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

☐ **Interim** ☒ **Final**

Date of Report 10/22/2021

Auditor Information

Name: Robert Manville	**Email:** robertmanville9@gmail.com
Company Name: Correctional Management and Communication	
Mailing Address: 168 Dogwood Drive	**City, State, Zip:** Milledgeville, Ga.
Telephone: 912-286-0004	**Date of Facility Visit:** 09/ 27 – 10/1, 2021

Agency Information

Name of Agency: Illinois Department of Corrections		**Governing Authority or Parent Agency** *(If Applicable)*: State of Illinois	
Physical Address: 1301 Concordia Court		**City, State, Zip:** Springfield, IL 62794	
Mailing Address: P.O. Box 19277		**City, State, Zip:** Springfield, IL 62794	
The Agency Is:	☐ Military	☐ Private for Profit	☐ Private not for Profit
☐ Municipal	☐ County	☒ State	☐ Federal
Agency Website with PREA Information: www.illinois.gov/idoc			

Agency Chief Executive Officer

Name: Rob Jeffreys	
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: Lawrence Correctional Center			
Physical Address: 10940 Lawrence Road		**City, State, Zip:** Sumner, IL 62466	
Mailing Address (if different from above): Click or tap here to enter text.		**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://www2.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:

☒ 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: Dee Dee Brookhart	
deedee.brookhart@illinois.gov	618.936.2064

Facility PREA Compliance Manager

Name: Daniel Downen	
Email daniel.downen@illinois.gov	618.936.2064

Facility Health Service Administrator ☒ N/A

Name: Lorie Cunningham	
Email lorie.cunningham@illinois.govv	618.936.2064

Facility Characteristics	
Designated Facility Capacity:	2400
Current Population of Facility:	744
Average daily population for the past 12 months:	1737
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:	18-94
Average length of stay or time under supervision:	307 days
Facility security levels/inmate custody levels:	Medium
Number of inmates admitted to facility during the past 12 months:	320
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:	316
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*	298
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:	443
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	69

Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	81
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	22
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.**	**15**
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.**	9
Number of single cell housing units:	0
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	126
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
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

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, and 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.

Prior to the on-site visit, Agency PREA coordinator conducted an on-site "pre-audit" of the facility to assist with PREA audit preparation. Prior to the on-site visit, the PREA Coordinator and facility staff forwarded agency and institution policies and supporting documentation, including the completed Pre-Audit Questionnaire, administrative reports, contracts, incident reports, memorandums, brochures, staff rosters, staffing plans, training information, and other reference materials for examination. Policies and documentation are in the form of agency directives and policies. Institution Supplements (IS) are provided in the form of Facility Directives. Updates of the Pre audit questionnaire, investigations and Institutional Supplements were also discussed prior to the beginning of the audit.

The Agency developed and implemented an Illinois Department of Corrections PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual in 2016 that provides agency personnel, facility administration, volunteer, contractor and other stake holders of roles and responsibility for the implementation of PREA laws, and related standard. is extremely informative on agency's implementation plans. Update to the manual were completed in 2020.

The on-site visit for the Prison Rape Elimination Act (PREA) audit of the Lawrence Correctional Center was conducted by certified auditor Robert Manville from 9-27 through 10-1, 2021. Notices of the upcoming audit and the Auditor's contact information were posted throughout the institution on August 16, 2021. This is the third PREA audit for this facility. Upon arrival at the facility, an in-briefing meeting was held with the Warden, several department heads and support staff, facility PREA compliance manager and agency PREA coordinator. The standards used for this audit became effective August 20, 2012.

The tour of the Lawrence Correctional Center included the intake processing areas, all housing units, the Special Housing Unit, the Health Services Department, Recreation, Food Service, facility support areas, education, visiting rooms, industry shops and programming areas. During the tours, it was noted that there was sufficient staffing to ensure a safe environment for inmates and staff. Signs were posted (in English and Spanish) that indicated employees of the opposite gender were present in the housing units. Inmates can shower, dress, and use the toilet without exposing themselves to employees of the opposite gender. Postings, regarding PREA violation reporting and the agency's zero-tolerance policy toward sexual abuse and sexual harassment were prominently displayed in all housing units, meeting areas and throughout the facility. Audit notice postings with the PREA auditor's contact information were in the same areas. These notices were posted on August 16, 2021. The auditor did not receive correspondences from inmates or staff until two weeks after the audit. The inmate that sent the correspondence had been interviewed as a targeted offender.

A total of twenty eight (28) randomly selected correctional staff members were interviewed Correctional officers and Lieutenants from all shifts were included in the interview process. All were aware of the agency's zero-tolerance policy and their responsibilities to protect inmates from sexual abuse/sexual harassment and could explain their new employee and annual PREA training and their duties as first responders as part of a coordinated response. The

Agency Director, Agency PREA Coordinator and Agency Contract Administrator had been previously interviewed (the auditor is in receipt of the completed interview questionnaires). Specialized staff members were also interviewed. This included the Warden, IPCM, two (2) Investigator, two Unit Managers, Human Resource Specialist, Intake staff, Administrative Segregation Lieutenant, Mental Health Director, Case Manager Supervisor, Case Manager, Chaplain (volunteer supervisor) Medical Administrator (Wexford on site contractor administrator) Staff and Contractors demonstrated an understanding of the PREA and their responsibilities under this program, relative to their position or roles with the organization and employment status.

A total of forty three inmates were selected to be interviewed. The interviewed inmates were of various ages, nationalities, and ethnic backgrounds. Inmate random interviewed inmates included inmates in each facility and further housed in every dormitory in each facility. The target populations interviewed were twenty three (23).

Targeted population

Populations	Targeted population	Total Available on date of audit	Total Interviewed
Transgender	7	7	7
Allegation of Sexual Abuse	1	1	1
Allegation of Sexual Harassment	0	0	0
Victimization	3	3	3
Gay	1	1	1
Segregation for PREA	0	0	0
Disabled	3	3	2
Deaf	3	2	2
Blind	1	1	1
Cognitive	3	1	1
LEP	3	3	3
Total Random Inmates			20
Total Population	744	744	41

There were no inmates in Protective Custody for any PREA related issue. The facility does not place alleged victims or those considered high risk in the Segregation. Overall, all inmates interviewed demonstrated a good understanding of the PREA compliance program, the intake screening process, the prevention and protection process and reporting mechanisms. Inmate interviews support staff's compliance with the facility's prohibition of cross-gender viewing and cross-gender pat-down searches

Employee Files Reviewed

Twenty (20) employee training records were reviewed. Included in the employee training records were random monitors (direct care staff), supervisors, investigator, PREA compliance manager. All training has been completed in the last 12 months

Fifteen (15) background clearance files were reviewed including five (5) new hired staff, five (5) staff that had been promoted and five (5) employees that had over five years tenure at the facility. All background checks had been completed prior to contact with inmates or prior to promotion or over 5 years tenure at the facility.

Inmate Files Reviewed

Twenty-four (24) inmates' records were reviewed. These records included the following information.

Identification Number

Date of Birth

Date of Arrival

Date of Screening

Date of Follow-up Screening

Date of Initial PREA notification

Date of PREA orientation

Investigations

During the last twelve (2) months there was a total of 7 reported allegation of sexual abuse/sexual harassment. All cases were investigated. There were 5 allegation of sexual abuse and 2 cases of sexual harassment. No cases were transported to outside medical for forensic examinations. A review of the investigative packets revealed that the investigations was complete and meet the requirements of the standard. Retaliation monitoring was provided for all inmates in which the case were substantiated or unsubstantiated. There were incident reviews on all cases. Inmates were notified of the outcome of the investigations in a timely manner.

Facility Characteristic

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.

The Lawrence Correctional Center (LCC) is part of the Illinois Department of Corrections. The mission of the Illinois Department of Corrections is to serve justice and increase public safety by promoting positive change in offender behavior, by operating successful reentry programs and reducing victimization. The Lawrence Correctional Center is one of twenty-nine correctional facilities in the Illinois Department of Corrections.

At the time of the audit the facility is being retrofitted to become the Maximum Security facility

for Illinois. Less than half of the facility was being used to house inmates. The tour of the facility included the present facility and the retrofitted housing and support services. The retrofit includes reviewing Post assignment, staffing needs, camera plan, and all operations and program components. The PREA coordinator and the Deputy Director of Illinois Department of Corrections and the facility warden accompanied the PREA auditor on the tour of the facility. The agency has upgraded the showers and provided additional doors in lieu of showers and partial doors to enhance privacy for offenders showering and changing clothing. Cameras presently provide all areas of the facility with camera coverage throughout the facility; however the camera system is being updated with the new camaras for more clarity and additional storage of monitoring equipment. Based on conversations with the Deputy Director and PREA coordinator the retrofit has added a higher level of safety for staff and residents.

The mission of the Illinois Department of Corrections is to serve justice and increase public safety by promoting positive change in offender behavior, by operating successful reentry programs and reducing victimization. The LCC operates three vocational programs in meeting the mission of the Department. The vocational programs are commercial custodial, career techniques, and culinary arts. Other programs and activities available to the inmate population include recreational activities, leisure and legal library access, personal development programming, and various religious faith programs. The facility is American Disabilities Act (ADA) approved and houses several inmates with physical disabilities. The facility has eight housing units. These housing units are T-design with a segregation unit and health care unit. Each is multiple occupancy cell housing units. However, some inmates are assigned to single cells. The housing units are equally divided on the north and south side of the compound. Housing units 1, 2, 3, and 4 are on the north side of the secured compound. Housing units 5, 6, 7, and 8 are on the south side of the secured compound. One kitchen provides meals for both the north and south side compounds. A segregation unit serves as placement for inmates in need of special management housing and monitoring. Five Tower Officers provide the first line of defense for the facility. An inner Tower Officer provides armed security during all inmate movement throughout the compound.

The Receiving/Discharge area has partitions for inmates to use restrooms in privacy. There is also an area for strip searches and for inmates to change clothes in privacy. There are offices located in this area which allow private interviews to be conducted. There were zero-tolerance posters displayed in the intake area.

The health care unit provides medical care and dental care to the inmate population. A small in-patient medical wing is located in the medical department for inmates in need of long term care. There is a bulletin board that contains PREA information located in the waiting area. There are correctional officers assigned to the health care area, whenever inmates are in this area. The health unit is operational 24 hours a day. Mental Health is located in this same area and provides programs offered which includes individual and group counseling.

There are recreation areas located on this compound. These recreational areas include a gymnasium, activity center, exercise equipment, hobby craft rooms, music rooms and an outside recreation area. Zero-tolerance posters are located throughout the recreation area. The bathroom areas in each of the recreational areas include partitions and doors to provide privacy. There were PREA information boards in each of the recreational areas.

The Education building contains classrooms and support services. The Education department provides various programs for the inmates, including:

- ABE (Adult Basic Education)
- GED (General Education Development)
- College Remedial
- Associates Degree Program

The vocational program includes shops, classrooms, and support services. The vocational department provides various programs for the inmates, including:

- Automotive Technology
- Construction Occupations
- Custodial Maintenance
- Job Preparedness

The industry program includes shops, classrooms, and support services. The vocational department provides various programs for the inmates, including:

- Full sewing line

The Religious Services Department consists of a chapel area, group rooms, music area and offices. There were PREA posters located in the religious services hallway and in the front entrance area. There were no blind spots noted in this area.

The Food Service Department has a large dining room with a food service preparation area attached. Except for the staff dining room, all areas of food service are under constant surveillance with cameras, mirrors, or staff supervision. There are zero-tolerance posters in all food service areas.

The Laundry is supervised by correctional staff and employs inmate workers. The laundry is under continuous supervision and is monitored by cameras and mirrors. There were no blind spots noted in the laundry. The laundry area had a bulletin board with PREA information including zero-tolerance and PREA audit notices.

Lawrence Correctional Center is managed by 343 Illinois Department of Corrections, and 88 contracting staff that provide for the care and custody of the inmate population. During the last 12 months the facility has hired 69 new staff with direct contact with offenders. The facility provides overtime and hold over staff to meet the mandatory and mandatory as needed custody staff.

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: 5

List of Standards Exceeded: **1**15.31: Employee training; Standard 115.32: Volunteer and contractor training 115.41: Screening for risk of victimization and abusiveness; Standard 115.35: Specialized training: Medical and mental health care: Standard 115.81: Medical and mental health screenings; history of sexual abuse

Standards Met

Number of Standards Met: 40

Standards Not Met

Number of Standards Not Met: **0**
List of Standards Not Met:

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.

POLICY AND DOCUMENT REVIEWED:

115.11 (a) 1,3,4,5 - Illinois Department of Corrections (IDOC) Administrative Directive (AD) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program Effective 06-2020
Lawrence Correctional Center Institution Directive (I.D.) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program
115.11 (b) 1 - PREA Coordinator Designation
115.11 (b) Lawrence Organizational Chart
115.11 (b) IDOC Organizational Chart
115.11 Lawrence CC PREA Compliance Manager Memo

Illinois Department of Corrections (IDOC) Administrative Directive (AD) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, DOC memorandum, warden memorandum and a facility organizational chart meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The agency memorandum establishes a position of PREA Coordinator with the responsibility to oversee the implementation and management of Prison Rape Elimination Act of 2003. The agency PREA coordinator has developed a compliance manager who to document to assist PREA compliance managers in caring out their duties.

The Lawrence Correctional Center Warden issued a memorandum to establish a PREA compliance manager with responsibility to coordinate with the Agency PREA coordinator to oversee the implementation and management of with the Prison Rape Elimination Act of 2003. Both the agency PREA Coordinator and Facility Compliance Manager advised they have sufficient time and authority to coordinate efforts to comply with PREA standards. Lawrence Correctional Center's PREA compliance manager was extremely knowledgeable about PREA and has set a high bar for all staff to comply with PREA standards on a local level.

The agency policies outline a zero-tolerance policy for all forms of sexual abuse and sexual harassment. Inmates are informed orally about the zero-tolerance policy and the PREA program during in-processing and additional admission and orientation presentations. The orientation is offered in English and in Spanish. Additional program information is contained in the Offender manual, and postings distributed throughout the facility (observed during the

tour). All written documents are available in English and Spanish. Additional interpretive services are available for inmates who do not speak or read English. Both institution staff and inmates are provided with a wealth of opportunities to become aware of PREA policies and procedures. All employees receive initial training and annual training, as well as updates throughout the year. The institution meets the standards with all the programs they have implemented to ensure the inmates and staff understand its position on zero-tolerance.

Compliance was determined by review of orientation power point presentations, posters. Offender manual and interviews with staff, contractors, and inmates further provided compliance with this standard.

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.

POLICY AND DOCUMENT REVIEWED:

Illinois Department of Corrections (IDOC) Administrative Directive (AD) 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program

The agency and facility meet the mandates of this standard. A review of the documentation submitted substantiates that the agency and facility require the entities which they contract for the confinement of inmates (privatized prisons or residential reentry centers or "halfway houses") to adopt and comply with the PREA standards. All agency contractual agreements were modified effective January 14, 2014, to incorporate the language requiring contractors to adopt and comply with PREA standards.

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.

POLICY AND DOCUMENT REVIEWED:

115.13 (a) - AD 05.01.101 Roster Management Effective 09-2020
115.13 (a) - ID 05.01.101 Roster Management Effective 03- 2020
115.13 (a, c) Lawrence C.C. - PREA Staffing Plan May 2020
115.13 (a, c) Staffing Plan Memo 2-15-18
115.13 (d) - AD 01.02.103 Inspection Tours by Administrative Staff
115.13 (d) - Inspection Log (HIL 0187)
115.13 (d) - ID 01.02.103 Inspection Tours by Administrative Staff
115.13 (d) - ID 01.02.102 Duty Administrative Officer and Back-up Administrative Officers
115.13 Lawrence CC Roster Management
115.13 Lawrence CC Inspection Tours
Lawrence CC Camera Equipment
Authorized Staffing
Roster Management
Staffing Level Review
Inspection Tour Logs
Staffing Plan reviewed and approved 9/20/2020

Agency policy requires each facility to review the staffing plans on an annual basis. Interviews with the Warden and executive staff revealed compliance with the PREA, and that other safety and security issues are always a primary focus when they consider and reviewing their respective staffing plans. The facility has a Staffing Report that is developed for each pay period. The Prison provides the bimonthly reports that includes mandatory post and hold over staffing to meet the mandatory posts. This report also includes the number of positions authorized, the number filled, the number vacant, recruitment efforts and any staffing concerns during the pay period. The Warden meets weekly with her executive staff, including the Major, Lieutenant and the Human Resource Manager (HRM) to address staffing issues as they relate to the PREA. The operations assistant warden reviews staffing on a daily basis to include use of overtime and whole overs.

The institution has been provided with all necessary resources to support the programs and procedures to ensure compliance with the PREA standards. The audit included an examination of all video monitoring systems; staff interviews; and rosters. Supervisory and Administrative staff members routinely make unannounced rounds covering all shifts and these rounds are documented. PREA rounds are documented in operations lieutenants' computerized logs and at the officer's stations logs for housing units.

There have been no judicial findings of inadequacy from federal investigative agencies or findings of inadequacy from internal or external oversight bodies relevant to this standard. All

essential posts are filled each shift and no essential posts are kept open for salary savings. When programs are offered, staffing is increased to provide additional supervision.

AD policy 01.02.102 and ID policy 01.02.102 Duty Administrative Officer & Back-up Duty Administrative Officer provide for minimum expectations for Duty Officers to conduct random tours of all areas of the facility on all shift and all days including night and weekends. The review of Institution Duty Officer (IDO) unannounced PREA rounds logs confirmed that intermediate-level or higher-level supervisors, including shift supervisors and department heads, conduct and document such visits throughout the institution, during the day, at night and on the weekends. Additionally, the IDO was interviewed. IDO visits areas of the facility during days, evenings, and weekend. The IDO document the visits on logbooks and a IDO file located in the Warden's office. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Institution Duty Officers daily, including nights and weekends. PREA rounds are documented in operations lieutenants' computerized logs and at the officer's stations logs for housing units. An examination of policy and supporting documentation and all interviews confirms compliance with this standard. Compliance was determined by staff interviews conducted during the tour of all areas of the facility, to include the Operations Lieutenants on all three shifts, Majors, Human Resource Manager, and correctional staff; reviews of documented staffing rosters, daily supervisory checks, and facility workforce quarterly meeting records; pay period staffing reports and the examination of the video monitoring system. A comprehensive tour of the facilities was conducted during the audit that included looking for blind spots, reviewing cameras coverage and available staff in areas that inmates are assigned. Subsequently, areas of each facility was also reviewed while going throughout the facilities to meet with staff on the first, second and third shift and to interview inmates.

The facility is being retrofitted and is in the process of updated staffing plan needs based on the demographics of the population. The facility has allocated forty eight thousand dollars in the initial retrofit of the facility's cameras with additional funds allocated as needed based on review one the facility's mission is implemented. During the audit an additional 150 inmates were transferred from the institution as the plan being that the majority of non-maximum security inmates will be relocated and the facility stage new inmates in an orderly manner.

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

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.

POLICY AND DOCUMENT REVIEWED:

Population Report for 2019
Population Report for 2020
Population Report for 2021

The facility does not house youthful inmates. Compliance was determined by population reports for previous three years and interviews with Warden and PREA Compliance Manager.

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 // 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.

POLICY AND DOCUMENT REVIEWED:

115.15 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.15 (a) - AD 05.01.109 Searches Effective 09-2019
115.15 Cadet PSST Training Verification
115.15 Cycle Training Verification
115.15 Directors Memo Limits to cross-gender viewing and searches 01 2016
115.15 ID 05.01.109 Searches Effective 10-2019
115.15 Knock and Announce Placard
115.15 Memo-Limits to Cross-Gender Viewing and Searches Oct 2020
115.15 Notice to All Offenders Flier
115.15 Notice to Offenders 2-23-16
115.15 Offender Searches DR 501c
115.15 PREA Knock and Announce Policy 9-18-17
115.15 PREA Offender Searches Policy Update 9-18-17
115.15 PREA -PSST revised training 1-9-16 (1)
115.15 I.D. 15-50 Limits to Cross-Gender Viewing and Searches
115.15 I.D. 15-71 Knock and Announce Update
115.13 (d) - ID 01.02.103 Inspection Tours by Administrative Staff
115.15 (f)-1 A.D. 03.03.102 Employee Training.doc
115.15 501113 Searches of Offenders.pdf
115.15 (d)-1 PREA - Cross Gender Strip Searches.pdf

The above policies, memos and directives meet the mandates of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. Interviews with staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the inmates of the opposite sex except in exigent circumstances. Staff interviews also confirmed that female officers had been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each unit has individual shower doors for privacy. The facility has implemented a policy that all opposite gender staff working the units will announce themselves prior to walking the range to allow inmates the opportunity to prepare themselves from a privacy perspective. Inmates interviewed acknowledged they were allowed to shower, dress, and use the toilet without being viewed by staff of the opposite gender.

Staff and most of inmates interviewed indicated employees of the opposite gender announce their presence before entering a housing unit. Unit staff also announce the possibility of opposite gender staff entering the housing units at the beginning of each shift. Additionally, the auditor observed written notifications which clearly stated the possibility of opposite gender staff routinely entering the units posted in the unit common areas. The postings were written in both English and Spanish. Staff members were aware of the policy prohibiting the search of a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of an inmate by a staff member at LCC. The living areas have swinging half doors in front of each shower that provides for inmate privacy while showering. Toilet areas have partitions with door to allow inmates to use the restroom without being viewed by staff. Based on the review of corrective action plan, policies, and notices regarding the presence of female staff in the units, observation of the showering/dressing areas and interviews with staff and inmates it has been determined that Lawrence Correctional Center is in compliance with this standard.

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

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.

POLICY AND DOCUMENT REVIEWED:

115.16 - AD 04.01.301 Effective 06-2020
115.16 - ASL Video Remote Interpretation
115.16 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.16 (a) 1 - AD 03.01.305 03. Requests or Grievance Based on Disability
115.16 AD 04.01.111 2013 7 ADA Accommodations
115.16 ADA Language Line Procedure
115.16 ADA Notice – Spanish
115.16 ADA Notice
115.16 DR 475 ADA
115.16 Lawrence CC Offender Orientation Manual Effective 10 2020
115.16 Sample of Staff Training Verification
115.16 Sexual Assault Program Notification – Spanish
115.16 VRI Services
115.16 ADA ASL Video Remote Interpretation Procedure
115.16 (a-b) A.D. 05.07.101 Reception and Orientation - Adult Process.doc

ADA Accommodations 04.01.111 mandates that the Department shall not discriminate against offenders with known disabilities and shall provide reasonable accommodations to ensure access to programs, activities, and services in accordance with the Americans with Disabilities Act and the provisions established in this Directive.

AD 04.01.105 Facility Orientation establishes local facility to respond to needs of inmates with Disabilities or Limited English Proficiency: The institution has established a contract with an organization in the local community to coordinate American Sign Language services for inmates who are deaf or hard of hearing and interpretive services for inmates with limited English proficiencies. Upon identification of an inmate with a disability which prevents them from reading or understanding inmate PREA educational materials, staff conducting initial intake screenings coordinate with other staff as needed to obtain appropriate accommodations

addressing the inmate's disability (i.e. referral to medical as appropriate).

Through policy and practice, the facility staff ensures that inmates with all disabilities listed in 115.16a 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. The disabled inmates interviewed stated they were instructed about PREA compliance and felt safe from sexual abuse. All PREA related information (written information), including postings, brochures and handouts are available in English, and Spanish. The facility has appointed a staff member to service as the facility's ADA coordinator. The facility has access to translation services for written access in other languages. Staff also may read information to inmates when necessary. The facility does not rely on inmate interpreters, inmate readers or other types of inmate assistants in the performance of first responder duties or during the investigation of an inmate's sexual abuse/sexual harassment allegations. Interviews with first responders, medical, mental health and investigative staff confirmed their awareness of the prohibition of using inmate interpreters for PREA compliance functions. Interviews with two (2) non-English proficient inmates confirmed the availability and use of the staff interpreters and telephonic interpretive services. Interviews with staff and inmates and an examination of policy/supporting documentation also confirm compliance with this standard. The facility also employs staff members who are bi-lingual in languages other than English. Compliance of this standard was confirmed by review of Agency Policy, Institutional supplement, contracting services for language interpretation services and interviews with local ADA coordinator staff, LEP and disabled inmates.

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.

POLICY AND DOCUMENT REVIEWED:

115.17 - Hiring and Promotion Decisions 11-30-16
115.17 (a-d,g,h) 1 - AD 01.02.107 Effective 06-2020
115.17 (a-d,g,h) 1 - AD 01.02.107 Statewide Variance Effective 07-2020
115.17 (f-h) doc0031
115.17 AD - 03.02.100 Effective 2021
01.12.101 A.D. Employee Criminal Misconduct.docx
03.02.100 A.D. Administrative Review of Personnel or Service Issues.docx
03.02.108 A.D. Standards of Conduct.docx
115.17 (a) -1 PREA Questionaire.pdf
115.17 (a-b)-1 DOC 0450 Prison Rape Elimination Act Pre-employment Self-Report.docx
115.17 (f-h) DOC 0033 Contractual Services Application.doc
115.17 (f-h) DOC 0037 Employment Reference Check.pdf
115.17(c-h) A.D. 01.12.101 Employee Criminal Misconduct.doc
115.17(f-h) DOC 0031 Applicant Information Sheet.doc
115.17 doc0033 Contractual Services Application
115.17 PREA Pre-Employment Self-Report doc0450
PREA Questionnaire for Institutional Employers
10 Employee File Reviews

AD 01.02.107, Background Investigations; 03.02.100, Administrative Review of Personnel and Service Issues; IDOC memos and corresponding local policy/documentation address the requirements of this standard. All employees, contractors and volunteers have had criminal background checks completed. The facility does not hire or promote anyone who may have contact with inmates, and does not enlist the services of any contractor or volunteer that may have contact with inmates, who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse, or if the person has been civilly or administratively adjudicated to have engaged in the activity. Incidents of sexual harassment are considered in determining whether to hire or promote anyone or to enlist the services of any contractor or volunteer who may have contact with inmates. AD 01.02.107 Background Investigation was reissued and updated in an administrative directive on February 2, 2018. As part of the audit process the IDOC background staff provided documentation of 5 years checks conducted on staff with five or more years of tenure.

A tracking system is in place that ensures the agency and facility are informed of any employee arrests. Employees have a duty to disclose such misconduct. Material omissions regarding this type of misconduct would be grounds for termination. The submission of false information by any applicant is grounds for not hiring the applicant. The human resource manager confirmed that the agency attempts to contact prior employers for information on substantiated allegations of sexual abuse or resignations which occurred during a pending investigation of sexual abuse. Interviews with staff and a review of documentation (PREA Screening Form) confirm compliance with this standard. Ten new staff member and ten promoted staff personnel files were reviewed and found to have completed prior to employment or promotion. A review of email chains for NCIC and Illinois State criminal tracking system confirmed that the facility complies with this standard. Compliance was further confirmed by review of policy, background checks and interviews with agency background check supervisor and facility human resources staff.

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.

POLICY AND DOCUMENT REVIEWED:

115.18 Camera List
115.18 IDOC Camera Plan 3-2-16
115.18 Lawrence CC Capital Request List FY18.xlsx
115.18 Lawrence Camera Equipment List Request.xls
115.18 Camera Inventory .pdf
115.18 (a-b) A.D. 02.03.107 Projects Administered by the Capital Development Board.doc
115.18 (a-b) A.D. 02.03.103 Repair, Maintenance, and Capital Improvements.doc
02.03.107-Rescission Notice.docx
02.03.103 General Provisions, Repair, Maintenance, and Capital Improvements

Illinois Department of Corrections developed a State-Wide Security Camera contract for the agency to procure from. This plan was developed to assist the Department's continued efforts to prevent rule violations and misconduct to include the prevention of sexual abuse throughout the entire Department. Lawrence Correctional Center camera plan included installation of video surveillance equipment in housing units, offender dining, offender recreation areas, and any other area indicated by PREA requirements. Interviews with PREA coordinator of Warden verified that the agency has developed a camera mapping plan and has completed part of this three phase project. In the meantime the facility has placed additional mirrors and made modifications for blind spots and privacy concerns. During the last several years the agency has modified facilities including upgrades of the facilities camera systems. In each modification and upgrade the PREA coordinator is included in upgrade and modifications reviews. At the present time Lawrence CC is undergoing a major renovation and refit to a maximum security unit. This includes a major update to the camera system. As of the audit the facility has expensed forty eighty thousand on the upgrades to half of the facility. In interviews with the Deputy Director, it is expected that the same amount of expenses will be required to finalize the project. Throughout the tour of the facility the PREA coordinator and Deputy Director

discussed all modifications. Through engaging in the best practice for facility operations it was obvious that the PREA coordinator is involved in all aspects of the upgrades. With the upgrades and facility modifications it is expected that the facility will exceed compliance with the standard. However, at the present time it is in compliance with the standard but exceeds the expectations of the improvement and modifications to provide a safe environment for staff and maximum security inmates. Compliance was determined by review of the agency mapping plan and interviews with PREA coordinator, warden and deputy director for IDOC.

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 evidentiary 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

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.

POLICY AND DOCUMENT REVIEWED:

115.21 AD 01.12.120 2014 7 Preservation of Evidence
115.21 - AD 04.01.301 Effective 06-2020
115.21 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.21 (a-c) - AD 01.12.112 Preservation of Physical Evidence Effective 12-2019
115.21 (b) National Protocol for Sexual Assault Medical Forensic Examinations
115.21 2004 MOU DOC-State Police
115.21 021717 Patient Consent Collect and Test Evidence or Collect and Hold Evidence Form
115.21 Evidence Protocol and Forensic Medical Examinations (c)
115.21 Illinois State Police Resource Letter- Sexual Assault Treatment Centers_June2016
115.21 SANE or SAFE Training Curriculum
01.12.120 A.D. Investigations of Unusual Incidents.
01.12.125 A.D. Uniform Investigative Reporting System.docx
115.21 (c) Safe-Sane Response.pdf
115.21 (c-d) A.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program.
115.21 (c-d) I.D. 04.01.301 - Sexual Abuse and Harassment - Prevention and Intervention.doc
115.21 (d)2 DOC 0282 Mental Health Progress Notes.pdf
115.21 MOU-Carle.docx
115.21 Sexual Assault Evidence Kits Memo 7.19.2018 .pdf

AD 01.12.125, Uniform Investigative Reporting System; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program, ID 04.01.301, Offender Sexual Assaults-Prevention, and Intervention; National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, and Illinois State Police/IDOC Memorandum of Understanding (MOU) meet the mandates of this standard. LCC investigators conduct administrative investigations and the Illinois State Police (ISP) conduct criminal investigations.

The agency follows a uniform evidence protocol as described in the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". Victims of sexual assault are referred to health services for initial examination and treatment. Such treatment would be for life preservation only and the victim would be transported to a local hospital for examination, treatment and forensic evidence gathering by a SANE nurse. Forensic examinations, for LCC victims of sexual assault, are provided by Carle Clinic, Urbana, IL and/or Good Samaritan, Vincennes, IL. During an interview with the SANE Practitioner at Carla Clinic, she stated the hospital maintain an on-call roster for instances in where the qualified staff member is not on duty during the need. However, LCC policy allows for qualified medical practitioner to perform the forensic medical examination. The LCC successfully obtained an agreement with Legal/Medial Advocate (Counseling and Information for Sexual Assault/Abuse) for counseling and information for sexual assault/abuse to serve as a victim advocate. Qualified Mental Health Professionals are available to provide victim advocacy services to inmates at the

facility. Informational pamphlets are provided to the inmate population identifying the available services. A review of training records confirmed that internal investigative unit staff have received appropriate investigator training on the investigation of sexual abuse and harassment in a confinement setting. Interviews with staff, local SANE nurse, local rape crisis center advocate and an examination of documentation confirmed compliance with this standard. Correctional and medical staff members were interviewed concerning this standard and all were knowledgeable of the procedures required to secure and obtain usable physical evidence when sexual abuse is alleged. Staff members were also aware that the PREA investigations relative to sexual abuse/harassment allegations. Staff carry of First Responder card to provide reminders and expected responses to sexual abuse. The facility maintains a Rape kit in the main control.

The representative from advocacy program stated that all staff have been trained in providing advocacy services and completed background checks to provide services in the prison.

Compliance was determined by review of memo of direction from Wexford State medical administrator and interview with LCC nurses and Lawrence PREA compliance manager. Additional compliance was determined by staff from hospital and advocacy programs interviews.

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

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.

POLICY AND DOCUMENT REVIEWED:

115.22 - AD 04.01.301 Effective 06-2020
115.22 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.22 (a-d) - AD 01.12.120 Investigation of Unusual Incidents Effective 07-2014
115.22 (b) - AD 01.12.101 Employee Criminal Misconduct Effective 04-2006
115.22 (b) - DR112 Internal Investigations
115.22 2004 MOU DOC-State Police
01.12.125 A.D. Uniform Investigative Reporting System.docx
115.22 (b,d) Wardens Bulletin 12-100 - Prison Rape Elimination Act (PREA) Report Line_
115.22 IDOC Website Information

The above document and policies meet the requirements of this standard. When required, the facility investigators refer sexual abuse investigations (criminal violations) to the Illinois State Police, who follow the requirements of the standard. The MOU clarifies the responsibilities of both entities; the IDOC investigates inmate-on-staff and inmate-on-inmate sexual assaults (unless criminal) and the ISP will conduct investigations involving staff-on-inmate sexual assaults and inmate on inmate sexual assault if considered criminal. When there is substantial evidence that a criminal act has taken place, the case is referred to the Illinois State's Attorney for possible prosecution. There have been no referral in the past 12 months.

Administrative and criminal investigations are completed on all allegations of sexual abuse/sexual harassment. Facility investigators and the ISP are trained in conducting sexual assault investigations in confined settings/prisons. A review of documentation and staff interviews confirmed compliance with this standard. A review of training documents confirmed that all investigators received instruction in conducting sexual assault investigations in confined

spaces/prisons. Interviews with staff as well as an examination of policy/supporting documentation, confirm compliance with this standard.

The Investigating Lieutenant and ISP staff were interviewed and proved knowledgeable concerning the protocols for conducting investigations of alleged sexual abuse/sexual harassment. The facility has 2 staff trained to conduct sexual abuse/sexual harassment investigations. There were 5 allegation of sexual abuse and 2 cases of sexual harassment. No cases were transported to outside medical for forensic examinations. A review of the investigative packets revealed that the investigations was complete and met the requirements of the standard. The documentation related to the investigation were contained in the Investigation files and was reviewed by the auditor. A review of training documents confirmed that all investigators received training in conducting sexual assault investigations in confined spaces/prisons. Interviews with staff and investigator, as well as an examination of supporting documentation, confirm the facility's compliance with this standard. IDOC website provide the public information on agency mandates to report allegations of sexual abuse and sexual harassment.

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.

POLICY AND DOCUMENT REVIEWED:

115.31 - AD 03.03.102 Employee Training Effective 02- 2019
115.31 - AD 04.01.301 Effective 06-2020
115.31 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.31 Academy Pre-Serv. Security Train. PREA.pdf
115.31 (a)-1 PREA PSOT Cadet Training.pptx
115.31 (a) 1 DAO Training .pdf
115.31 Academy Pre-Serv. Security Train. PREA.pdf
115.31(a) Annual Employee Cycle Training.pdf
115.31(a)1Training Curriculum Security Non-Security PREA.pdf
DAO Training.pdf
115.31 (a) Additional Training Duty Administrative Officers
115.31 (a) PREA Compliance Manager Training Manual
115.31 (a,c,d) PREA Training Academy Curriculum PSOT PSST Invest
115.31 Cycle Training Schedule (FY 20 and FY 21)
115.31 MH Bulletin 17-02 - New Hire Mental Health Orientation Procedure
115.31 On-the-Job Orientation Guide BHT-AT
115.31 PREA HCU MHP (2)
115.31 PREA -PSST revised training 1-9-16
115.31 PREA PSST.PSOT revised 1-9-16
115.31 PREA
115.31 Sample of Staff Training Verification
115.31(a)1Training Curriculum Security Non-Security PREA
115.31 PREA postings

AD 03.03.102, Employee Training; AD 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention, and Intervention; PREA Manual PREA Training Power Point Presentation; Annual Cycle PREA Cadet/PSOT Training; Annual Staff Cycle Training; A Guide for the Prevention and Reporting of Sexual Abuse; and PREA postings, is determined by the Auditor that LCC meets the mandate of this standard. Staff are provided an Employee manual that includes all areas of PREA training and protocol for sexual abuse prevention, intervention, reporting, and protecting the inmates and preserving the possible crime scene.

A Review of the training curriculum for initial and yearly refresher received the following Training.

- A zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill staff responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.
- Inmates' right to be free from sexual abuse and sexual harassment.
- Employees' right to be free from retaliation for reporting sexual abuse and sexual harassment.
- Dynamics of sexual abuse and sexual harassment in confinement.
- Common reactions to sexual abuse and sexual harassment victims.
- How to detect and respond to signs of threatened and actual sexual abuse.
- How to avoid inappropriate relationships with inmates.
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates.

- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- How to conduct cross gender pat down searches.

PREA training is included doing 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. During the pandemic training was provided through zoom classes from the training academy.

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 LCC 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.

LCC is designated as an adult male correctional facility. Training is tailored to the gender of the male inmate population. During an interview with the HRM, she stated no staff has transferred from a female facility to LCC. However, upon the transfer of staff from a female correctional facility, they are required to complete training tailored to the male inmate population at LCC.

A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it. A review of documentation and staff interviews confirmed that the facility is compliant with this standard. Employees have PREA information noted on their desk computers (screen saver reminders) and carry a PREA first responder reference card.

A sampling of staff annual training files (15) were reviewed and contained documentation supporting compliance with this standard. All staff interviewed indicated that they received the required PREA training initially and annually. General and Department Head staff meetings are also held that may address PREA issues. Officers receive additional PREA training/updates when needed and officers assigned to specialized Post such as transportation, segregation, and respond teams receive additional training. The extensive training provided and staff's knowledge of PREA requirements confirmed that the facility is compliant with this standard.

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

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.

POLICY AND DOCUMENT REVIEWED:

115.32 (a-b) Volunteer Orientation Checklist doc0042 rev 2014 n
115.32 (a-c) PREA Volunteer Training
115.32 04.01.122 Volunteer Services
115.32 Lawrence CC Volunteer Manual 3-3-17
115.32 Volunteer Training Curriculum and Records
115.32 Wexford PREA Training
115.32(b)2 Guide for Prevention and Reporting of Sexual Abuse with Offenders.pdf
115.32 (a, b, c) DOC 0042 Volunteer Service Orientation.doc

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention. Contractors and volunteers are provided training relative to their duties and responsibilities. The agency contracts with Wexford Health Sources. The contractors has developed and implemented specialized training for mental health and medical staff that includes PREA basic but additionally includes specialized training for medical and mental health staff. All contract and volunteer staff are required to receive PREA training annually. A review of the training curriculum, training sign-in sheets and other related documentation, as well as staff interviews, confirmed staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it. The chaplain provided files for volunteers that documented the annual training.

The facility as begun bringing volunteers back to work. The Chaplain advised he had completed zoom training and off site training for volunteers prior to returning to provide their services. The PREA training of volunteers is provided yearly. The chaplain indicated the facility did update training quarterly which included training for volunteers after background checks are cleared and prior to having contact with inmates. The facility training administrator provided files for contracting medical staff to verify they receive the agency annual training.

Wexford provide medical and mental health services at the facility. Their staff attend IDOC cycle training and addition Wexford provides PREA Training to all staff prior to having contact with inmates.

A review of documentation and staff interviews included nurses and clinical psychologist that work with Wexford Health care, facility volunteer coordinator, and religious volunteer confirmed that the facility exceeds compliance with this standard.

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

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.

POLICY AND DOCUMENT REVIEWED:

115.16, 115.33 ADA ASL Video Remote Interpretation Procedure
115.33 - AD 04.01.301 Effective 06-2020
115.33 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07

115.33 (a) Inmate Orientation Insert 07292014
115.33 (e) DOC 0291 Offender Orientation Training
115.33 (f) English Poster
115.33 (f) English Poster(2)
115.33 (f) PREA Flier - English 115.33
115.33 (f) PREA Posters
115.33 (f) PREA Spanish Flier with Phone
115.33 Lawrence CC Orientation Manual 2020.doc
115.33 Inmate Orientation Manual PREA Information Insert 1-1-16
115.33 Inmate Orientation Receipt Spanish
115.33 Intake screening
115.33 Notice to All Offenders Flier
115.33 Notice to Offenders 2-23-16
115.33 Orientation Manual Spanish Insert
115.33 Orientation Video Bullet Points
115.33 Pamphlet - Sexual Abuse and Custodial Sexual Misconduct
115.33 A.D. 05.07.101 Reception and Classification Process.docx
115.33 (d) 1 ADA Lang Interpretation Procedure.doc

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 handbook; Offender Orientation Insert meet the mandates of this standard. Upon an inmate's arrival at LCC, informational PREA posters are accessible for viewing by the inmate population in the In-take area. These posters 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. Inmates receive and sign for a copy of the LCC Offender Orientation Manuel. This 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

There are PREA posters throughout the facility and in each housing unit, and a PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, is posted on the unit bulletin boards. The IDOC mailing address is posted in each housing unit for inmates to send correspondence concerning any sexual abuse or sexual harassment allegation. There is an interpretive language service available for limited English proficient inmates. A review of A&O manual verified that inmates received Sexual Assault/Sexual Abuse Prevention & Intervention education and relevant written materials. All inmates are required to acknowledge in writing they have received PREA education. A staff member conducts an additional education program regarding the PREA for all inmates within 30 days of their arrival at the facility. If an inmate is transferred to another facility, policy requires that this training process be repeated at the new institution, as confirmed through interviews with newly arrived inmates. The program includes definitions of sexually abusive behavior and sexual harassment, prevention strategies and reporting modalities.

The auditor reviewed 15 random sampling of A&O Checklists/Signature Sheets to verify that inmates, admitted during the auditing period, received the PREA education and relevant written materials. All inmates are required to acknowledge completion of PREA education. During the interview process randomly selected inmates indicated they received information about the facility's rules against sexual abuse/sexual harassment, when they arrived at the facility. They further indicated they were advised about their right not to be sexually abused/sexually harassed, how to report sexual abuse/sexual harassment and their right not be punished for reporting sexual abuse/sexual harassment. Inmates were aware of available services outside of the facility for dealing with sexual abuse. Compliance was determined by review of inmate documented training, training curriculum, observation of training and interviews with case managers and inmates.

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*)

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.

POLICY AND DOCUMENT REVIEWED:
115.34 (a)-1 AD 01.12.115 Institutional Investigative Assignments
115.34 01.12.115 Institutional Investigative Assignments
115.34 PREA Investigations Training Jan 2016
115.34 PREA Investigator Training

AD 01.12.115, Institutional Investigative Assignments and the Academy Investigator Training meet the mandates of this standard. The agency Administrative Directive Internal Investigations mandates that the Chief of Investigations and Intelligent shall appoint a minimum of two staff from all correctional facilities to conduct investigations. One of the staff appointed to this task shall be the rank of Lieutenants. The Investigators will report to the Chief of Investigations. The chief of investigation will provide all required training and certifications for the appointed staff members. This includes investigations of Sexual Abuse or Sexual harassment. The auditor reviewed specialized training documentation to include the Investigator Training Instructor Guide and the course completion list for Investigating Sexual Abuse in a Confinement Setting training and the PREA Criminal Investigator Certification Training List. Administrative investigations are normally conducted by a trained investigator who is a full-time employee at the facility. When criminal investigations are indicated, they are conducted by the Illinois State Patrol. Interviews with staff, the sex abuse/harassment investigators, and an examination of policy, documentation and the investigative files confirm compliance with 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*)

☐ **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.

POLICY AND DOCUMENT REVIEWED:

115.35 - AD 03.03.102 Employee Training Effective 02- 2019
115.35 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.35 Cycle Training Schedule (FY 20 and FY 21)
115.35 ID 04.04.102 Suicide Prevention and Intervention and Emergency Services 2020 04 (1st Signature)
115.35 IDOC PREA Quiz
115.35 MH Bulletin 17-02 - New Hire Mental Health Orientation Procedure
115.35 National Protocol for Sexual Assault Medical Forensic Examinations 2013
115.35 On-the-Job Orientation Guide BHT-AT
115.35 On-the-Job Orientation Guide MHP rev 04 25 17
115.35 On-the-Job Orientation Guide Staff Assistant rev 04 25 17
115.35 PREA HCU MHP (2)
115.35 PREA Medical and Mental Health Training exercise
115.35 Wexford PREA Training
Memo - PREA Standard 115.35 Specialized Training for Medical/Mental Health Feb 2021
04.04.100 A.D. Mental Health General Provisions.docx
115.35 (a)-1 A.D. 03.03.102 Employee Training.doc
115.35 (c)-1 training documentation.pdf
115.35 PREA HCU MHP (2).pptx

The agency contracts with Wexford Health Sources. Mental Health Services requires that all mental health staff receive training beyond initial PREA. IDOC Cycle training include medical and mental health training that all medical and mental health staff attend. Further in compliance with the requirements the contractors has developed and implemented specialized training for mental health and medical staff. This training includes PREA basic and additionally includes specialized training for medical and mental health staff. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual

harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training as it relates to the PREA. Interviews with medical and mental health staff confirmed Wexford Health Sources provides additional PREA specialized training medical and mental health staff and they have attended training during the last 12 months. Compliance was determined by review of Wexford Heath Sources training curriculum, interviews with Wexford Health Sources medical administrator, mental health director, and mental health staff.

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*)

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.

POLICY AND DOCUMENT REVIEWED:

115.41 - AD 04.01.301 Effective 06-2020
115.41 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.41 Appointment Memo
115.41 Offenders by Transfer in Date (Jan 20-Jan 21)
115.41 Offenders Flagged for Reassessment
115.41 Screening Instrument doc0494 rev 2020 8 (Spanish)
115.41 DOC 0494 rev 2021 7.pdf

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101, Reception and Orientation-Adult Process; ID 04.01.301, Offender Sexual Assaults-Prevention, and Intervention; 115.41 DOC 0494 rev 2021 7 Mental Health Screening Form DOC 0379, Evaluation of Suicide Potential Form, are the policies and procedures governing this standard. All offenders are assessed during the intake screening process for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The Screening instrument is a two part screening. The first screening is to determine risk of vulnerability and the second instrument is the risk of being a predator or sexual assaultive offender. The screening is conducted by a counselor or mental health staff. The screening instrument as been advised and includes the mental health provider up training for any inmates that claims sexual victimization regardless of it was in a facility or prior to being incarcerated. The screening normally occurs within twenty-four hours, but no more than seventy-two hours, after the inmate's arrival. Policies and procedures require the use of a screening instrument (reviewed by auditor) to determine proper housing, bed assignment, work assignment, education, and other program assignments, with the goal of keeping inmates at high risk of being sexually abused/sexually harassed separate from those inmates who are at high risk of being sexually abusive. A medical staff conducts an initial medical screening including questions of prior sexual abuse. Additional screening is conducted by a member of the Psychology Services Department utilizing a mental health screening instrument. Agency Directives require within the first 30 days of arriving at the facility, an inmate's risk level is reassessed within thirty days or when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness. The facility staff have developed a system that includes medical, mental health, and case managers in the initial screening and housing of inmates. Based on a systematic victim assessment, suicide potential screening and impressions by staff medical, case manager and mental health reviews and determine the initial assessment and housing plan for inmates. Controls are in place to ensure that information received during the screening is only available to staff on a need-to-know basis. The facility is using a screening tool that addresses all issues required for this standard. Agency policy prohibits inmates from being disciplined for refusing to answer or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability. Housing and program assignments are made on a case-by-case basis and inmates are not placed in housing units based solely on their sexual identification or status. The facility case managers completes rescreening after inmates are housed at the facility for approximately thirty (30 days. All screening that results in a referral to mental health staff for follow up if the offender claims history of sexual victimization, history of predator sexual actions or if inmate self admits to being transgender. A review of 15 screening and 15 rescreening revealed that all inmates were screened and rescreened as required by standards. Interviews with Case Managers Supervisor, Mental Health Staff and PREA Compliance Officer, Case Manager, and offenders including target population offenders support the findings of this review.

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.

POLICY AND DOCUMENT REVIEWED:

115.42 - AD 04.01.301 Effective 06-2020
115.42 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.42 (c-g) - AD 04.03.104 Evaluations of Transgender Offenders Effective 07-2019

115.42 05.03.013 - Inmate Assignment and Placement.doc
115.42 DOC 0400 Transgender Care Review Committee Recommendation.pdf
115.42 ID 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program.pdf
115.42 I.D. 04.03.104 2019 08 Evaluations of Transgender Offenders
115.42 Placements
115.42 Screening for Potential Sexual Victimization or Sexual Abuse Memo 12-18-15
115.42 Screening Instrument doc0494 rev 2020
Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offender 4/1/2021

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.03.104, Evaluations of Offenders with Gender Identity Disorders; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and DR 420 meet the mandates of this standard. Risk screening information is used to determine housing, bed, work, and education and program assignments, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. Staff members assigned to conduct intake screening have been provided additional training and resource materials to complete this task. The Agency (through a committee) decides whether to assign a transgender or intersex inmate to a facility for male or female inmates. Illinois Department of Corrections has no dedicated facilities for transgender or intersex inmates.

The facility determines other housing and programming assignments for transgender or intersex inmates on a case-by-case basis, to include whether a placement would ensure the inmate's health and safety and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Policy states that a transgender or intersex inmate's own view with respect to his own safety should be given serious consideration when making these assignments. Transgender and intersex inmates are given the opportunity to shower, dress and use the toilet facilities separately from other inmates. A review of the housing plan for seven (7) transgender inmates and interviews with transgender inmates confirmed that the inmates were able to shower privately.

The offenders stated they had received a six month review. The transgender indicated they attend a transgender group once a month offered by a mental health staff and occasional by medical staff. The agency has developed a central office data base to be reviewed monthly to assure that six month reviews are completed on the local level and forwarded to the agency transgender committee. IDOC has also developed and is implementing Administrative Directive 04.03.104 Evaluation, Treatment and Correctional Management of Transgender Offender on 4/1/2021. This administrative director provides all requirement of PREA standards of transgender and Intersex offenders.

Case manager supervisor, medical and mental health personnel meet on a weekly basis to assess the status of any inmate thought to be at risk for abuse or who may be exhibiting adjustment problems. The interview with the Agency's PREA Coordinator confirmed that a transgender inmate's genital status is not the sole criteria for placement in a specific facility. Interviews with staff and inmates, to include six (6) transgender inmates (the facility had no intersex inmates), observations of housing assignments and unit activities, as well as an

examination of documentation/policy confirm that the facility is in compliance with this standard.

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.

POLICY AND DOCUMENT REVIEWED:

115.43 - AD 04.01.301 Effective 06-2020
115.43 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.43 Department Rule 501d 1994 5.doc

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and Title 20 Illinois Administrative Code Subpart D- Protective Custody meets the mandates of this standard. The Administrative Segregation Unit houses both administrative (protective custody) and disciplinary cases. Policy states inmates at high risk for sexual victimization shall not be placed in involuntary status unless an assessment of all available alternatives has been made and there is no available means of separating the victim from the abuser. No inmates were placed in this status within the last year. In practice, victims would almost never be placed in

involuntary protective custody. If necessary, placement would only be for a very short time for protection only and only to determine the facts of the incident. If protection is necessary for an inmate, they may be transferred to another housing area or facility. All inmates are reassessed by a committee every 7 days after entering the Administrative Segregation Unit. Interviews with Administrative Segregation Unit officers and Administrative Segregation Unit Lieutenant confirm that to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in the Administrative Segregation Unit for the purpose of PREA protective custody, except when there is a safety or security concern. The facility would document the reasons for restricting access and the length of time the restriction would last. Mental health and case managers meet with each inmate in Administrative Segregation Unit status at least once each week. Interviews with staff (including Administrative Segregation Unit assigned staff) and Administrative Segregation Unit Lieutenant and examination of administrative segregation unit operations and an examination of policy/documentation confirm compliance with this standard.

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.

POLICY AND DOCUMENT REVIEWED:

115.51 Facility PREA Compliance Manager Training
115.51 - AD 04.01.301 Effective 06-2020
115.51 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.51 (a) PREA Posters
115.51 (a-b) Inmate Orientation Insert 07292014
115.51 AD 04.01.114 Grievance Procedure 2017 5
115.51 Lawrence CC Orientation Manual 2020.doc
115.51 JHA IDOC-PREA MOU 2016
115.51 Pamphlet - Sexual Abuse and Custodial Sexual Misconduct
115.51 PREA - Spanish (8X14)
115.51 Report Line Flyer Male
115.51(b, d)2 IDOC Abuse and Custodial Sexual Misconduct Pamphlet.
115.51 Offender Orientation Manual - July 2020.docx
115.51 DOC 0434 Incident Report.doc
115.51 DOC 0387 Mental Health Services Referral.pdf
115.51 DOC 0286 Offender Request.doc

115.51 (d)-2 Procedures for information.docx
115.51 (d)-2 Employee Handbook .pdf
115.51 (c) State Web site location.docx
115.51 (b-c) Visitors Handout in english.pdf
115.51 (b) JHA MOU 2014.pdf
115.51 Sample Reports

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention, and Intervention (Attachment B); PREA Poster: How to Report; Offender Handbook (English and Spanish); MOU between IDOC/John Howard Association; Offender Request Form; Mental Health Referral and the PREA Report Line meet the mandates of this standard. The John Howard Association is a private entity (would be a third-party reporter) and is not associated or otherwise connected to the IDOC. A review of supportive documentation and staff/inmate interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for inmates to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. Throughout the facility, there are posters and other documents on display which also explain reporting methods. Poster highlight How to Report and includes the following information.

Illinois Department of Corrections offers multiple ways to report sexual abuse and sexual harassment. Reports can be made anonymously. The PREA reporting poster provide the following information to offenders, staff, volunteers, and visitors and is al located on DOC website:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Send a note, request slip, or file a grievance and place into the facility mail.
- Report the incident to the PREA Hotline at (217) 558-4013. This number is accessible from offender phones. Simply enter your pin number and dial this number. This call is free.
- Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (217) 558-4013.
- You also can submit a report on someone's behalf, or someone at the facility can report for you using the ways listed here.
- Write to either of the addresses below, providing a description of the event and the people involved.

John Howard Association PO Box 10042 Chicago, IL. 60610-0042	Illinois Department of Corrections Attention: PREA Concordia Court Springfield, Ill. 61794

Staff members promptly accept and document all verbal, written, anonymous, private, and third-party reports of alleged abuse/sexual harassment.

The PREA hotline was contacted and verified that it is operational. All interviewed inmates confirmed awareness of the multiple methods of reporting sexual abuse/sexual harassment allegations. Inmates at the facility are not detained solely for civil immigration purposes.

Interviews with staff and inmates, the observation of posters addressing reporting methods and an examination of policy/documentation confirm the facility's compliance with this standard.

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 file 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.

POLICY AND DOCUMENT REVIEWED:

115.52 - AD 04.01.301 Effective 06-2020
115.52 - DOC0046 Offender's Grievance Effective 01-2020
115.52 - DOC0046 Offender's Grievance Spanish Version Effective 01-2020
115.52 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.52 (a-f) DR 504f Grievance Procedures for Offenders
115.52 AD 04.01.114 Grievance Procedure 2017 5
115.52 Lawrence CC Orientation Manual 2020.doc
115.52 Inmate Orientation Insert 07292014
115.52 Local Offender Grievance Memo 1-11-16
115.52 Department Rule -504 Subpart F 2017 4.docx

Title 20 Illinois Administrative Code; AD 04.01.301; Local Offender Grievance Procedure and DOC 0046, Offender Grievance Form (English and Spanish), addresses the mandates of this standard. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Inmates are not required to use an informal grievance process and procedures also allow an inmate to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision. Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. Policy also addresses the filing of emergency administrative remedy requests. If an inmate files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse, an expedited response. There is no prohibition that limits third parties, including fellow inmates, staff members, family members, attorneys, and outside victim advocates in assisting inmates in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of inmates. There was one (1) grievance filed involving PREA related issues during the past 12 months. There were no

grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance. Inmates are held accountable for manipulative behavior and false allegations. Disciplinary action would generally be taken if a grievance was filed in bad faith. Compliance was determined by review of policy and grievance logs, grievance as well as an interview with the PREA compliance officer and grievance officer.

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.

POLICY AND DOCUMENT REVIEWED:

115.53 - AD 04.01.301 Effective 06-2020
115.53 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.53 - John Howard Association IDOC PREA MOU 2016
115.53 (C)- 2 CAISA Agreement.pdf
115.53 Lawrence CC Orientation Manual 2020.doc
115.53 Outside Resources 9-18-17

D 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention, MOU between IDOC and John Howard Association; the PREA Report Line and the Offender Handbook (English and Spanish) meet the mandates of this standard. The facility does not house inmates who have immigration detainers. The facility has successfully entered into an agreement with CAISA local advocacy group to provide emotional support services related to sexual abuse (confirmed through a telephone interview with a victim advocate from the agency). Inmates are informed as part of their orientation process that all telephone calls (except properly placed legal calls) are subject to monitoring and recording and that all mail, except for legal mail, is subject to monitoring as well. PREA pamphlet issued upon the inmate's arrival and the Offender manual cover reporting procedures and provides how to receive the address and phone numbers of the advocacy group and outlines the steps on how inmates may report PREA violations and who and where to report, along with the PREA report line number. The inmate handbook provides information to inmate on limits of confidentiality. Interviews with Mental Health staff and Advocacy representative confirmed that prior to providing services inmates are advised of limits of confidentiality. The Warden provided a memo to all offenders and staff on 9/17/2017 that outlines how offenders can contact the Illinois Coalition against Sexual Assault, the National Sexual Assault Hotline, and the Rape, Abuse, and Incest National Network (RAINN). The handbook and poster also provide information on how to contact the John Howard Association who acts as an anonymous reporting conduit between inmates and the IDOC. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. Interviews with staff and inmates, auditor observation of postings in the housing unit, interviews with the local victim advocates and an examination of policy/documentation confirm compliance with this standard.

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

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.

POLICIES AND DOCUMENTS REVIEWED:

115.54 (a) PREA Third Party Reporting Visitor's Memo
115.54 0029 Visitor Sign-In Sheet
115.54 0176- Business Sign-In-Main gate
115.54 PREA Third Party Reporting 11-16-15
115.54 PREA Third Party Reporting Brochures Memo
115.54 PREA Third Party Reporting Pamphlets 11-16-15
115.54 Third Party Reporting Pamphlet - Sexual Abuse and Custodial Sexual Misconduct
115.54 Web Information Prison Rape Elimination Act of 2003
115.54 JHA MOU

The Inmate Handbook and IDOC website meet the requirements of this standard. https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx is posted on visitation area and in the inmate handbook. The handbook also provides third parties phone numbers for the IDOC PREA hotline and The John Howard Association information who provides an anonymous reporting conduit between inmate, inmate's family and the IDOC. The inmates interviewed indicated they were aware of third-party reporting. Third Party reporting posters were placed in the visitation room during the audit during the audit. PREA Handout Pamphlets; John Howard Association of Illinois http://www.thejha.org/; PREA Hotline on the IDOC Website:
https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx.
Compliance was determined by review of policy, posters, IDOC website.

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 person's 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.

POLICIES AND DOCUMENTS REVIEWED:

115.61 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.61 (a-e) AD 03.02.108 Standards of Conduct
115.61 - AD 04.01.301 Effective 06-2020
115.61 (a-e) DR 120 Standards of Conduct
115.61 A.D. 03.02.108 Standards of Conduct 01 2021
115.61 PREA After Action Checklist
115.61 (a-b) PREA Checklist.pdf
115.61 AD 01.07.105
115.61 Department Rule 112 print
115.61 DOC 0498 PREA Retaliation Monitor - Offender.pdf
115.61 DOC 0499 PREA Retaliation Monitor - Staff.
115.61(a-b) -- Reporting Procedures.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention, and Intervention, meet the mandates of this standard. Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report. Interviewed staff members were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is ordinarily made to the zone Sergeant to the operations Lieutenant but could be made privately or to a third party. Policy requires the information concerning the identity of the alleged inmate victim and the specific facts of the case be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. The facility does not house inmates under the age of 18. Medical and Mental Health staff interviews confirmed that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. During interviews with random staff, a volunteer, and two contract workers, each were knowledgeable of their responsibility to immediately report all allegations of sexual abuse and/or sexual harassment and acts of retaliation in regard to PREA standards to their supervisor, higher ranking staff, or Internal Affairs. Each also stated they would document in writing any knowledge, suspicion or information regarding such actions prior to the end of their

shift. A review of established policy and interviews with staff members support the finding that the facility is in compliance with this standard.

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

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.

POLICIES AND DOCUMENTS REVIEWED:

115.62 - AD 04.01.301 Effective 06-2020
115.62 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.62 doc0498 2019 6 Retaliation Monitoring Offender
115.62 doc0499 2019 6 Retaliation Monitoring Staff

D 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention addresses the mandate of this standard. Interviewed staff members were aware of their duties and responsibilities when they become aware or suspect an inmate is being or has been sexually abused or sexually harassed. All staff indicated they would act immediately to protect the victim, to include separating the victim/predator, securing the scene to protect possible evidence, preventing the destruction of potential evidence, and contacting the lieutenant and medical staff. In the past 12 months, there was no instance in which institution staff members determined that an inmate was subject to a substantial risk of imminent sexual abuse. A review of the investigations and interviews with the inmate and staff confirm that, according to the requirements of the standard, facility staff protect the inmate victim and separate victim from the alleged predator.

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

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.

POLICIES AND DOCUMENTS REVIEWED:

115.63 - AD 04.01.301 Effective 06-2020
115.63 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.63 Sample of Notifications
115.63 Department Rule-112

A D 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program meets the requirements of this standard. Policy requires that any inmate allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. Procedures are in place that require the Warden to immediately notify the Warden or Director of the other confinement

facility, in writing, of the nature of the sexual abuse allegation. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated. In the past 12 months, there were no allegation by inmates that they were sexually abuses or harassed at the sending facilities. Compliance was determined through review of agency policy. Compliance was also confirmed through interviews with IPCM, Intake Staff and Warden.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.64 - AD 01.12.112 Preservation of Physical Evidence Effective 01-2021
115.64 - AD 01.12.112 Preservation of Physical Evidence Effective 12-2019
115.64 - AD 04.01.301 Effective 06-2020
115.64 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.64 (b) - AD 04.03.108 Response to Medical Emergencies Effective 09-2017
115.64 115.61 PREA Immediate Response 9-18-17
115.64 AD 04.04.102 Suicide Prevention and Intervention and Emergency Services 10 2020
115.64 PREA Appointment Memo 2020 10-07
115.64 PREA Reporting Instructions

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and AD 01.12.112, Preservation of Evidence establishes mandates for staff, volunteer, and contractor's role for inmate allegation of sexual abuse. Policy and several documents (such as the PREA card provided to all staff-interviewed on how to respond to allegations of sexual assaults) provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. There were no occasions when non-correctional staff were the first persons to be notified by the inmates of allegations of sexual abuse or sexual harassment. 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 inmates, secure the area identified and advise the offender to not destroy any evidence such as not brushing teeth, showering, using toilet, and changing clothes. During an interview with an investigative staff and a first responding staff, the proper protocols were followed. Compliance was determined by review of the policy, interviews with first responders, SANE staff at local hospital, IPCM, Warden and inmates who made allegations of sexual assault.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.65 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.65 Institutional Investigative Assignments 2020 09-04 (3rd signature)
115.65 AD 04.01.301 Statewide Variance.pdf
115.65 PREA Appointment Memo 2020 10-07
115.65 PREA Checklist.pdf

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention address the mandates of this standard. After learning of an allegation that an inmate was sexually abused, the first correctional officers responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. Refer the alleged victim and known abuser to medical and mental health services for examination and evaluation. If medical and mental health staff are not available at the time the allegation is made, staff first responders shall take preliminary steps to protect the victim and shall notify on-call medical or mental health staff. Lawrence Correctional Center PREA Response Plan provide detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Auditor reviewed memorandum appointing members of Lawrence Correctional Center PREA Response Team and post Incident Review Team. The facility has a coordinated response check list that is utilized following an allegation of sexual abuse. Interviews with employees confirmed that compliance with the standard. Compliance was also determined through the review of policy, interviews with the non-correctional staff, correctional staff, medical staff, victim advocate; and conversations with classification manager, and IPCM.

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

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.

POLICIES AND DOCUMENTS REVIEWED:

115.65 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.66 – Carpenters
115.66 – Electricians
115.66 – Laborers
115.66 – Painters
115.66 – Plumbers
115.66 AFSCME 2015-2023
115.66 VR704 2015-2023

<u>MANAGEMENT RIGHTS</u>

Management Rights stipulates that subject to the provisions of this Agreement and P.A. 83-1012 the management of the operations of the Employer, the determination of its policies, budget, and operations, the manner of exercise of its statutory functions and the direction of its working forces, including, but not limited to, the right to hire, promote, demote, transfer, allocate, assign and direct employees; to discipline, suspend and discharge for just cause; Similar collective bargains with United Brotherhood of Carpenter and Joiners of America, Labors International Union of North America, United Association of Journeymen and

apprentices of plumbing and pipefitting industry of U.S.A. and Canada do not limit 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. The Warden and Human Resource Manager were interviewed and verified information provided during the Pre- Audit Questionnaire. There were no incidents requiring protection for inmates from staff during the last 12 months. Compliance was confirmed through review of the Collective Bargaining Agreements and interviews with administrative staff.

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

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.

POLICIES AND DOCUMENTS REVIEWED:

115.67 - AD 04.01.301 Effective 06-2020
115.67 - DOC0498 PREA Retaliation Monitor Offender Effective 06-2019
115.67 - DOC0499 PREA Retaliation Monitor Staff Effective 06-2019
115.67 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.67 Appointment Memo
115.67 Completed 494s
03.01.301 A.D. Affirmative Attendance.docx

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; DOC memo 0498 and ID 301, Offender Sexual Assaults-Prevention, and Intervention, govern the mandates of this standard. The policy prohibits any type of retaliation against any staff or inmate who reports sexual abuse or sexual harassment or cooperates in related investigations. The monitoring of any type of retaliation is conducted for at least 90 days or longer if warranted. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation. The agency has developed an implement a form for documenting retaliation. The facility has designated that the Case Manager Supervisor as the Retaliation Monitor. A review of the sexual abuse retaliation monitoring found that all inmates that had made allegation of sexual abuse were afforded the protection of retaliation monitoring. One inmate who had made allegation of sexual abuse was interviewed and indicated he was aware of retaliation monitoring. Offender stated he was seen by case manager, mental health, and the investigator staff almost weekly and asked if he had been retaliated against. The facility retaliation monitoring form includes all areas that need to be reviewed to monitor for retaliation. The IPM was interviewed and was found to be very knowledgeable of the standard. The facility provided all retaliation forms, which includes offenders that claim sexual abuse or sexual harassment. Compliance was determined by review of retaliation monitoring documents, agency policy and accompany forms, interviews with inmates, retaliation monitor, warden and IPCM. The center is in compliance with the standard by including monitoring of sexual harassment and monitoring on a weekly basis during the investigative phase and a minimum of 90 day of retaliation monitoring.

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

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.

POLICIES AND DOCUMENTS REVIEWED:

115.68 - AD 04.01.301 Effective 06-2020
115.68 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.68 (a) DR 501d Protective Custody
115.68 ID 04.03.120 - Infirmary Services.doc
115.68 AD 03.01.301 A.D. Affirmative Attendance.docx

Title 20 Illinois Administrative Code, Subpart D: Protective Custody; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention, and Intervention, govern the mandates of this standard. Staff interviewed indicated that inmates who allege to have suffered sexual abuse may not be placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and there is a determination that there is no available alternative means of separation from likely abusers. Additionally, to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in the protective custody. The facility would document the reasons for restricting access to programs and the length of time the restriction would last. In the past 12 months there were no inmates held in involuntary segregated housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregated housing for longer than 30 days while awaiting alternative placement. Interviews with staff and review of policy and procedures confirmed compliance with this standard. There were no inmates placed in post-allegation protective custody status within the last twelve months. Compliance with this standard was determined by a review of policy and documentation, as well as staff interviews including Shift Supervisor, Administrative Segregation Lieutenant, and PCM and Warden.

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

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.

POLICIES AND DOCUMENTS REVIEWED:

115.71 - Investigations and Intelligence PREA Memo 01-19-16
115.71 (e) DR 112 Internal Investigations
115.71 2004 MOU DOC-State Police
115.71 AD 01.12.120 Investigations of Unusual Incidents 01 2021
115.71 AD 01.12.1 Employee Misconduct.doc
115.71 04.01.301 Statewide Variance .pdf

Title 20 Administrative Code, DR Part 112, Internal Investigation; AD 01.12.101, Employee Criminal Misconduct and AD 01.12.120, Investigations of Unusual Incidents, address the mandates of this standard. Further a memo forwarded to all facilities and administrative staff from Chief of Investigation and intelligence establishes the role of office of investigations and mandate of conducting investigation. This memorandum will serve to confirm the 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.

The facility investigators conducts administrative investigations at LCC. When an allegation appears to be criminal in nature, the Chief of Investigation and Intelligence in conjunction the facility Warden, will refer the incident Illinois State Police for a criminal investigation. Substantiated allegation that are criminal in nature will be forwarded to Illinois State's Attorney for possible prosecution. Although there were 9 completed investigations of sexual abuse investigated over the previous 12 months, there were no referrals for criminal investigations. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as inmate or staff. The Agency does not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. The review of the completed case files of inmates alleging sexual abuse/sexual harassment revealed that all investigations were completed promptly, thoroughly and in compliance with policy. Compliance with this standard was determined by a review of policy/documentation, completed investigations and staff interviews, to include the investigators.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.72 - AD 04.01.301 Effective 06-2020
115.72 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.72 - PREA Investigations Training Jan 2016
115.72 PREA Evidentiary Standard 1-25-16
115.72 PREA Memo 1.19.16

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the requirements of this standard. The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated, and a memorandum forwarded to all facilities and administrative staff from Chief of Investigation and intelligence establishes the role of office of investigations and mandate of conducting investigation. This memorandum will serve to confirm the 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.

Investigator training programs provide in-depth clarification of this standard. When interviewed, the investigators were aware of the evidence standard. The evidence standard was utilized in the case reviewed by the auditor. Compliance was determined by review of policy, investigator training curriculum, interview with investigators and IPCM.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.73 - AD 04.01.301 Effective 06-2020
115.73 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.73 AD 01.12.120 Investigations of Unusual Incidents 01 2021
115.73 PREA Investigation Notification (blank) 4-1-16
115.73 Sample of Notifications
115.73(c-e) 2004 MOU DOC-State Police

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 01.12.120, Investigation of Unusual Incidents; local policy and the PREA Investigations Finding Notifications Memo address the mandates of this standard. The agency has a policy requiring any inmate who makes an allegation that he suffered sexual abuse at an IDOC facility be informed, in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded, at the conclusion of the investigation. When an allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted on a charge related to sexual abuse within the facility or the Agency learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the inmate if the investigation was completed by an outside agency (Illinois State Police). When an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency will inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. When the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, the agency request the relevant information from the investigative agency in order to inform the inmate. When an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility. When an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. When the allegation involves staff, the inmate would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted on a charge related to sexual abuse within the facility or the Agency learned that the staff member was convicted on a charge related to sexual abuse. During this auditing period, there

were 9 administrative investigations of alleged sexual abuse or sexual harassment that required notification in accordance with this standard. The inmate was provided notifications of the required investigative outcome of all investigations. The documentation of the notifications and inmate interviews support the finding that the facility is in compliance with this standard. Compliance with this standard was further determined by a review of policy, staff interviews and inmates and copy of inmate notifications.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.76 - AD 01.12.101 Employee Criminal Misconduct Effective 04-2006
115.76 - AD 04.01.301 Effective 06-2020
115.76 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.76 (a-d) AD 03.01.120 2000 6
115.76 AD 03.02.108 Standards of Conduct 2021
115.76 Custodial Sexual Misconduct-Socialization
115.76 Disciplinary Sanctions for Staff 4-1-16
115.76 DR 120 Standards of Conduct
115.76 AD 03.01.310 Sexual Harassment.docx
115.76 AD 03.02.108 Standard of Conduct n.docx
115.76 Departmental Rules-120 Standards of Conduct
115.76 ID 03.02.108 Standards of Conduct 2019 n.docx

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.01.120, Employee Review Hearing; AD 03.01.310, Sexual Harassment; ID 04.01.301, Offender Sexual Assaults-Prevention, and Intervention; AD 01.12.120, Investigations of Unusual Incidents; DR 120, Standards of Conduct and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention address the mandates of this standard. Staff members are subject to disciplinary sanctions for violating Agency sexual abuse or sexual harassment policies. Discipline would be 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. There have been no staff disciplined for allegations of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy and staff interviews.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.77 - AD 04.01.301 Effective 06-2020
115.77 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.77 (b) AD 04.01.122 Volunteer Services 2021
115.77 b ID 04.01.122 - 2012 07 Volunteer Services
115.77 DR 120 Standards of Conduct
115.77 ID 04.01.122 2019 12 Volunteer Services
115.77 04.01.301 Statewide Variance.pdf
115.77 AD 01.12.120 Investigation of Unusual Incidents
115.77 Departmental Rule-112 Internal Investigations

AD 03.01.310, Sexual Harassment; and ID 04.01.122, Volunteer Services, address the mandates of this standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with inmates and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with inmates. During the previous year, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at LCC. Compliance with this standard was determined by a review of policy, volunteer/contractor training files and volunteer/contractor interviews.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.78 - AD 04.01.301 Effective 06-2020
115.78 - DR504 Maximum Penalties Table A
115.78 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.78 (c) - DOC0443 Mental Health Disciplinary Review Effective 05-2015
115.78 (c) AD 05.12.103 Administration of Discipline for Offenders Designated as Seriously Mentally Ill Effective 05-2017
115.78 G5.12.103 2017 08 Administration of Discipline for Offenders Identified as SMI
115.78 Departmental Rule-504
115.78 Departmental Rule-504 Subpart A
115.77 Departmental Rule-112 Internal Investigations

Title 20 Illinois Administrative Code–Administration of Discipline for Offenders Identified as Seriously Mentally Ill; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and the Offender Handbook address the mandates of this standard. Information on inmate disciplinary sanctions is provided as part of the orientation process upon entry into the facility. Inmates interviewed indicated a good understanding of their freedom to make allegations without consequences for making good faith allegations. The Inmate Discipline Program defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The program identifies inmates engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between inmates does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories.

Inmates are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Inmate Discipline Program. There was no cases in which there was a substantiated allegation of inmate on inmate sexual abuse. 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. Prior to disciplinary hearing mental health staff complete an agency form to access the above information. The

facility considers the offer of therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The institution does not discipline inmates who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. There were no disciplinary actions regarding PREA violations. Compliance with this standard was determined by a review of policy/documentation and the inmate discipline process, as well as staff and inmate interviews.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.81 - AD 04.01.301 Effective 06-2020
115.81 - AD 04.04.100 Mental Health General Provisions Effective 07-2019
115.81 - AD 04.04.101 Non-Emergency Services Effective 07-2020
115.81 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.81 (a)(c) 1-2 - DOC0494 Screening for Potential Sexual Victimization or Sexual Abuse
115.81 (b) 4 - DOC0284 Mental Health Treatment Plan Effective 01-2019
115.81 (b) 4 - DOC0372 Mental Health Screening Effective 04-2015
115.81 (b) 4 - DOC0379 Evaluation of Suicide Potential Effective 09-2020
115.81 (b) 4 - Mental Health Evaluation Effective 07-2019
115.81 Specialized Training Memo 7-25-18
115.81 ID 04.04.101 - Non-Emergency Mental Health Services.doc
115.81 DOC 494 Screening for Potential Sexual Victimization Spanish.pdf
115.81 DOC 0494 Screening for Potential Sexual Victimization or Sexual Abuse Spanish.pdf
115.81 AD 04.04.101 Non-Emergency Mental Health Services.docx
115.81 AD 04.04.100 General Provisions.docx
115.81 AD 01.07.105 Health Insurance Portability and Accountability for Health Info Privacy and Security

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; DOC 0372, Mental Health Screening Form; PREA Checklist and Authorization for Release of Offender Mental Health or Substance Abuse Treatment Information Form address the requirements of this standard. Interviews with medical and specialized staff confirm the institution has a very thorough system for collecting medical and mental health information and has the capacity to provide continued re-assessment and follow-up services. Inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. Additionally, inmates who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Treatment services are offered without financial cost to the inmate. This was confirmed by observation

and a review of intake screening documents. Screening for prior sexual victimization in any setting is conducted by medical, mental health and case management staff during in-processing procedures. In-processing procedures also screen for previous sexually assaultive behavior in an institutional setting or in the community. During the intake process a mental health staff member and a medical provider separately interview the incoming inmate. During this process mental health staff offer follow-up meetings with inmate that have history of sexual abuse or are identified as a sexual predator. Staff members ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Information related to sexual victimization or abusiveness is limited to medical and mental health practitioners and other staff with a need-to-know for treatment plans, security, housing, work, program assignments and management decisions. Mental Health and Medical Staff notify offenders of their duty to report allegation of sexual abuse prior to their initial screening and medical reviews. Signed and dated informed consents are obtained from inmates before reporting prior sexual victimization which did not occur in an institutional setting.

The institution does not house inmates under the age of 18. All screenings are recorded in the Medical and Mental Health inmate records. All information is handled confidentially and interviews with intake screening staff support a finding that the facility is in compliance with 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. 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. Compliance was confirmed by a review of policies and intake screening documents, as well as interviews with three inmates who self-identified as having experienced prior victimization during intake. Exceed Compliance was determined by review of the screening instrument, interviews with inmates, medical and mental health staff.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.82 - AD 04.01.301 Effective 06-2020
115.82 - AD 04.04.101 Non-Emergency Services Effective 07-2020
115.82 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.82 (a) 3 - DOC0379 Evaluation of Suicide Potential Effective 09-2020
115.82 AD 04.04.100 Mental Health General Provisions
115.82 AD 04.04.102 Suicide Prevention and Intervention and Emergency Services
115.82 Outside Resources 9-18-17
115.82 DOC 494 Screening for Potential Sexual Victimization Spanish/English
115.82 DOC 0379 Evaluation of Suicide Potential.
115.82 AD 04.04.100 General Provisions.
115.82 04.04.102 Statewide Variance.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.04.100, General Provisions; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and corresponding local policy/directives address the requirements of this standard. Wexford Health Sources Incorporated provides contract services for medical and mental health services at LCC. LCC has policies and procedures in place to 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. 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 PREA Audit Report Page 77 of 87 Facility Name – double click to change facilities, or their release from custody. These services are provided to victims consistent with the community level of care. The facility medical and mental health personnel provide emergency medical services to inmates. Medical personnel are on duty 24 hours a day, seven days. Mental health providers are on-site five days per week and are also available for call-back during off duty hours. Agency policy prohibits inmate co-pays for medical treatment to victims of sexual abuse and all treatment is offered at no financial cost to the inmate. Inmate victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Compliance with this standard was determined by a review of policy/documentation and interviews with SANE medical staff and the Mental Health Director and Mental Health provider.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.83 - AD 04.01.301 Effective 06-2020
115.83 - AD 04.04.101 Non-Emergency Services Effective 07-2020
115.83 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.82 04.04.102 Statewide Variance.pdf
115.82 AD 04.04.100 General Provisions.
115.83 ID 04.04.101 - Non-Emergency Mental Health Services

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 04.04.100, General Provisions Mental Health Emergency Services; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and corresponding local policy/directives address the requirements of this standards. The facility will provide sexually abused victims with medical and mental health services consistent with the community level of care. Inmate victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The facility will 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. Health services include medical and mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for inmates subjected to sexual abuse. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody, if needed. Victims would also receive timely and comprehensive information about and timely access to all necessary medical services. Compliance to the standard was verified through review of policy and interviews with medical and the mental health directors.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.86 - AD 04.01.301 Effective 06-2020
115.86 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program 2020 07
115.86 Incident Reviews Scanned _08062021092104.pdf
115.86 Sexual Abuse Incident Reviews Memo 1-8-16
115.86 Lawrence Designation Listing.

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention and an August 2015 Memo Designating Incident Review Team Members address the mandates of this standard. The policy requires the following:

(a) Within 30 days of the conclusion of the investigation, unless the allegation was determined to be unfounded, a review team, designated by the Chief Administrative Officer, shall review the case and:
(b) Determine what may have been the motivation for the incident or allegation such as, but not be limited to, race, ethnicity, gender, gender identity, sexual orientation, transgenderism, intersex identification, gang affiliation, etc.
(c) Determine if there is a need for changes to policy or procedure; or if factors such as physical barriers or staffing may have enabled the abuse.
(d) Assess whether monitoring technology should be deployed to supplement staff supervision.
(e) The review team shall prepare and submit to the Chief Administrative Officer and facility PREA Compliance Manager a written report of their findings and any recommendations for improvement.
(f) Documentation for any recommendation not implemented shall be maintained.

Lawrence Correctional Center Warden identified by memo staff that are part of the core Incident Review team. A review of the Incident Review team meeting found there were incident review team meeting for all unsubstantiated and substantiated allegations of sexual abuse or sexual harassment. There were 9 allegations of sexual abuse that were included in the incident review team meetings. The facility conducts incident review team meeting on all investigations that were not determined to be unfounded. Compliance was determined by review of incident review team meetings, interviews with several incident review team meeting and facility warden.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.87 - AD 04.01.301 Effective 06-2020
115.87 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.87 Lawrence CC 2020 Annual PREA Compliance Report

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA FY 2018 Annual Compliance Report; PREA Response Plan and the PREA After-Action Checklist address the mandates of this standard. A review of documentation supports the finding that the IDOC has collected accurate, uniform data for every allegation of sexual abuse at facilities under its direct control (including two contract facilities), using a standardized instrument and set of definitions. The incident-based data collected includes information required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The agency data has been aggregated at least annually for the last two years. Upon request, the agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30. The facility provides the required data for the preparation of the report. A review of documentation and staff interviews confirmed

compliance to this standard. The data collected includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice. The Agency aggregates and reviews all data annually. Upon request, the Agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30 of each year. Compliance with this standard was also determined by a review of policy/documentation and an interview with the IPCM and agency PREA coordinator and review of Lawrence Correctional Center's 2020 annual report.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.88 - AD 04.01.301 Effective 06-2020
115.88 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.88 (a) 1 - IDOC 2020 Annual PREA
115.88 (c) 1 - IDOC Website PREA Information

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention address the mandates of this standard. The agency and facility review and assess all sexual abuse/sexual harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection, and response policies, to identify any trends, issues, or problematic areas and to take corrective action if needed. The PREA Compliance Manager forwards data to the agency PREA Coordinator. A review of Lawrence Correctional Center report for 2019 included all allegations of sexual abuse or sexual harassment and the findings of each allegation investigations. The Annual Report was reviewed by the auditor. Any corrective action is provided on the annual report. The 2020 annual report corrective action had no recommendations. Compliance with this standard was determined by a review of policy/documentation and interviews with IDOC PREA coordinator.

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.

POLICIES AND DOCUMENTS REVIEWED:

115.89 I.D. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
115.89 - AD 04.01.301 Effective 06-2020

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the requirements of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state, or local law requires otherwise. The agency makes the information available on the IDOC website. The reports cover all data required in the elements of this standard. Staff interviews and a review of documentation confirmed compliance with this standard. The required reports cover all data required in this standard and are retained in a file. The PREA coordinator interviewed provided that the agency is in the process of soliciting a data base program to provide many aspects of the PREA standards mandates including a better way of retaining confidential information. Compliance with this standard was determined by a review of policy/documentation, view of a locked file cabinet behind a locked door and interviews with IPCM and warden.

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.

This is the third PREA audit of this facility. The previous PREA audit was in December 2017. The auditor was allowed access to all areas of the facility and had access to all required supporting documentation. The auditor was able to conduct private interviews with both inmates and staff. All Illinois facilities have received at least one PREA audit since August 20, 2012. At least one-third of all Illinois facilities were audited during the one-year period after August 20, 2012, until this audit cycle. Due to the pandemic and Governor's proactive plan to protect the offenders and staff from the pandemic most audits were postponed and did not meet the one third threshold established by the PREA Standards. The auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout the facility to allow inmates to send confidential letters to the auditor prior to the audit. There was one correspondence from inmates or staff after the onsite audit period. By chance, the offender was interviewed as a target population.

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 institution has completed required corrective action plans to comply with the PREA standard. Presently the facility has fully implemented all policies, practices and procedures

outlined in the PREA standards. The auditor reviewed applicable standards and, through the review of supporting documentation, interviews with staff and inmates and the observation of physical evidence, concluded that this facility fully meets and substantially complies in all material ways with the PREA standards for the relevant review period. The agency and facility's leadership are fully committed to eliminating sexual abuse/sexual harassment, as evidenced in the realistic staffing analysis and the recommendations for enhanced supervision techniques. Substantiated allegations of abuse are processed in accordance with the standards, to include incident reviews, disciplinary actions, if required, and outcome notifications.

PREA training for staff and inmates is documented and all stakeholders receive the appropriate level of training and are knowledgeable of the intent of the PREA and the tools available to ensure prevention, detection, reporting and response to sexual abuse incidents. Sexual abuse and victimization propensity screening is well established and tracked in an organized fashion. Referrals for mental health counseling are integrated in the intake and allegations of sexual abuse processes. Medical networks for the inmates are established in the community. The public has access to reporting mechanisms and PREA trends data via the website. The Lawrence Correctional Center currently meets or exceeds all applicable PREA standards.

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.

[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.

Robert Manville 10/19/2021

Auditor Signature **Date**