiary system at an IDJJ facility and later subject to permanent transfer to IDOC pursuant to 730 ILCS 5/3-10-7(e after becoming the age of 18. The IDOC Reception and Classification Center does not accept offenders under the age of 18. Committing counties shall be directed to contract IDJJ for instructions as to which IDJJ facility an offender under the age of 18 to transported to by the Sheriff.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
  ☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  ☐ Yes ☐ No ☒ NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No

- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status 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? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

- Does the facility/agency train security staff in 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? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with IDOC AD 04.03.104, Evaluation of Offenders with Gender Identity Disorders; AD 05.07.101, Reception and Orientation – Adult Process; ID 04.03.104 Evaluations of Offenders with Gender Identification Disorder; DR 501, Searches for and Disposition of Contraband Acting Director's Memo, Limits to Cross-Gender Viewing and Title 20-Illinois Administrative Code, Chapter 1, 501, Sub-chapter, Searches for Contraband, interviews with random staff, and a tour of the facility, it was determined by the auditor that Jacksonville CC meets the mandate of this standard.

The Jacksonville CC is a male facility and does not house female offenders. The facility is prohibited from conducting cross-gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

In accordance with a review of the Warden Bulletin #21-004- Limits to Cross-Gender Viewing (PREA Standard 115.15) an update of this standard was forwarded to all staff and discussed during Roll Call. The notification which addressed the procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when viewing in incidental to routine cell checks. Such policies and procedures shall require staff of opposite gender to announce their presence when entering an inmate housing unit. Staff of the opposite gender (female) was observed announcing their presence upon entering the male inmate housing units during the tour of the on-site visit.

During interviews with staff, each confirmed they were aware of the agency's policy prohibiting them from physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's status. During a tour of the housing unit, there were ten (10) individual showers in a single shower area; however, only 5 shower heads are active and there is an unwritten rule that only one offender will shower at a time. There are five housing units with an A/B wing and a shower area in each wing. There is a half door at the entry to the shower area. Although the transgender offenders are awarded the opportunity of privacy when taking showers due to the shower doors, they are also awarded an opportunity to shower in the medical unit for increased privacy.

During random staff interviews they confirmed those conducting cross-gender pat down searches or searches of transgender and intersex offenders, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Staff are prohibited from conducting "dual gender" pat searches, where the staff of one gender searches the top half of the inmate and the staff of the other gender searches the bottom half of the inmate. There were 0 inmates identified as transgender and/or intersex at the facility during the on-site. Additionally, interviews with staff to include staff who conduct risk screening confirmed there has not been an inmate identified as transgender and/or intersex designated at the facility that they were aware of.

All searches conducted under exigent circumstances are to be documented on a 434 Incident Report. There was no cross-gender strip searches and/or cross-gender visual body cavity searches conducted at Jacksonville CC.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of IDOC policies and procedures AD 04.01.111, ADA Accommodations; AD 04.01.105, Facility Orientation; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Orientation Manual; AD 05.07.101, Reception and Orientation; DR 475 ADA Grievance Procedure; American Sign Language Video Remote Interpretation Procedure; and the Offender Handbook; observation of PREA posters and Hotline Number Posting, it was confirmed by the auditor that Jacksonville CC meets the mandate of this standard. Specifically, it was determined the agency and Jacksonville CC take appropriate steps to ensure offenders with disabilities (including

offenders who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, a telephonic translation service is available through PROPIO Language Services. Additionally, during an interview with the Director, and Warden, each confirmed AD 04.01.111 ADA Accommodations and PROPIO Language Service Contract are provided to the inmate population. All orientation/educational materials are available in Spanish and English. In addition, orientation is available via video with the use of American Sign Language and Spanish. A random selection of documentation was reviewed by the lead auditor that confirmed offenders' receipt of PREA training material with their signatures. Offenders requiring the use of wheelchairs were housed in lower bunks of the housing units and cells with wheelchair accessibility. The auditor observed a TTY telephone that is available upon request for offenders, and it provides video calls as well.

During an interview with the Director, he indicated the Department has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment outlined in AD 04.01.111 ADA Accommodations and Propio Language Service Contract. All orientation/educational materials are available in Spanish. In addition, orientation is available via video with the use of American Sign Language and Spanish. Offenders have the ability to participate in interactive dialogue with staff if further clarification is warranted.

Interviews with random staff confirmed each was aware of the policies that, under no circumstances, are inmate interpreters or assistants to be used when dealing with PREA issues. In addition, an interview with the Jacksonville PCM/Facility ADA Coordinator revealed offenders may submit a DOC 0286 (Offender Request) for ADA disability accommodations. Offenders who are unable or need assistance for completing the DOC 0286 may request staff assistance. The Jacksonville PCM/Facility ADA Coordinator was complimented by offenders identified with disabilities while stating he is assessable and maintain an open line of communication with them as needed. He was identified as reviewing each case separately and ensuring the offenders at Jacksonville CC are provided with information regarding ADA disability accommodations. Offenders have access to auxiliary aids such as visual aids, written materials, closed caption TV, assistive listening systems if needed and teletypewriter equipment to assist with conversions of spoken conversation to text or text to audible conversations. If required, offenders may be scheduled for an individualized assessment with licensed specialist for recommendations of auxiliary aids and services that may assist in providing effective communications.

The auditor conducted an interview with one offender identified as vision impaired. However, the offender did not require additional services to understand and comprehend the PREA education presented to him. The lead auditor also conducted interviews with two offenders identified as hard of hearing in which one was previously issued a hearing aid, the other indicated although he has difficulty hearing, he was and is able to understand and comprehend the PREA education presented to him. One offender identified as limited English proficient (Spanish) was interviewed by the secondary auditor.

Translation services was not required. The LEP offender stated he was provided PREA education in his Spanish language. The lead auditor also conducted an interview with an offender identified as Deaf. Sign language services were provided by an on-site independent contractor. This offender stated staff post a sign advising when a female is entering and/or assigned to the housing unit that alerts him of their presence. He added he was issued a watch where he receives messages from staff alerting him of facilities activities. He sometimes communicates with staff via writing notes. He added, although he received literature during orientation of the facility rules and PREA, he was not provided a sign language translator. He added he has been incarcerated for 17 years was aware of various ways to report allegations of sexual abuse and/or sexual harassment if needed. He complemented the facility's ADA Coordinator which is also the facility PCM on assisting him as needed in all manners.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No

- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No

- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 03.02.100, Administrative Review of Personnel or Services Issues, PREA Pre-Employment Self Report (DOC 0450) and AD 01.02.107, Background Investigations, Completed Background Checks, and interviews with the Human Resource Manager (HRM), Warden, Background Unit Supervisor and PREA Compliance Manager, it was determined by the lead auditor that Jacksonville CC meets the mandate of this standard. AD 03.02.100 states the Department shall not hire, promote or enlist the services of any employee, contractual or otherwise, who may have contact with offenders and: (a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution as defined in 42 U.S.C. 1997. (b) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by forced, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; of (c) Has been civilly or administratively adjudicate to have engaged in the activity described. Anyone found with any of these conditions is prohibited entrance into all Illinois facilities.

AD 01.02.107 indicates background investigations shall be completed on persons prior to employment or prior to placement in a safety sensitive position and or person who provide services for the Department. Additionally, background investigations may be conducted periodically to review the background of individuals as identified. Complete background investigations shall include: (a) LEADS; (b) Fingerprint Cards; (c) Secretary of State Drivers' License; (d) Firearms Owner's Identification; (e) Employment reference checks; (f) Offender 360 (0360); (g) Youth 360 (Y360); (h) Volunteer Tracking System; (i) Visitor Tracking System (VTS); (j) Military check, if applicable; (k) The use of any other name or social security number.

The lead auditor reviewed the completed background investigations for the 3 new hires identified during the 12-month review period. The lead auditor also reviewed an updated IDOC PREA Pre-Employment Self -Report forms for 20 staff noted as pending promotions. The submission of these forms was also confirmed for the 3 new hires. During an interview with the HRM, she confirmed applicants receive

applications via the internet and the background investigations are conducted by the Background Investigation Unit in Springfield, IL. She also confirmed all new hires, staff transfers, and current employees who are selected for promotion are required to complete a DOC 0450 which remains on file. Confirmation of the agency's consideration of any incident of sexual abuse or sexual harassment in determining whether to hire an individual for contract services or whether to promote an employee was obtained through review of the DOC 0450. Additionally, the HRM verified the requirement of staff's obligation to report all on and off duty misconduct to include those related to the PREA standards and staff omission of such conduct or those providing false information will be grounds for termination.

The lead auditor also interviewed the supervisor of the Agency Background Investigation Unit and he confirmed that background checks for all new hires, contractors and volunteers were performed by his unit and the facility is notified if they are ok to offer a letter of employment. He stated the background investigation includes a review of criminal history, employment history, terminations, resignations, military discipline checks if applicable, and an employee reference check is forwarded to all listed former employees. The Offender 360 program is also reviewed to identify whether the applicant is listed on an inmates' visiting list, and/or phone list. The listed process is for all IDOC employees, contractual staff, and volunteers. The background investigation is not as intense for maintenance vendors; however, a background check is completed that includes any criminal history to include driving under the influences and moving violations. An applicant's fingerprints are collected after the background investigation returns with no negative findings. He added this department responsibility is to conduct fact finding only and upon the receipt of negative information, it is forward to the Director for further review. Once a staff member is fingerprinted, their information is in the Federal Bureau of Investigation (FBI) database. If staff are arrested anywhere within the United States, the Department receives notification. The lead auditor was provided confirmation of the employee's Arrest Tracking system information utilized by the Department for immediate notification of an employees' arrest rather than running a background check every 5 years.

The review of 20 completed PREA Pre-Employment Self-Report completed by new hires and those staff seeking promotions ask all applicants and employees who may have contact with inmates directly about previous sexual abuse and sexual harassment misconduct as described in the provisions of this standard. The PREA Pre-Employment Self-Report forms also notes the following: "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination of employment." An interview with the Facility Human Resource Director indicated a former staff member must sign release form prior to releasing information of their employment at the facility. However, she is limited in only confirming a staff member's past employment and dates of tenure at the facility.

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Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
  ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

An interview with the Warden confirmed there has not been a substantial expansion or modification to Jacksonville CC since the last PREA audit. She indicated that the facility has a camera plan to add an additional 76 cameras to their existing video monitoring capabilities to enhance security, safety for offenders and staff, offender accountability, and the prevention and detection of sexual abuse and/or sexual harassment. The cameras have been approved and are pending arrival and installation. There were no violations of privacy noted during the viewing of showers, toilets, change of clothing or performing bodily functions.

Per the IDOC Director, the Illinois Department of Corrections manages all facilities with care, custody, and safety in mind. The department takes great measures to ensure the security of those in custody, the employees of the department and the general public served by the department. If at any time in the department, there is a facility under a physical change and/or the department may be opening new space for those under its custody, the department considers the ability to protect the inmates from sexual abuse

as a main directing factor when accomplishing any change in physical structure or acquiring any new space. The department uses a multi-faceted strategy to attain a zero-tolerance environment for those that are under the department's care and control.

The Director added, the Department has placed 234 DVR's, 2,574 (of which 75 DVRs and 1000 cameras were purchased with grant funds targeting PREA) new cameras and adjusted the usage of other cameras within the facilities to ensure the proper protection of inmates from sexual abuse. The department uses these cameras to increase supervision and to combat the blind spots within the physical nature of the facilities. The Operations Division continues to work with facilities in prioritizing any additional areas that need to be under surveillance. The department continues to seek and secure funds to procure additional monitoring technology.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents; ID 04.01.301, Offender sexual Assaults-Preventions and Intervention; and Illinois State Police/Illinois Department of Corrections meets the mandate of this standard. Policies and procedures require all investigations conducted within the Jacksonville CC facility adhere to investigative and evidence protocols based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. Administrative investigations are conducted by full time trained investigative staff at the facility.

AD.01.301 indicates offenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse. Treatment shall be provided by a certified Sexual Assault Forensic Examiner (SAFE) or a certified Sexual Assault Nurse Examiner (SANE) at a local emergency room as determine by the local facility. Forensic examinations for Jacksonville CC victims of sexual assault, are provided by St. John's Hospital in Springfield, IL. During an interview with the Nurse Manager at St. John's, she stated the hospital employees a SANE that will report to the hospital as needed as they are not on duty 24/7. The victim of sexual abuse is required to be seen by the SANE within 90 minutes upon their arrival at the hospital. She explained the SANE explains the forensic examination process to the victim. She added a victim advocate from the Prairie Center Against Sexual Assault usually arrives, but there are times when the communication between the victim and victim advocate is conducted via phone as the victim may elect to not have in-person interaction.

The IDOC successfully obtained an agreement with John Howard Association to act as a 3rd Party reporting site for PREA allegations. There were no allegations reported for Jacksonville CC during the last 12 months. An interview with an employee for John Howard Association stated that the last allegation from Jacksonville CC was in February 2020. The IDOC has a MOU with Prairie Center for

Sexual Assault to provide counseling and information for sexual assault/abuse to serve as a victim advocate for Jacksonville CC.

An interview was conducted with a victim advocate/medical advocate representative at the Prairie Center Against Sexual Assault. She indicated upon a victim of sexual abuse reporting to the outside hospital, medical staff contact the on-call victim advocate who is required to report to the hospital within 1 hour of being notified. She continued in stating, upon the Center being notified the process is explained via phone and the information exchanged is 100% confidential to the point that a State and/or Federal Judge in the legal system cannot order the release of information provided by the victim unless or until the victim gives authorization through a signed release form. Services are available to all victims for emotional support to include during court hearings. The Hotline is available to the victim 24/7 as a means for ongoing support.

Jacksonville CC has also designated staff to serve as a victim advocate and official position is a Licensed Clinical Mental Health Provider. There were no instances at the facility where an incident of sexual abuse required a forensic medical examination. Therefore, she has not had to serve in this role. She continued in stating, however, she would immediately contact the victim as she is on -call 24/7.

The IDOC has a MOU with the Illinois State Police. The MOU was established and signed by the Director of Illinois State Police on March 25, 2004 and by the Director of IDOC on April 23, 2004. The MOU remains in effect. In regard to the PREA standards, the MOU clarifies the duties responsibilities of the Illinois State Police Division of Internal Investigation (ISP/DII), and the IDOC Division of Investigations and Intelligence. The IDOC will conduct investigations regarding custodial sexual misconduct, inmate on inmate sexual assaults or simple assaults, inmate on staff sexual assaults or simple assaults. Duties of the ISP/DII is identified as conducting investigations regarding sexual assault involving staff on staff or staff on inmate. A review of the investigators' training documentation supported receipt of the required training.

Jacksonville CC policy allows for a qualified medical practitioner to perform the forensic medical examination if needed. There were no forensic examinations conducted during the review period of April 1, 2020 – March 31, 2021.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (internal and external); Employee Criminal Conduct; DR

112 and the Illinois State Police/Illinois Department of Corrections Memorandum of Understanding, it is determined by the auditor that Jacksonville CC meets the mandate of this standard. The responsibilities of both entities are clearly stated in the Memorandum of Understanding, Specifically, the facilities will conduct investigations involving inmate-on-inmate and inmate-on-staff sexual assault unless the actions are determined to be criminal. The Illinois State Police will conduct staff-on-staff, and staff-on-inmate sexual abuse when these actions are considered to be criminal. Administrative investigations are completed on all allegations of sexual abuse/sexual harassment. Criminal investigations are conducted when there is substantial evidence to support that a criminal act has taken place. At the completion of the criminal investigation, the case is then referred to the State Attorney's Office for possible prosecution.

The facility investigator and external investigator confirmed all reported PREA allegations are submitted for investigation. The method of receiving an allegation, whether anonymous, third party and/or directly from the inmate, the investigation is conducted in the same manner. In accordance with AD 04.01.301 reported allegations of sexual abuse and/or sexual harassment require a prompt investigation, disciplinary actions, and a referral for prosecution, where appropriate.

The Department website https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx provide guidance to the public on how to report institutional sexual abuse and or staff sexual misconduct. The public is informed that IDOC investigates all allegations of offender–on–offender sexual abuse and staff sexual misconduct. Investigations are initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation. Reports may be made by calling (217) 558-4013 Calls to this number at IDOC Headquarters are recorded. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit.The Director of IDOC indicated the agency ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. As the Department takes ALL allegations seriously, and when those allegations are found to be substantiated, the perpetrators are referred for appropriate discipline and/or prosecution. He added in in accordance with AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual (internal and external). The department utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. Additionally, if needed the department has the ability to call in the Illinois State Police to assist in such investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AD 03.03.102, Employee Training; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; Training Logs; FY21 Training; Training Mandates; Academy Pre-Training Orientation; Annual Staff Cycle Training; Staff Training Rosters; and AD05.01.113 Search of Offender, it is determined by the auditors that Jacksonville CC meets the mandate of this standard. PREA training is included during staff initial training at the Training Academy. Additionally, all staff are required to receive PREA training during the Annual Cycle Training. Various topics of PREA training is provided to security staff during Roll Call. Confirmation of staff's receipt and acknowledgment of PREA training was confirmed during a review of training sign-in sheets, staff interviews and other related documentation that was provided to the auditor. Subject matter includes: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An offender's right to be free from sexual abuse and sexual harassment; (4) Staff and offender's right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with offenders; (9) How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Confirmation of staff completion of PREA training was provided through staff's signature of training attendance, staff's acknowledgement of training, and documentation maintained by training staff. Random staff interviews conducted during the site visit included both security and non-security staff. All confirmed their training included the above listed subject matter and each detailed how they would respond to any allegations if confronted with that specific situation. All staff at Jacksonville CC are trained as a first responder. The random staff interviewed detailed their response to abuse by informing the auditor they would first separate the alleged victim, secure the area, contact their supervisor and preserve evidence from destruction. During the interview process with non-security first responders, each confirmed that they would immediately secure the alleged victim and then contact security staff.

Jacksonville CC is designated as an adult male correctional facility. However, AD05.01.113 Search of Offenders is tailored the search procedures of both male and female. Therefore, training offered to staff are tailored to both male and female offender. No additional training is required upon a staff members' transfer from a facility that house only female.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC Volunteer/Contractor (A Guide for the Prevention and Reporting of Sexual Abuse with Offenders); Volunteer Service Orientation Checklist and Wexford Health Sources Incorporated PREA Training, Jacksonville CC meets the mandate of this standard.

Jacksonville CC identified 85 volunteers prior to COVID-19. However, since March 2020 throughout the post audit phase, volunteers have not been granted access into the facility. No volunteers were available for interview. A random selection of 18 volunteers training documentation for review confirmed receipt of PREA training. Volunteer training is conducted by the Chaplain during an annual banquet. Those who are unable to attend the annual banquet receive training packets by mail and return of acknowledging their receipt and understanding of training. Volunteers may also complete individual training by the Chaplain prior to continuing their services with the offender population.

The facility reported 29 contractors. The auditing team was provided rosters that identified confirmation of all contract staff completion of Cycle Training to include PREA. The review of the training curriculum supports volunteers and contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

During an interview with the Training Sergeant, contractors (GEO, mental health and medica) are also required to complete mandatory PREA training annually. Contract staff attend training schedule with the IDOC staff at Jacksonville CC. Due to COVID-19 the previously scheduled training for October 2020 – March 2021 was delayed until January 11, 2021- June 30, 2021. An interview conducted with a mental health contract worker was aware of the Department zero tolerance policy. She also acknowledged receiving PREA training and was aware of her responsibilities in response to being a first responder to reported PREA allegation of sexual harassment and/or sexual harassment.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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There are PREA posters throughout the facility and in each housing unit, a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, is posted on the bulletin boards and beside each inmate telephone in all housing units. The Illinois Department of Corrections' mailing address is also posted in each housing unit for offenders to write concerning any sexual abuse or sexual harassment allegation. A language line is available for Limited English Proficient offenders.

The auditor reviewed a random sampling of A&O Checklists to verify those offenders admitted during the auditing period received Sexual Assault/Assault Prevention & Intervention education and relevant written materials. Offenders were interviewed to include a sampling of random as well as targeted groups with positive results of their program knowledge and awareness. Signed documentation completed by the offenders were noted in the offenders' files that verified their completion of PREA education.

AD 05.07.101, Reception and Orientation-Adult Process; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Fliers; IDOC 0291, Offender Orientation Training; PREA Posters (English and Spanish); Offender Orientation Manual, and PREA Video, Jacksonville CC meet the mandates of this standard. Upon an inmate's arrival at Jacksonville CC an informational PREA pamphlet is provided to the offenders in the In-take area. These pamphlets provide information of the facility's zero tolerance policy for sexual abuse and sexual harassment. They advise the inmate on how and to whom to report sexual abuse or sexual harassment allegations if they become aware of it or experience it. Selected offenders are approved to serve as PEER Educations upon approval by the Internal Affairs Officer followed by successful completion of training and testing of their comprehension of the training they will provide. The PEER educators assist staff in providing orientation to the newly arriving offenders that includes PREA education. Newly arriving of offenders

receive and sign for a copy of the Jacksonville CC Offender Orientation Manuel during orientation and observe the PREA video developed by the Just Detention Intentional (JDI) "PREA: What You Need to Know." The manual provides each inmate with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The PREA education material is available in English and Spanish and states the agency's policy on zero tolerance, explaining to the inmate, how and who to report any allegation of sexual abuse/ harassment to without fear of retaliation. It also directs them how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously or in writing. Offenders were interviewed to include a sampling of random, targeted group of offenders and those selected for informal interviews confirmed their receipt, knowledge, and awareness of PREA. Offenders identified within the various target groups with disabilities to include LEP, and deaf confirmed receipt of PREA education presented to them in a manner they were able to understand. The lead auditor randomly elected 51 offender files confirmation of PREA education. Signed documentation of offenders' PREA training was made available to the auditor. This information is maintained in the offender's files in the Offender 360 Program. The Offender Orientation Manuel also advises the inmate population that if the offender does not feel comfortable reporting to the facility, they may write IDOC with Attention: PREA while providing the address. The PREA Report Line 1-(217) 558-4013 is stenciled on the walls by the offenders' telephone for easy access. The inmate's ability to make these calls were confirmed at the request of the auditor for an inmate to conduct a test call.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
  ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)
  ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with AD 01.12.115, Institutional Investigative Assignments; documentation of investigator's training records and interviews with facilities investigators', it was determined by the auditor that Jacksonville meets the mandate of this standard. Interviews with 2 investigators (internally and externally) and review of the investigators' training documentation confirmed each received the required special training to conduct sexual abuse allegations. The lead auditor received a computer-generated copy of the internal and external investigators' training that exceeds the requirements of conducting sexual abuse investigations in a confinement as required in this standard. The investigators are required to complete a 40-hour training program given by the Illinois Department of Corrections Academy that includes PREA: For Investigations. Documentation of completed training was provided for review. Per an interview with the IDOC External Investigator Commander, the internal and external investigators are authorized to conduct both administrative and criminal investigations. However, per the MOU with the Illinois State Police, staff on inmate sexual abuse are conducted by the Illinois State Police. Therefore, when required, these investigators refer sexual abuse investigations to the Illinois State Police for investigation who also follow the requirements of this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams *or* the agency does not employ medical staff.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

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In accordance with AD 04.01. 301.PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, page 24, Specialized Training; Medical and Mental Health Care Training documentation; IDOC PREA In-Service Logs; "What Health Care and Mental Health Providers Need to Know; it was determined by the auditor that Jacksonville CC meets the mandate of this standard. The Health Care and Mental Health Providers are contracted through the Wexford Health Services Incorporated, with the exception of the Administrators who are State Employees. All Health Care and Mental Health Providers are required to receive specialized training through the Illinois Department of Corrections. During an interview with the Health Care Administrator, she provided the auditor with documented confirmation via signature logs of all medical and mental health staff completion of specialized PREA training "What Health Care and Mental Health Providers Need to Know." Training. Jacksonville CC has an agreement with St. John's Hospital to conduct forensic medical examinations. SANE/SAFE Practitioners are on duty and/or on call 24/7 and are required to report to the hospital within one hour. These available services were confirmed during a phone interview with the hospital nurse manager for SANE/SAFE.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility? ☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Requirements; AD 05.07.101, Reception and Orientation – Adult Process Requirements; ID 04.01.301, Offender Sexual Assaults- Prevention and Intervention; DOC 0372, Mental Health Screening form; and DOC 0379, Evaluation of Suicide Potential Form; DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse, and interviews with staff and offenders, it was determined by the auditor that Jacksonville CC meets the mandate of this standard. An initial intake screening of all newly arriving IDOC offenders is conducted at the agency's Reception and Classification Center and again upon the inmate's arrival at of their designated IDOC facility as noted in IDOC policies and procedures.

The lead auditor randomly selected 51 offenders for review of their completed initial and follow-up risk screening assessments who arrived during the review period of April 1, 2020, through March 31, 2021. The review confirmed all inmates received their initial risk assessment on the day of their arrival. The 30-day reassessments were completed not later than 30-days of the offender's arrival and documented. Staff documented the offender's risk of being sexually abused by other offenders and/or for being sexually abusive toward other offenders through utilization of a screening tool identified as DOC 0494. The DOC 0494 includes the following vulnerability risk factors of: age, height, weight, number of incarcerations, criminal history exclusively non-violent, developmental disability, diagnosed mental illness, physical disability, perceived sexual orientation; physical presentation, history of sexual victimization; language and proficiency; detainment status, education level and socio-economic status when determining an inmate's risk of vulnerability The predatory risk factors considerations include: history of institutional sexual abusive behavior; criminal history of sexual abusive behavior in the community; criminal history of domestic violence or violence toward others in the community; current security threat group affiliation and history of assaultive or violent behavior while incarcerated.

Offenders are ordinarily screened at Jacksonville CC upon their arrival by mental health staff during the in-take process. An interview with a Licensed Clinical Social Workers confirmed offender incoming

traffic is one day a week and it is normally late in the evening, however she ensures all are properly screened before reporting to offender housing. She identified all vulnerability and predatory risk factors are considered during the screening process. A hard copy of the completed screening is given to the intake areas where the initial screening is conducted.

The offenders' assigned Correctional Assessment Specialist (CAS) conducts the 30-day follow up assessments. The CAS supervisor monitors the arrival of all incoming newly arriving offenders and the completion of their 30-day follow-up risk screening assessments. The supervisor emails the assigned CAS between 23 – 25 days as a reminder to complete the 30-day follow-up. The review of the 51 offenders' assessment confirmed the assessments were completed timely and not later than 30-days after the offenders' arrival at the facility. All offenders are required to be housed at the Jacksonville CC main site prior to being considered for placement at the work camps. Staff confirmed an offender risk level would be reassessed as warranted due to a referral, at the request, and if an offender is identified as a victim and/or aggressor in a PREA investigation.

The agency policy does not allow discipline actions for offenders who refuse to respond to the questions during either of the screening processes conducted by staff. Staff confirmed the offenders would not receive discipline for refusing to provide responses to the questions during the assessment interview. Jacksonville CC has implemented appropriate controls on the dissemination within the facility that limits the accessibility of the screening information to designated staff on a need-to-know basis of the sensitive information. The IDOC PREA Coordinator also confirmed the Department has outlined who have access to an inmate's risk assessment within the facility to protect sensitive information from exploitation as the confidential information is granted to both medical and mental health staff. The staff identified the offender's risk assessments are maintained in the offenders' master file. The offenders' files are securely stored and controlled by assigned staff and only accessible to counselors, clinical services (CAS), mental health, health services.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for

the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; DOC 0494; AD. 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offenders; Interviews with Placement Staff, In-take Staff, Jacksonville PCM and IDOC PREA Coordinator, it was determined by this auditor that Jacksonville CC meets the mandate of this standard. The DOC 0494, Screening for Potential Sexual Victimization for Sexual Abuse, includes at a minimum, the criteria to assess offenders for risk of sexual victimization and the criteria to assess the inmate's risk of being sexually abusive. Utilization of this instrument is conducted by in-take staff to determine proper housing, bed assignment, work assignment, education and other program assignment with the goal of protecting potential victims of sexual abuse/sexual harassment from those who are at risk of being potential sexually abusive offenders. The determination of inmate housing is made on a case-by-case basis and at no time are offenders placed in designated housing based solely on their sexual identification or status.

Per the Jacksonville CC PCM, the offenders' housing unit assignments are based on a number of factors including medical needs (i.e. low bunk orders), mental health concerns (including any type of "vulnerable" status that would include information from the PREA Assessment), and Security Threat Groups (gang affiliation) determined by our Intel Unit. Offenders identified prior victimization and/or as a potential aggressor. The offenders are assigned to dormitory housing of 5 rooms separate rooms with 10 bunk beds each. Each of the housing units has a capacity of 100 offenders. Therefore, alternative housing is available to separate offenders identified as a prior victim and/or prior aggressor. Prior to housing an offender identified as a predator with another offender, the proposed housing assignment must be reviewed and approved by the CAO in consultation with the facility PREA PCM. Documentation verifying approval or denial of housing assignment will be kept in the Placement Office. (1) Offenders identified as predators will be placed in designated rooms and beds that are closest to the control officer's desk and can be clearly visible to the wing officer from the hallway. (2) Offender identified predators may not be placed on any house it wings that has any vulnerable offenders. (3) Offenders identified as predators will not be placed at Greene County Work Camp or Pittsfield Work Camp.

Per an interview with the IDOC PREA Coordinator, the Department is not subject to a consent decree, legal settlement or legal judgment requiring dedicated facilities, units, or wings solely on basis of an offender's sexual orientation, genital status or gender identity. An offenders' housing is based on confidential assessment tools (DOC 0494) used by medical and mental to determine housing.

As noted in A.D. 04.03.104 Transgender, intersex and gender incongruent offenders shall not be assigned to gender-specific facilities based solely on their external genital anatomy. A review of each transgender, intersex and gender incongruent offense's placement and programming assignment shall be conducted by the facility twice annually to review any threats to safety experience or posed by the offender. The policy requires a representative of the Transgender Administrative Committee (TAC) shall interview the offender, review PREA allegations, offender grievances, criminal history, medical, psychiatric, and disciplinary records and present findings to the TAC. Decision shall be made to the TAC on a case-by-case basis with serious consideration given to circumstances including, but not limited to the following: (1) The offender's perception of whether a male or female facility is safest for him or her, as well as the preferred gender of staff to perform searches; (2) The offender's vulnerability to sexual victimization, including prior allegations of sexual abuse or harassment made by the offender. (3) The offender's likelihood of perpetrating abuse against other offender including consideration of prior allegation s of sexual abuse of harassment made against the offender. (4) The ability of security staff to house and supervisor the offender to ensure his or her safety and the safety of the population in the current and requested environment. (5) The services available to meet the needs of the offender's environment. (6) Any other relevant information about the offenders' ability to positively or negative manage himself or herself in each type of environment.

A.D, 04.03.103 states transgender, intersex and gender incongruent offenders shall be allowed to the same frequency of showers in accordance with his or her classification. Showers shall be separate and private from other offenders.

Staff identified there has been 0 offenders identified as transgender at the facility in over two years, and no known offenders identified as intersex. However, staff was aware that these offenders would be re-assessed twice yearly. Staff also acknowledged offenders identified as transgender and/or intersex would be allowed the opportunity to shower at a separate time from other offenders within their housing units.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Protective Custody; Restrictive Housing Privilege/Tour Log; Title 20 Illinois Administrative Code; interviews with the Warden and Segregation Supervisor, it was determined by the auditor that Jacksonville CC meets the mandate of this standard. The Jacksonville CC has a total of 6 administrative disciplinary cells. However, there were no offenders placed in involuntary housing during the past 12 months because of being a high risk of sexual victimization. All offenders placed in segregation have access to recreation, shower/shave, phone, mail, laundry, visit, commissary, hygiene items, barbering services, linen exchange, cleaning supplies, educational material; medical services, mental health, and library/legal material. Offenders in segregated housing are allowed to participate in ongoing education program (HISET), and have access to programs, privileges, and work opportunities to the extent possible while maintaining security within the unit. All offenders placed in segregation are reassessed every 30 days after placement.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with IDOC 04.01.301 PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; Jacksonville CC 04.01.301 PREA Sexual Abuse and Harassment Prevention and Intervention; Jacksonville CC Offender Orientation Manual; Memorandum of Understanding with John Howard Association; PREA Posters and interviews with random staff and the Jacksonville CC PCM, Jacksonville CC meets compliance of all provisions within the standard. IDOC 04.01.301 and Jacksonville CC 04.01.031 require the facility's PREA Compliance Manager identify community agencies, including advocacy and crisis organization where reports can be made that provide assistance or support services to staff or offenders in the prevention or intervene of sexual abuse and harassment while contact information such as mailing address shall be provided via offender handbook, bulletins, etc.

The Jacksonville CC Offender Orientation Manual discusses methods of how an offender may report sexual abuse/sexual harassment internally that include (1) Talk to any staff member you feel comfortable with. This can be security staff, a counselor, a nurse, ANYONE; (2) Send a note, request slip, or file a grievance then place into facility mail. (3) Report the incident to the PREA Report Line 1-(217) 558-4013, accessed through the inmate phones with instructions provided.

The Jacksonville CC Offender Orientation Manual discuss if an offender is a victim of sexual abuse/sexual harassment or they suspect someone else has been sexually abused/sexually harassed or involved in sexual misconduct with a staff member, the offender needs to report it. A thorough and impartial investigation is required to be conducted.

Methods of how offenders may report sexual abuse/sexual harassment externally is included in the Jacksonville CC Offender Orientation Manual. If an offender does not feel comfortable reporting to the facility staff, they may write the IDOC Attention: PREA 1301 Concordia Court Springfield, IL 62794-9277. If offenders do not feel comfortable reporting to anyone in the facility or through the PREA Repot Line, they may also make a PREA report to the IDOC PREA officials by reporting through an independent outside entity, the John Howard Association of Illinois (JHA). The JHA is a private non-profit entity that is not part of IDOC or the government that has "Privileged" mail status within IDOC, meaning the mail to JHA can be placed in a sealed envelope and label "Privileged and should not be read by anyone at the facility.

Copies of established IDOC MOUs with both the John Howard Association and Prairie Center Sexual Assault was provided for review and supports the provision of the standard. Phone interviews were conducted with both agencies that confirmed offenders can report to the public or private entity or office that is not part of the IDOC agency. Both can receive PREA reports and will forward reports relating to sexual abuse and sexual harassment to the IDOC PREA officials. However, the offender may request to remain anonymous.

The PREA Report Line 1- (217) 558-4013 is stenciled on the walls next to the inmate's telephone for easy access. The inmates' ability to complete calls to the PREA Hotline were confirmed at the request of the auditor for an inmate to conduct a test call. Inmates and staff were also familiar with the John Howard Association that serves as a private entity for the inmates and is not associated or connected to the IDOC. The agency allows mail addressed to John Howard Association to be placed in a sealed envelope and labeled "Privileged." This mail is not to read by staff at the correctional facility.

Jacksonville CC does not detain offenders solely for the civil immigration purposes.

A review of the 4 PREA investigative files revealed, 2 were reported through the Administrative Grievance Process; 1 was reported through the PREA Hotline; and 1 was reported directly to staff.

Interviews with 20 random staff indicated each would immediately report any knowledge and suspicion of sexual abuse and/or sexual harassment. The most common method staff identified the inmate population could report PREA allegations was through the PREA hotline, verbally, in writing, anonymously, via third parties, and/or any staff member to include a staff member that the inmate feel comfortable reporting the incident too.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
  ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with Title 20 Illinois Administrative Code, AD 01.01.114, Local Offender Grievance Procedure and DOC 0046, Offender Grievance Form (English and Spanish); AD 04.01.301, Sexual

Abuse and Harassment Prevention Program, it was determined by the auditor that Jacksonville CC meets the mandate of this standard. Inmates are allowed to submit a grievance regarding an allegation of sexual abuse without any time limits. Inmates are not required to use any informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and the complaint is not referred to a staff member who is the subject of the complaint. Policy requires the agency to provide an initial response within 48 hours and a final decision within 5 calendar days relative to emergency grievances alleging an inmate is subject to a substantial risk of imminent sexual abuse. The initial response and final decision would document the Department's determination whether the offender is subject to a substantial risk of imminent sexual abuse. Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, may assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse. These third-party advocates may also file such requests on behalf of the inmate. If the inmate declines to have the request processed on her behalf, Jacksonville CC will document the inmate's decision.

The agency's PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, identify that the agency may discipline an inmate for filing a grievance related to an alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. There were 2 reported allegations of sexual harassment and 0 reported allegations of sexual abuse submitted through the grievance process. The investigative findings were determined as unsubstantiated. There were 0 instances in which offenders received discipline for filing grievances in bad faith.

Based on random interviews with inmates, and utilization of inmates' usage of the process, it is determined that inmates are aware of their ability to file a grievance to report an allegation of sexual abuse or sexual harassment. This method is documented in the Jacksonville CC Offender Orientation Manual.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide 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? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform 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? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with ID 04.01.301 Offender Sexual Assaults-Prevention and Intervention (Attachment B); Jacksonville CC Offender Orientation Manual (English and Spanish); an Memorandum of Understanding Between the IDOC and the Prairie Center Against Sexual Assault an outside support group that serves in Counseling and Information for Sexual Assault/Abuse; inmates' access to the John Howard Association who acts as an anonymous reporting conduit between the inmates and IDOC, it is determined Jackson CC meets the mandate of this standard. Per the IDOC PREA Coordinator, the John Howard Association provides services throughout the state of Illinois. Prairie Center Against Sexual Assault serves as a Community Victim Advocate group to provide victim advocates for emotional support services related to sexual abuse. The facility enables reasonable communication between the offenders and these organizations in as confidential manner as possible.

The purpose and scope of the MOU between IDOC and the Prairie Center Against Sexual Assault was also established to make available to the offender population access to an outside entity to provide emotional support services related to sexual abuse, including crisis intervention and sexual assault counseling. The sexual assault crisis intervention is a 24-hour service that provides an immediate, supportive response to the needs of inmates who have experienced sexual abuse in order to assist them in returning to their previous level of functions. Crisis intervention may be in-person or by telephone via an unmonitored unrecorded call. The services are provided by a staff member or volunteer from an Illinois Coalition Against Sexual Assault (ICASA) that is a certified rape crisis center. It is understood face-to-face emotional support provided in as confidential a manner a possible or emotional support through confidential unmonitored calls and letters.

The PREA Hotline number is stenciled on walls in the inmates' housing units, in the Jacksonville CC Orientation Manual, on each inmate telephone, and provided to the inmate population through PREA posters throughout the facility. Guidance outlining the appropriate steps on how to report, who to report to, addresses on where to submit written allegations, and the PREA Hotline number is noted in the Jacksonville Offender Orientation Manual.

Random and targeted groups of inmates were well aware and knowledgeable of the services available by the John Howard Association but were not aware of the Prairie Center Against Sexual Assault. There are no inmates housed at Jacksonville CC who are detained solely for civil immigration.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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IDOC and Jacksonville CC has established methods of services to receive third-party via reportinghttp://www.thejha.org/; PREA Hotline on the DOC Website:https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx . Additionally, the following information is documented on all Jacksonville CC entry registration sign-in logs for official visitor, offender visitors, volunteers and contract staff prior to entering: The Jacksonville Correctional Center/Pittsfield Work Camp/Greene County Work Camp has **ZERO TOLERANCE** for all forms of sexual conduct between offenders and staff, volunteers, contractors, or other offenders. The Department is committed to everyone's safety and will investigate EVERY allegation. Sexual abuse and sexual misconduct can be reported to the **PREA report line (217) 558-4013**.

Third party reporting methods are also documented in the Jacksonville CC Orientation Manual, PREA and Pamphlets, and PREA posters in both English and Spanish. During interviews with staff and inmates, each was knowledgeable of third-party reporting opportunities. Jacksonville CC meets the mandates of this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent

necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 03.02.108, Standards of Conduct; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and Title 20 Illinois Administrative Code, Rules of Conduct; Warden's Memorandum to All Staff; PREA Immediate Response Cards it is determined by the auditor that Jacksonville CC meets the mandate of this standard. During interviews with 20 random staff to include contract workers, all were knowledgeable of their responsibility to immediately report all allegations of sexual abuse and/or sexual harassment, and acts of retaliation regarding PREA standards to their supervisor, higher ranking staff, or Internal Affairs. Several staff reference the PREA Immediate Response Cards in their possession that outlines procedures to follow as a first response upon witnessing/receiving a sexual abuse/harassment report.

A Warden's Bulletin #17-14 drafted by the Warden to all staff stated in accordance with the PREA standard, 115.61, all staff shall report information concerning incidents or possible incidents of sexual abuse or sexual harassment to the on-duty Shift Supervisor. The alleged victim should be separated, offered protection, and the area should be treated as a possible crime scene. Staff shall document the incident on a DOC 0434 (Incident Report). The report should be sent directly to the on-duty Shift Supervisor. The IODC has zero-tolerance for sexual abuse and sexual harassment within the facility.

All staff also stated they would document in writing any knowledge, suspicion or information regarding such actions prior to the end of their shift and this information was aware that the reporting information would not be documented in their logbooks.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with IAD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and staff interviews, it was determined Jacksonville CC meets the mandate of this standard. An offender identified as a vulnerable offender will be placed in rooms 1, 5, 6, or 10 since these rooms are closest to the control officer's desk. They will be placed in beds L2, U2, L9. U9. L3.U3, L8, and U8 which makes them clearly visible to the wing officer from the hallway. These offenders will not be placed on any housing unit wing that has any predator offender. An offender identified as vulnerable shall not be housed in segregation status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall only continue until an alternative means of separation can be provided, and such placement in segregation status shall not ordinarily exceed a period of 30 days.

Per an interview the Warden, an offender identified as vulnerable would also be interviewed by mental health and if necessary, he would be moved to the mental health unit instead of restrictive housing pending the completion of an investigation. The offender would continue to have access to general population activities.

During an interview with the Director, he indicated in accordance with AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, all allegations and threats of imminent sexual abuse are taken seriously. The department extends all measures to the offender to include movement within the facility and/or transfer. All such risk would be fully investigated and the offender at risk would have access to medical, mental health care as well as support services.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with 04.01.301, Offender Sexual Assaults-Prevention and Intervention; AD 04.1.301, Sexual Abuse and Harassment Prevention and Intervention Program; interviews with the Center Supervisor, and External Investigations Commander; it was determined Jacksonville CC meets the mandate of this standard. Policy requires reports of sexual abuse or harassment occurring while an offender was housed at a different facility shall be reported to the Chief Administrative Officer (Warden) of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received. Reports of sexual abuse or harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported by the Chief Administrative Officer of the facility that received the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours.

The facility reported there received 0 reported allegations from other facilities of alleged previous incidents involving sexual abuse/sexual harassment allegations while at Jacksonville CC. The facility also received 0 reports of offenders who reported to Jacksonville CC who reported allegations of sexual abuse/sexual harassment occurring at other correctional facilities upon their arrival at Jacksonville CC during the review period. She added she would respond immediately with notification by email to the Chief Administrative Officer at the facility identified by the offender. She reported there has no incidents of the sort reported at the facility.

The Director of IDOC confirmed when a facility within the Department is notified by another agency of an allegation within an IDOC facility, the PREA Compliance Manager of that respective facility is notified and the PREA procedures and protocols are implemented. If an offender provides an allegation to IDOC regarding another jurisdiction, the CAO of the IDOC facility receiving the allegation reports such complaint to the CAO of the jurisdiction in which the report was alleged to have occurred. He also acknowledged that cross jurisdictional reports regularly occur.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
  ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☐ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and staff interviews, it was determined by the auditor that Jacksonville CC meets the mandate of the standard. Policy addresses staff responsibility and appropriately responding as a first responder to reports of alleged sexual abuse. Additionally, during interviews with security and non-security staff, each staff were knowledgeable of their responder duties and responsibilities upon becoming aware of an allegation of sexual abuse and/or sexual harassment. Security staff reported they would immediately notify their supervisor and non-security staff stated they would immediately notify a ranking security staff member. All staff indicated they would ensure separation of the offenders, secure the area identified and advise the offender to not destroy any evidence such as not brushing teeth, showering, using toilet, and changing clothes. They continued in stating the inmate would be referred to medical and psychology staff. There were 0 incidents where it was required to separate offenders or collect evidence as a first responder during the audit review period. There were 0 reported allegations of sexual abuse during the review period.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01, Offender Sexual Assaults-Prevention and Intervention it a was determined by the auditing team that Jacksonville CC meets the mandate of this standard. Specifically, policy provide detailed guidance to employees regarding the expected coordinated actions to take in place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigations, and facility leadership. During interviews with staff, each confirmed they were knowledgeable regarding their responsibilities in the coordinated response process. Staff have a first responder card that they carry in their ID badge holder.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual

abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The Department has a variety of signed agreements between the Department of Central Management Services of the State of Illinois and departments within the correctional facilities to include United Brotherhood of Carpenters and Joiners of American; Laborer's International Union of North America International Union of Painters and Allied Trades; United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry Of U.S.A. and Canada The Department of Central Management Service, Corrections, Human Services, State Police, Veterans' Affairs, Natural Resources, and Transportation and Teamsters Downstate Illinois State Employee Negotiation Committee Downstate. However, per an interview with the Director of IDOC, at minimum, all collective bargaining agreements provide the Department with the ability to place an employee on paid administrative leave.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
  ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, review of retaliation monitoring documentation, MOU with John Howard Association and interviews with staff, it is determined by the auditing team, it was determined Jacksonville CC meets the mandate of this standard. AD 04.01.301 indicates for a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offender or staff. The offender's and staff' conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender DOOC 0498 and Staff DOC 0499.

The Department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department. Support services are provided throughout the facility by qualified mental health and local community providers as necessary. Policy requires that offenders and staff reporting such allegations are monitored for a retaliation period of no less than 90 days and longer if necessary. The facility reported 4 allegations of sexual harassment, 0 allegations of sexual abuse was reported during the review period of April 1, 2020 – March 31, 2021. The lead auditor reviewed the retaliation monitoring documentation and confirmed retaliation monitoring was completed at 30 days, 60 days, 90 days intervals. There were 0 instances where retaliation monitoring was required to extend beyond 90 days. However, although the retaliation monitoring was conducted for 90 days, the retaliation monitoring did not begin until after the completion of the investigation. The lead auditor advised the IDOC PCM Coordinator and Jacksonville PCM that in

accordance with IDOC 04.01.301 the retaliation monitoring cycle is set to begin following the initial report of sexual abuse and/or sexual harassment. An immediate correction measure was made to begin the retaliation monitoring at the initial report of a PREA allegation. At the conclusion an investigation is determined to be unfounded, the retaliation monitor will cease.

In response to how the Department protect offenders and staff from retaliation for sexual abuse or sexual harassment, the Director of IDCO stated the department has the tools of investigation, transfer of housing units, transfer to another facility, moving staff to different posts, medical evaluations, and mental health evaluations to monitor for and prevent such retaliatory actions. In addition, the department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department. Support services are provided throughout our facilities by qualified mental health and local community providers as necessary. Offenders and staff reporting such allegations are monitored for retaliation for a period of no less than 90 days.

An interview with the Warden confirmed in the event retaliation is performed by either an identified staff member and/or inmate, discipline actions would be applied. The inmate and/or staff experiencing retaliation could be transferred to another facility if necessary. The facility would take the appropriate measures necessary to protect that individual from retaliation.

An interview with staff assigned to monitor both staff and offender retaliation confirmed, the individual would be monitored every 30 days up to 90 days and beyond 90 days if deemed necessary. She stated she monitors the individual for unusual negative occurrences, to include loss of job assignments, discipline actions, housing changes, work performance evaluations, etc. In the event of an individual is experiencing retaliation, it would immediately be dealt with based on the circumstances to include discipline action to staff and/or inmate, possible reassignment and/or transfer. If an offender wishes to speak with her, he has been advised to notify his counselor who in turn would notify her.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 04.01.30, Sexual Abuse and Harassment Prevention and Intervention Program; Title 20 Illinois Administrative Code; DR 501d 1994 5; Protective Custody; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; Sexual Abuse and Harassment Prevention and Intervention Manual; interviews with Warden and Supervisor of Segregation, it was determined by the auditing team that Jacksonville CC meets the mandate of this standard. Offenders who are identified as vulnerable shall not be housed in segregation for the sole purpose of providing protective custody unless no other means of separation can be arranged. During interviews with the Warden and Supervisor of Segregation, each confirmed there has not been any offenders placed in segregated housing due to being identified as vulnerable or in order to provide protection for an offender who has alleged to have suffered sexual abuse. The alleged abuser would be placed in segregated housing, not the victim.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with AD 01.12.101, Employee Criminal Misconduct; AD 04.12.120, Investigations of Unusual Incidents; Title 20 Administrative Code, DR part 112, Internal Investigation; interviews with Warden, investigative staff, and IDOC Agency PREA Coordinator, it is determined by this auditor that Jacksonville CC is in compliance with this standard. Jacksonville CC promptly conduct thorough and objective investigations of sexual abuse and sexual harassment, to include those reported by third-party and/or anonymously.

The two investigators (External and Internal) interviewed clearly articulated to the auditor their duties and actions taken during the gathering and preserving direct and circumstantial evidence, including the collection and preservation of DNA, and various methods to include interviews with witnesses, alleged victim, suspected perpetrator, and electronic data collection. Prior complaints and reports of the alleged perpetrator is also reviewed by the investigative staff during an investigation. The facility is authorized to seek assistance from the Illinois State Police as needed in conducting investigations. When the quality of evidence appears to support criminal prosecution, the agency may contact the Illinois State Police to continue with the investigation. Consultation with the State Attorney's Office prior to conducting compelled interviews will be performed by that department. Substantiated allegations that appear to be criminal are required for prosecution. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and based on evidence collected not determined by the

person's status as offender or staff. During an interview with the investigative staff, they confirmed the agency does not require an offender who alleged sexual abuse to submit to a polygraph or truth-telling device. The Agency retains all written reports for as long as the alleged abuser is incarcerated or employed by the Agency, plus five years. All investigations are logged in the Consolidated Listing of Incidents and Crimes (CLIC) which is the tracking system used by the Department to document all investigations. The Facility Internal and the Department External Investigators also maintain copies of their investigations. Each stated the if a staff member alleged to have committed sexual abuse resigns from the agency or is terminated prior to the completion of the investigation, the investigation is continued throughout the investigative findings. There were of 4 allegations of sexual harassment and 0 reported allegations of sexual abuse reported at Jacksonville CC during the past 12 months for investigation. There were 0 reported PREA allegations with an investigative finding of substantiated.

Interviews with both internal and external investigators explained upon a report of sexual abuse and/or sexual harassment, the investigation is begun immediately whether by the facility internal investigator and/or the external investigator. All investigations are handled in the same manner to include allegations reported anonymously and /or by a third party. The External Investigation Commander reported third party and anonymous calls are often reported through the Department public tip line number (217) 558 - 2200 (press 0) which is the IDOC main line to the External Investigations Unit.

In cases where a staff is termination of resign and/or placed on administrative leave, they are prohibited from entering the facility. If the investigation involves possible criminal charges, the case is referred to the State Attorney's Office. The internal investigators (Lieutenants and Officers) cannot investigate staff. However, the external investigators can investigate all staff and also conduct the Miranda warnings to them. This based on a contractual obligation with IDOC and the Union. The Commander confirmed all criminal investigation are referred to the Illinois State Police regarding sexual abuse with the custodial sexual misconduct, inmate on staff sexual assault s of simple assaults and inmate on inmate sexual assault s or simple assaults. The Illinois State Police handles all sexual assault involving staff on staff and staff on inmate. The investigators stated IDOC investigators maintain an open line of communication and work with the Illinois State Police while also completing a follow-up on many cases that have been prosecuted.

A memorandum was submitted by the Chief of Investigations and Intelligence to all IDOC Wardens, Assistant Warden and Adult Transition Center (ATC) Supervisors confirming is policy of the Illinois Department of Corrections that all investigations of allegations of sexual abuse or harassment are to be conducted in accordance with Administrative Directives 01.12.105 and 04.01.301, and with the standards and regulations adopted under the Prison Rape Elimination Act (PREA). In accordance with PREA standards, during the course of such investigations, the Department shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.

In response to the Department maintaining contact with an outside agency conducting an investigation for Department, the Warden confirmed communication is maintained between both investigative parties through office visits, telephone calls and emails. The IDOC State PREA Coordinator confirmed an outside agency will provide confidential updates with the agency by sharing the information identified agency specialized trained staff.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention Program; Memorandum submitted by the Chief Investigations and Intelligence and interviews with Investigative Staff, it was determined by the auditor that Jacksonville CC meets the mandate of this standard. Policy mandates that no standard higher than a preponderance of the evidence should be imposed in determining whether an allegation of sexual abuse or sexual harassment is substantiated. This procedure and practice were confirmed during interviews with both the internal and external investigators.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention PREA Investigation; Victim Notification of Completed REA Investigation Findings Memorandum; and interview with investigative staff, it was determined by the auditor that Jacksonville CC meets the mandate of this standard. The agency has a policy that require any offender who alleges he suffered sexual abuse/sexual harassment in an Agency facility shall be notified verbally, and in writing that the completion of the investigation has been determined to be substantiated, unsubstantiated or unfounded.

The lead auditor reviewed the 4 reported PREA investigative case files for confirmation of the inmate's notification of investigative findings. The review confirmed a memorandum is drafted by the Warden, identifying the subject as a Victim Notification of Completed PREA Investigation Findings is prepared at the conclusion of each investigation. The memorandum includes the offender's name, offender's state number, date of the reported allegation and the investigative finding of substantiated, unsubstantiated, or unfounded. The notification also includes the Wardens signature. However, the victim notification of findings does not document the inmates' receipt. Therefore, the following recommendation was made by the lead auditor: (1) sections are added that allow the offender to acknowledge via his signature as receipt of the notification of finding. (2) Recommended an additional section is made available that would allow the staff member notifying the inmate to sign. (3) Provisions on the form allow a staff witness to sign and date if the offender refuses to sign. The auditor's' recommendation was not presented as a requirement for compliance of the standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, Disciplinary for Staff; AD 03.01.120. Employee Review Hearing; AD 03.01.310, Sexual Harassment Requirements and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention; PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual; investigative staff, and Warden, it was determined by the auditor that Jacksonville CC meets the mandate of this standard. Employees are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual touching only after conclusion of the investigation All terminations for violations of sexual abuse or sexual harassment policies, or resignation by staff who have been terminated if not for their resignation, shall be reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies. There were 0 substantiated staff on offender allegations of sexual abuse and/or sexual harassment during the review period of April 1, 2020 through March 31, 2021. Therefore, there were 0 incidents of staff terminations, resignations during an investigation and/or reported to licensing bodies due to allegations of sexual abuse/sexual harassment during the review period.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 03.01.310, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and ID 04.10.122, Volunteer Services, it is determined Jacksonville CC meets the mandate of this standard. Contractors and Volunteers who engage in sexual abuse are prohibited from contact with offenders and are reported to law enforcement agencies and to relevant licensing bodies, unless the activity is clearly not criminal. The facility would take the appropriate remedial measures and consider prohibiting further contact with offenders. During an interview with the Warden, she confirmed these measures. There were 0 reported allegations of sexual abuse and/or sexual harassment reported against a volunteer and/or contract worker during the review period of April 1, 2020 through March 31, 2021. Therefore, there were 0 actions taken toward volunteers and/or contract workers.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; 04.01.301, Offender Sexual Assaults- Prevention and Intervention; 20 Illinois Administrative Code CH. I. SEC. 504. Subpart A. Administration of Discipline; and the Jacksonville CC Offender Orientation Manual, it was determined that Jacksonville CC meets the mandate of this standard. The Agency may discipline an inmate for sexual contact with a staff member upon a finding that the staff member did not consent to such contact. Offenders are determined to be guilty of an administrative or criminal finding that of sexual abuse allegations are subject to discipline actions pursuant to a formal disciplinary process. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories. The disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any should be imposed. If mental disabilities or mental illness is a factor, the facility considers the offer of therapy, counseling, and/or other interventions which are designed to address and correct underlying reasons or motivations for the abuse. Sexual activity between offenders is prohibited by the Agency and offenders receive discipline for such actions. The Agency does not find consensual

sex between offenders to constitute sexual abuse. There were 4 unsubstantiated sexual harassment and 0 substantiated allegations of sexual harassment and/or sexual abuse against an offender during the review period of April 1, 20220 through March 31, 2021. Therefore, 0 inmates received discipline.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with DOC 0372, Mental Health Screening Form and PREA Checklist and Authorization for Release of Offender Mental Health of Substance Abuse Treatment Information Form; 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, it was determined that Jacksonville CC meets the mandate of this standard. During interviews with mental health and health care staff, it was confirmed, that screening for prior victimization is conducted by mental health practitioners during the in-take screening process. If the screening indicates an inmate experienced prior sexual victimization, staff ensures the inmate is offered a follow-up meeting with a health care and mental health practitioner, within 14 days or sooner. However, these follow-up mental health meetings routinely are held within 72 hours after the in-take screening process. A Review of the 4 reported sexual harassment investigative casefiles contained documentation that all inmates were seen by both medical and mental health upon reporting the allegation. The information related to sexual abusiveness and/or sexual victimization is limited to health care, mental health practitioners and other staff on a need-to-know basis for security, treatment plans, program assignments, housing, work, and management decisions. Jacksonville CC does not house youthful offenders under the age of 18 years old.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
  ☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Victim Advocacy, & Community Support Services for PREA Victims, and interviews with Medical and Mental Health staff, Jacksonville CC meets the mandate of this standard. Wexford Health Sources Incorporated provides contract services for medical and mental health services at Jacksonville CC. Jacksonville CC has policies and procedures in place to offer medical and mental health evaluation and as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.

Offenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse that shall be provided by a certified SANE/SAFE at a

local emergency room. The medical examination shall include a general physical examination and for recent sexual abuse shall also include, but not limited: (1) A blood test (RPR serology for Syphilis); (2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexual Transmitted Diseases (STD) as appropriate; (3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test. An HIV test and counseling will also be offered.

These services are provided to victims consistent with the community level of care. Jacksonville CC reported 0 allegations of sexual abuse and 0 forensic medical examinations during the review period. However, the investigative casefiles do include confirmation of medical and mental services provided to the 4 inmates who reported sexual harassment during the review period.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be*

sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; review of documentation; interviews with the Health Care Administrator and mental health practitioner is determined that Jacksonville CC meets the mandate of this standard. The facility offers medical and mental health evaluation and treatment to all offenders who have been victimized by sexual abuse at the facility. This evaluation treatment of such victims includes an appropriate evaluation, treatment, and follow-up services. The mental health and health care services are available to the inmate consistent with the community level of care. Inmate victims of sexual abuse are offered testing for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost

and regardless of whether the victim identify his assailant or cooperate with any investigative that may arise from the incident. Mental health evaluations are conducted on all known inmate on inmate abusers within 60 days of learning of the abuse history. The facility reported 0 allegations of sexual abuse during the review period.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, review of PREA investigative case files; Incident Review Memorandum it is determined Jacksonville CC meets the mandate of this standard. The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation was determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. conclusion of the investigation. The review team, at minimum, shall include the Assistant Chief Administrative Officer, Shift Commander or Lieutenant, a representative from Internal Affairs, the Facility PREA Compliance Manager, a representative from Medical, and a representative from Mental Health. The review, including any report of findings or any recommendations for improvement, shall be documented on the DOC 0593, Sexual Abuse Incident Review. The DOC 0593 shall be forwarded to the Chief Administrative Officer so recommendations for improvement may be considered.
Any recommendations not implemented shall be documented on the DOC 0593 including justification for not doing so.

Although as not required by the provisions of the standard, the facility conducted incident reviews for allegations of sexual harassments and included the provisions of a, b, d and e. However, the incident reviews did not include all members identified within their policy AD 04.01.301. The PREA auditor advised the IDOC PREA Coordinator and Jacksonville CC PREA Compliance Manager of the discrepancy and a corrective measure for including the appropriate staff as the incident review team was identified. The facility was not placed in a corrective action period, as the standard does not require a completed incident review within 30 days following the completion of a sexual harassment report.

There were 4 allegations of sexual harassment 0 allegations of sexual abuse reported at Jacksonville CC during the 12-month review period of April 1, 2020, through March 31, 2021. The 4 reported allegations investigative findings were determined as unsubstantiated.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; PREA FY 2020 Annual Compliance Report; and review of quarterly PREA reports, it is determined Jacksonville CC meets the mandate of this standard. The IDOC has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control, using a standardized instrument and set of definitions. The incident-based data collected includes data required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Administrative Directive requires the report to be published on the IDOC website and include a comparison of the current years' data and corrective actions with those from prior years. The report shall also provide an assessment of the Agency's progress in addressing sexual abuse.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program Manuel; ID 04.01.301 Offender Sexual Assault-Prevention and Intervention; IDOC Website Annual PREA Reports, and agency and staff interviews; it is determined by the auditor that Jacksonville CC meets the mandate of this standard. The agency review data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by 1) identifying problem areas; 2) taking corrective action on an ongoing basis; 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The Director indicated the Department does use the incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training. He added this is completed through the facility review process supported by AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual. Identifying problem areas or policies, addressing issues that have occurred on a regular basis, staff training, continuing to make corrective action when problems may arise, and using the facility review process to ensure the proper proactive steps are taken for problem solving. In addition, the department has implemented procedures to collect data on a quarterly basis for all facilities within the department. The Director also confirmed Data is aggregated and provided in report form by the Agency PREA Coordinator and submitted directly to him for review and approval.

An interview with the IDOC Agency PREA Coordinator confirmed the data collected pursuant to § 115.87 are securely retained in a secured database managed by him as the PREA Coordinator and stored in a double locked secure filing cabinet. All confidential a sensitive inmate and/or staff

information will be redacted in consultation with the IDOC legal division, a determination would be made regarding what information would be redated.

A review of the IDOC Website 2020 PREA Annual Report confirmed the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse; and the agency's annual report is approved by the agency head and made readily available to the public through its website. The Director confirmed he approve all annual reports pursuant to this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained? ☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

In accordance with a review of AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; IDOC PREA Annual Reports; and review of the IDOC website, it was determined by the auditor that Jacksonville CC meets the mandate of this standard. Policies and procedures are in place to ensure guidelines are followed to ensure: 1) data collected pursuant to standard 115.87 are securely retained; 2) the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website; 3) the agency remove all personal identifiers before making aggregated sexual abuse data publicly available; 4) the agency maintain sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard*.) ☐ Yes ☒ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The Agency deferred conducting PREA audits until the third year of the first cycle and completed all audits for then existing 29 Agency facilities during that year. The IDOC has since opened an additional facility and is in the second cycle of conducting PREA audit throughout the Agency. Jacksonville CC is in the second cycle of the 3rd year auditing cycle.

The facility was previously audited in 2018 and the Auditor confirmed the audit report was posted on the agency's website. This report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

The auditing team was given access to all areas of the facility while allowing observation of full operational procedures of the Jacksonville CC. The auditing team was allowed access to review all required documentation under the PREA standards and was allowed to retain relevant documentation as requested. The auditor did not receive any confidential information or correspondence from offenders. If received, it would be treated in the same manner as if they were communicating with legal counsel.

Upon a review of documentation and an interview with the Agency PREA Compliance Manager support the finding that the Agency and Jacksonville CC is in compliance with this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

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

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

The Agency has published on its Agency's website and has made publicly available, all final audit reports within 90 days of issuance by the auditors. The review period for the Agency's prior audits was completed during the past three years. The IDOC conducted all facilities audits during the 1st cycle, 2nd cycle and are in the process of completing the remaining facilities PREA audits during the 3rd cycle.

The audit report does not contain any personal identifying information and there were no conflicts of interest regarding the completion of the audit. The facility and agency policies were reviewed regarding

compliance with the standards and have been identified in the report. The audit findings were based on a review of policies and procedures and supporting documentation; interviews with staff and inmates; and observations.

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.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.[1] Auditors are not permitted to submit audit reports that have been scanned.[2] See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra D. Dawson _____ July 21, 2021 _____

Auditor Signature **Date**

[1] See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110 .

[2] See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.