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

☐ **Interim** ☒ **Final**

**Date of Interim Audit Report:** 9/2/2021 ☐ **N/A**
*If no Interim Audit Report, select N/A*
**Date of Final Audit Report:** 10/11/2021

| **Auditor Information** | |
|---|---|
| **Name:** Latera M. Davis | **Email:** laterad@yahoo.com |
| **Company Name:** Just4Consultants, LLC. | |
| **Mailing Address:** PO Box 1105 Grayson Highway | **City, State, Zip:** Grayson, GA 30017 |
| **Telephone:** 404-457-8953 | **Date of Facility Visit:** 7/19-7/22/2021 |

| **Agency Information** | | | |
|---|---|---|---|
| **Name of Agency:** Illinois Department of Corrections | | | |
| **Governing Authority or Parent Agency** *(If Applicable)***:** NA | | | |
| **Physical Address:** 1301 Concordia Court | | **City, State, Zip:** Springfield, IL, 62702 | |
| **Mailing Address:** PO 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:** https://www2.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx | | | |

| **Agency Chief Executive Officer** | |
|---|---|
| **Name:** Rob Jeffreys, Director | |
| **Email:** Rob.Jeffreys@illinois.gov | **Telephone:** 217-558-2200 |

| **Agency-Wide PREA Coordinator** | |
|---|---|
| **Name:** Ryan Nottingham | |
| **Email:** Ryan.Nottingham@illinois.gov | **Telephone:** 217-558-2200 |
| **PREA Coordinator Reports to:** | **Number of Compliance Managers who report to the PREA Coordinator:** |

| | |
|---|---|
| Chief of Compliance | 31 |

**Facility Information**

| | | | |
|---|---|---|---|
| **Name of Facility:** Pontiac Correctional Center | | | |
| **Physical Address:** 700 West Lincoln Street | | **City, State, Zip:** Pontiac, IL 61764 | |
| **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/programs/Pages/PrisonRapeEliminationActof2003.aspx

**Has the facility been accredited within the past 3 years?** ☐ Yes ☐ No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**
☐ ACA
☐ NCCHC
☐ CALEA
☐ Other (please name or describe: Click or tap here to enter text.
☒ N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**
Internal Agency Audit

**Warden/Jail Administrator/Sheriff/Director**

| | |
|---|---|
| **Name:** Leonta Jackson | |
| **Email:** leonta.jackson@illinois.gov | **Telephone:** 815-842-2816 |

**Facility PREA Compliance Manager**

| | |
|---|---|
| **Name:** Michelle Howell, Psy.D, | |
| **Email:** Michelle.Howell@illinois.gov | **Telephone:** 815-842-2816 |

**Facility Health Service Administrator** ☐ N/A

| | |
|---|---|
| **Name:** Ginger Davis, RN | |
| **Email:** Ginger.Davis@illinois.gov | **Telephone:** 815-842-2816 |

| Facility Characteristics | |
|---|---|
| **Designated Facility Capacity:** | 1255 |
| **Current Population of Facility:** | 1065 |
| **Average daily population for the past 12 months:** | 1156 |
| **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+ |
| **Average length of stay or time under supervision:** | 318 Days |
| **Facility security levels/inmate custody levels:** | Medium and Maximum |
| **Number of inmates admitted to facility during the past 12 months:** | 180 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *72 hours or more*:** | 180 |
| **Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for *30 days or more:*** | 133 |
| **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.<br>☒ 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<br>☐ U.S. Marshals Service<br>☐ U.S. Immigration and Customs Enforcement<br>☐ Bureau of Indian Affairs<br>☐ U.S. Military branch<br>☐ State or Territorial correctional agency<br>☐ County correctional or detention agency<br>☐ Judicial district correctional or detention facility<br>☐ City or municipal correctional or detention facility (e.g. police lockup or city jail)<br>☐ Private corrections or detention provider<br>☐ Other - please name or describe: Click or tap here to enter text.<br>☒ N/A |
| **Number of staff currently employed by the facility who may have contact with inmates:** | 778 |
| **Number of staff hired by the facility during the past 12 months who may have contact with inmates:** | 41 |

| | |
|---|---|
| **Number of contracts in the past 12 months for services with contractors who may have contact with inmates:** | 18 |
| **Number of individual contractors who have contact with inmates, currently authorized to enter the facility:** | 94 |
| **Number of volunteers who have contact with inmates, currently authorized to enter the facility:** | 0 |
| **Physical Plant** | |
| **Number of buildings:**<br><br>**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.** | 37 |
| **Number of inmate housing units:**<br><br>**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.** | 13 |
| **Number of single cell housing units:** | 2 |

| | |
|---|---|
| **Number of multiple occupancy cell housing units:** | 11 |
| **Number of open bay/dorm housing units:** | 0 |
| **Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):** | 827 |
| **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<br>☒ Local hospital/clinic<br>☐ Rape Crisis Center<br>☐ 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<br>☒ Agency investigators<br>☒ 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<br>☐ Local sheriff's department<br>☒ State police<br>☐ A U.S. Department of Justice component<br>☐ Other (please name or describe: Click or tap here to enter text.)<br>☐ 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<br>☒ Agency investigators<br>☒ 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<br>☐ Local sheriff's department<br>☒ State police<br>☐ A U.S. Department of Justice component<br>☐ Other (please name or describe: Click or tap here to enter text.)<br>☐ N/A |

## Audit Findings

### Audit Narrative (including Audit Methodology)

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

Pontiac Correctional Center (PCC), part of the Illinois Department of Corrections (IDOC) agreed to participate in a Prison Rape Elimination Act (PREA) audit conducted by a certified DOJ auditor, Latera Davis. The auditor representing contracted provider Correctional Management and Communications Group LLC.

Site Review Location: The site review for this audit took place at the Pontiac Correctional Center located at 700 West Lincoln Street, Pontiac, IL, 61764. The facility is located in the middle section of the state. The auditor conducted pre-audit work prior to arrival at the facility. Pre-audit work included but not limited to review of the Pre-Audit Questionnaire (PAQ), documentation review on the agency secure share file, email correspondence, and telephone calls.

A certified audit was conducted at the PCC located in Pontiac, Illinois on July 19-22, 2021. The PCC is operated by the Illinois Department of Corrections. The PCC hereinafter may be referred to as "facility". It should also be noted that the IDOC refers to inmates as "offenders", therefore "inmates" and "offenders" may be used interchangeably throughout this report.

The auditor used a triangular approach, by connecting the PREA audit documents, onsite observation, facility walk thru, practice, and interviews to make determinations for each standard.

It should be noted that there was a facility leadership change that occurred in between the onsite audit and the final report. The Warden interview identified in the report, was the respective Warden on the date of the onsite audit.

**Pre-onset Audit Phase**

Posting: On 6/4/2021 photos were sent to the auditor, indicating that the facility posted notices in English and Spanish. The auditor received photos of the time-stamped posted notices, located in common areas. The auditor did not receive communication from any offenders.

Pre-Audit Questionnaire (PAQ): To prepare for the audit process, pre-kick off email correspondence occurred with the agencies PREA Coordinator (PC). Email and verbal communication occurred over a three-month time period prior to the onsite audit. As the auditor reviewed the materials provided, she collated documents to determine any outstanding items for review. The agency PC identified that a secure link would be utilized to share documents.

The Pre-Audit Questionnaire was completed and sent to the auditor as required. The completed Pre-Audit Questionnaire (PAQ) was submitted on 6/22/2021. Additional documentation received included agency policies, procedures, forms, education materials, training curriculum, organizational charts, posters, brochures and other PREA related materials were also provided.

The facility was provided a list of requested documents for onsite review. As the auditor reviewed the materials provided by the facility, the content/documents were organized and any outstanding issues/concerns were addressed via telephonic and email correspondence, with the agency PREA Coordinator (PC) and the facility PREA Compliance Manager (PCM).

Website Review: Prior to the onsite portion of the audit, the auditor conducted a website review of IDOC and PCC. The reviewed content included but not limited to: PREA website (overview and reporting), prior PREA audits, and prior sexual abuse and victimization reports. Several lawsuits/settlements associated with IDOC and/or the Pontiac site were identified. The following are the most notable that are directly related to PREA:

- Rasho v. Baldwin (mental health treatment and services)
- Holmes v. Baldwin (deaf and hard of hearing/equal treatment)
- Monroe 18-156 Memo and Order (Transgender Inmates)

Site Review Preparation: May-July 2021, the auditor provided the PC with email notification regarding the team's upcoming site visit. Initial meetings and correspondence occurred on a conference call that was conducted on 4/13/2021, enabling the auditor to interact with the agency PREA Coordinator. Throughout a three-month time period, the audit process was discussed as well as specific plans for the onsite audit.

Prior to the onsite portion of the audit, the auditor was made aware that the facility did not house youthful offenders at any time. Email communication was sent to the agency PREA Coordinator requesting the following information in preparation for the site review:

- Staffing Plan/Documentation of deviation for the staffing plan-completed
- Annual Reviews
- Logs of exigent circumstances for cross gender pat down searches
- Staff training logs
- Written materials used for effective communication about PREA w/inmates' w/disabilities or limited reading skills.
- Documentation of staff training on PREA complaint practices for inmates' w/disabilities
- Documentation of investigators who have completed specialized investigative training
- Documentation of MH and Medical staff that have completed specialized training
- Screening instrument used to determine risk for victimization

- Documentation of use of screening information to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates with a high risk of being sexually abusive
- Sample inmate grievances (on-site will review general grievances filed)
- Inmate handbook (on-site will review)
- Documentation of notifications of abuse will confined at another facility (if applicable)
- Facility institutional plan (coordinated plan)
- Retaliation reports (all investigation files, last 12 months)
- Documentation when segregated housing was used to house inmates who have alleged to have suffer sexual abuse (if applicable.)
- Sample of investigations of alleged sexual abuse complaints completed by the agency.
- Sample of investigations of alleged sexual abuse complaints completed by outside agency
- Sample of documentation of any substantiated or unsubstantiated complaints.
- Sample of documentation of notifications.
- Sample records of terminations, resignations, or other sanctions against staff—allegations of sexual abuse or sexual harassment—within the last 12 months. –may request to review more SH while on site)
- Reports of sexual abuse of inmates by contractors or volunteers
- Sample records of disciplinary actions against inmates for sexual conduct with staff
- Sample records of disciplinary actions against inmates for sexual conduct against other inmates (need substantiated abuse or harassment allegations)
- Documentation of sexual abuse incident reviews
- Sexual abuse reports
- Incident Mapping Report
- Unannounced Rounds Documentation
- A summary of all incidents within the past 12 months (log)
- All Transgender evaluations completed in the last 12 months.
- Rosters
    - Inmate Offenders
    - Youthful resident roster (100% documentation) (If applicable)
    - Notice of auditor post-English/Spanish (received)
    - Residents w/disabilities
    - Residents who are limited English proficient (LEP)
    - LGBTI residents (100% documentation)
    - Residents in segregated housing (PREA related)
    - Residents who reported sexual abuse
    - Residents who reported sexual victimization during risk screening
    - Staff Roster (100%)
    - Specialized staff list
    - Staff Personnel (Documentation)
    - Inmate Documentations
    - List of Contractors who have contact with Inmates
    - List of Volunteers who have contact with Inmates
    - PREA Reassessments (all SA cases)

**On-Site Audit Phase**

Team Composition/Entrance

The audit team consisted of the DOJ Certified auditor (Latera Davis). On 7/19/2019 at approximately 1:00 pm. The auditor arrived at the facility to conduct an entrance meeting with the facility Warden and his leadership team, along with beginning the onsite process (physical plant inspection and interviews). Leadership team consisted of:

- Leonta Jackson, Warden
- Ryan Nottingham, PREA Coordinator
- Michelle Howell, PREA Compliance Manager
- Internal Affairs

Entrance Meeting

The entrance meeting served as initial introductions and onsite logistics with the facility leadership. The auditor reiterated the audit goals and expectations. If necessary, the general purpose of corrective action with timelines and milestones was established. The auditor discussed her status and expectations for submission of the interim report. The auditor provided an overview of the expectations during the onsite audit and transparency to discuss any identified issues or concerns. The team also established a process to make corrections on site and if necessary, post onsite follow up.

Day 1: Entrance Meeting, physical plant inspection, and employee interviews. It was requested that when the auditor paused to speak to an inmate or staff, that staff on the tour please step away so the conversation might remain private. This request was well respected.

Day 2-3: Interviews and File Review.

Day 4: Final interviews and close out conference. The close out conference consisted of the Agency PREA Coordinator, Regional Staff, Facility Warden, Facility PREA Compliance Manager (PCM), and additional facility leadership.

Interviews: Informal interviews were ongoing throughout the course of the site review, as the auditor conducted conversations with offenders and staff with whom they had casual and spontaneous contact (for example, during the physical plant inspection, offenders were queried in the housing units if opposite gender announcements were made regularly; if they had privacy while toileting and showering; and how to make a report if needed). Additionally, staff at their job sites were asked about PREA awareness and knowledge.

For the formal interviews, the auditor selected names of individuals who would be interviewed, and facility staff prepared the offenders and staff members for interview in a staged manner. For all completed interviews, appropriate PREA-interview protocols were utilized, and standard advisory statements communicated.

On the first day of the onsite audit there were 1137 offenders and 800 staffed positions at the facility. Staff interviews were based on who was at the facility on the days of the audit, varying staff shifts, and positions/roles held.

Over the four days onsite, 38 interviews were conducted with staff that have specialized roles and responsibilities were conducted. It should be noted that this also includes staff that have dual role responsibilities. The interviews were conducted privately in several different meeting rooms and the protocols used included but not limited to contractors, incident review team, mental health, screening staff,

security first responder, special investigator, agency head, staff who supervise offenders in isolation, agency contract administrator, HR staff, intake, PREA Coordinator, intermediate or higher-level staff, facility warden, investigators, medical staff, and mental health staff. The two contractors chosen for interview also served as higher level medical and mental health staff for the facility. Due to Covid, there were no authorized volunteers during the onsite audit.

Along with the specialized staff, 16 random staff were interviewed. Random staff were chosen by retrieving a list of staff, choosing staff from every shift, including new and more tenured staff. Random inmates were chosen, by selecting various offenders based on age and race one each housing unit. A separate list of targeted offenders was provided prior to the onsite audit. A total of 25 targeted offenders were identified and interviewed. There are no youthful offenders (under 18 years of age) incarcerated at the facility, which was confirmed based upon site review. It was also reported that there no offenders segregated for risk of sexual victimization, which was confirmed through staff and offender interviews.

Based on inmate sampling prerequisites, the baseline for interviews was established; however, during the course of the interviews the targeted interviews expanded. The sampling strategy included the selection of offenders from every living unit which included selection of targeted offenders within the sample of participants. Interviews were conducted using the Department of Justice (DOJ) protocols to assess the inmate's knowledge of PREA and reporting mechanisms available to them at Pontiac Correctional Center.

Interviews

| Category of Offenders | Number of Interviews |
|---|---|
| Random Offenders (1185) | 41 (25 also targeted) |
| Targeted Offenders (258) | 25 |
| Inmate Letter/Interviewed | 1 |
| Total Offenders Interviewed | 42 |
| | |
| Breakdown of Targeted Offenders Interviewed | |
| Youthful offenders (0) | 0 |
| Offenders with a physical disability (6) | 7 |
| Offenders who are blind, deaf, or hard of hearing (0) | |
| Offenders who are LEP (Spanish) (4) | |
| Offenders with a Cognitive Disability (4) | |
| Offenders who identify as LGB (16) | 4 |
| Offenders who identify as Transgender or Intersex (23) | 2 |
| Offenders Who Reported Sexual Abuse that occurred at the facility (174) | 7 |
| Offenders Who Reported Sexual Victimization during risk screening (31) | 5 |
| Inmate in Segregated Housing for Sexual Victimization (0) | 0 |
| Category of Staff Interviewed *** it should be noted that some interviews conducted duplication of the same staff. | |
| Random Staff | 16 |
| Specialized Staff | 38 |
| Agency Head | 1 |
| Facility Warden | 1 |

| | |
|---|---|
| PREA Coordinator | 1 |
| PREA Compliance Manager | 1 |
| Total Staff Interviewed | |
| | |
| Breakdown of Specialized Staff | |
| Agency Contract Administrator | 1 |
| Intermediate or higher-level staff responsible for conducting and documenting unannounced rounds | 5 |
| Medical Staff | 2 |
| Mental Health Staff | 2 |
| Non-medical staff involved in cross gender searches (if applicable) | NA |
| Victim Advocacy Organization | 0 |
| Volunteers who have contact with Offenders | 0 |
| Contractors who have contact with Offenders | 3 |
| Investigators | 2 |
| Staff who perform screening for risk of victimization and abusiveness | 2 |
| Staff who supervise offenders in segregated housing | 2 |
| Designated staff member charged with monitoring retaliation | No one was completing |
| First Responder's security staff | 16 |
| First Responders non-security staff | 0 |
| Intake Staff | 1 |
| Incident Review Team | 2 |
| HR Staff | 2 |

Site Review: The auditor conducted a comprehensive site review of the facility. The auditor was provided a map of the facility prior to the onsite review. The PCC is comprised of 63 buildings, 13 of which are housing units. The facility site visit included visiting all locations where inmates had access onsite and could be present. The PC, PCM, and Investigator participated in escorting the audit team throughout the facility during the inspection.

During the site review, the auditor inspected the following (63 total buildings):

- Administration building
- Offender Housing
- Food Services
- Recreational Services
- Vocational/Educational Services
- Health Services
- Visiting Rooms
- Programming Areas
- Medium Security Site

The Pontiac Correctional Center is a high maximum and medium security facility. The auditor inspected facility doors, restrooms, and office areas. The areas were consistently secured and locked. The auditor informally engaged offenders and staff, asking PREA-related questions about the agencies zero tolerance policies, procedures, and safety considerations. The auditor noted placement and coverage of video monitoring and technology, along with surveillance cameras, and made observation of potential blind spots. Inspections of bathroom and shower areas were conducted, with observation of possible cross-gender viewing.

In the housing units, the offender phone system was tested to ensure they were actively working and had a dial tone, which demonstrated active and in order. The PREA audit notices along with IDOC PREA posters were posted throughout the facility. The following reporting process was observed on the units: PREA information posters (English/Spanish), contact information for the PREA Hotline and the John Howard Association. When randomly testing the phone lines, the auditor was able to readily access the IDOC internal hotline.

The auditor also observed that some of the female staff made announcements entering the male housing area; however, it was later reported that announcements are made at the beginning of each shift. The male offenders reported that announcements are not made consistently among shifts. It was observed that the set-up of the housing units and the many offenders on the housing units that utilize their headsets, announcements may not always be heard. There was also ample time to observe the nature and quality of inmate supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both offenders and staff. Logs were reviewed, as well as any other documentation that would assist with determining compliance.

The auditor was not able to observe the offender intake/orientation process.

The auditor was provided unimpeded access to all parts of the facility and all secure rooms and storage areas in the facility. The PREA audit requires the auditor to conduct outreach to relevant national and local advocacy organizations. To communicate with community-based or victim advocates who may have insight into relevant conditions in the facility. The following national advocacy, State, and/or community advocacy organizations were contacted.

| Advocacy Organization | Information Request | Response |
|---|---|---|
| John Howard Association | Gwen Troyer | Email Correspondence: it was reported that there were allegations from Pontiac. |
| Justice Detention International (JDI) | 8/23/2021 @ 9:20 am. | 8/23/2021 @ 12:05pm. Email correspondence indicated that JDI had not received any information |

The auditor asks the advocacy organizations the following questions:

1. How many SAFE or SANE referrals made in the last 12 months?
2. Can the inmate remain anonymous, upon request, when making a report?
3. Who do you notify at the facility regarding the report?
4. How many reports have the organization received in the past 12 months for advocacy services?
5. How many offenders reported sexual abuse and/or sexual harassment?

**Documentation Review and Sampling**

Documents Reviews: During the site review, documentation review included but not limited to the audit teams review of: personnel files, training records, offender intake, screening, and education records; along with sexual abuse/harassment investigations, grievances and any other related documents that covered the prior 12-month period. The documentation review process was covered by the auditor.

Records Review

| Name of Record | # sampled and Reviewed |
|---|---|
| Staff Personal/Training Records (includes contractors) | 744 |
| Volunteers (not authorized during 12-month time period | 0 |
| Training Files | 744 |
| Medical/Mental Health Records (victims and/or Offenders who reported prior sexual abuse) | 23 |
| Intake Files | 43 |
| Grievances | 42 |
| Investigation Records | 21 |

Investigation Records

***It should be noted that any SA/SH Grievances are not reviewed by the grievance process, if received automatically sent for an investigation.

| **Allegation** | **# Received** | **# Investigated** | **Results** | **# referred for criminal investigation** |
|---|---|---|---|---|
| *Sexual abuse* | 29 | 24 | 24 Unsubstantiated | 0 |
| *Sexual Harassment* | 155 | 155 | 1 Offender-Offender Substantiated | 0 |
| *Sexual Abuse Allegations Received from Another Facility* | 1 | 1 | | 0 |

Grievances: Per IDOC policy and procedure, the grievance process is to provide a mechanism for every offender to express complaints and topics of concern for the efficient and fair resolution of legitimate offender concerns, as well as for the facility and Department management to be better informed and able to fulfill the Department's mission and goals. The PREA related issues would not typically be filed by grievance process, but instead as an incident report to be investigated as a PREA allegation. The auditor conducted a thorough review of grievances to determine if PREA related concerns were expressed through the grievance process and if so, to determine if the facility appropriately responded. Through review of documentation, interviews with staff and offenders, it was determined that there were no additional PREA-related investigations or grievances filed during this period that had not been provided to the auditor.

Informational Consolidation: The auditor met frequently with the PC throughout the four days to consolidate information and ensure that the interviews, documentation reviews, and facility observations supported compliance determination for the required PREA standards. The facility staff was receptive to

identified areas of concern during the facility site inspection along with noted concerns in documentation review.

**Exit Briefing**

The auditor conducted an exit meeting on 7/22/2021 at which preliminary findings of the review were discussed with the facility executive team. The attendees, an addition to the IDOC Regional staff, the agency PC, facility Warden, facility PC, facility Investigator, and additional facility leadership. During the exit, the auditor provided a list of identified non-compliant items and described how these related to the standard provisions. For resolution of issues following the exit, the auditor indicated that outstanding issues should be provided to her with proof of practice through photographic evidence or written documentation upon completion via electronic communication.

It should be noted that during the close out conference the auditor expressed some concern about the culture of the facility. More specifically with the direct care staff ambivalence to assist with the interviews, the concerns of culture expressed by the inmates, and the auditor observation interactions. An area of concern was also shared that a direct care staff was attempting to listen at the door while conducting interviews.

**Post-Onsite Audit Phase**

Upon return from the onsite phase of the audit, the auditor and the agency PREA Coordinator agreed to communication by email and telephone during the post-audit phase, regarding any identified need for additional documentation, as well as clarification of questions that arose while collating data. Further, the agency PREA Coordinator indicated they would provide the auditor with proof of practice on an ongoing basis, as related to correction of identified deficiencies.

Communication with the IDOC PREA Coordinator and designated facility staff begin immediately (7/22/2021) upon the conclusion of the onsite audit. Communication was ongoing, with efficient, timely, and thorough responses provided consistently both by email and telephone. Documentation and clarification communication emails facilitated the ability to process both the Interim and Final Reports.

Audit Section of the Compliance Tool: The auditor continued to review documentation and interview notes gathered while onsite and compile information to enter the audit portion of the compliance tool. Detailed information from the audit interviews were integrated into relevant sections of the standards. To ensure all standards were thoroughly analyzed, the auditor proceeded standard by standard, determining compliance or non-compliance.

Interim Audit Report: The auditor completed entry of data into and determination of standard compliance on the Audit Compliance Tool and began writing of the Interim Report. The Interim Report included reference to policies and procedures, agency and facility reports, and supplementary documentation provided by the facility and during the site review, supporting information gathered during site review, as well as aggregated and de-identified information regarding interviews conducted for the purposes of this audit. The auditor incorporated evidence gathered onsite and through documentation review as proof for the conclusion of whether the facility exceeded, met, or did not meet the standard of review.

Upon submission of the Interim Report the facility was assessed to have exceeded one (1) standard, met forty (41) standards, and required corrective action for one (3) standard.

Final Audit Report: 10/11/2021

## Facility Characteristics

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

**Mission Statement**

*The mission of the Pontiac Correctional Center is to protect the general public through incarceration, supervision, programs and services designated to return individuals in custody to the community with the skills to be useful and productive citizens.*

**Illinois Department of Corrections – Journey to Excellence**

*Professionalism*
*Integrity*
*Civility*
*Transparency*
*Accountability*
*Responsiveness*

Facility Demographics

Pontiac Correctional Center has been a fixture in this rural community of 11,600 since it opened as a boys' reformatory school in 1871. Since then, the prison has gone from being the Illinois Boys' Reformatory School, to the Illinois State Reformatory, to the maximum security Illinois State Penitentiary, and finally to the maximum security Pontiac Correctional Center. Perhaps contrary to most people's assumptions about prison locations, this prison does not sit on the outskirts of town. Rather, the prison is only a short walk away from a historic courthouse and shopping district. A pleasant, tree-lined neighborhood dotted with historic homes and original brick roads abuts the prison on three sides of its square lot. Pontiac Correctional Center is separated from the neighborhood by two razor wire fences.

The facility consists of a total of 63 buildings, which comprise of more than 744,000 square feet. The facility sits on a 37-acre site, with 32 acres being enclosed by fencing. Pontiac Correctional Center houses the following individuals in custody: segregation, protective custody, mental health, administrative detention, reintegration management and medium security.

The city of Pontiac in Livingston County lies on the Vermilion River, about 90 miles (145 km) southwest of Chicago. It was laid out in 1837 and named for the famous Ottawa Indian chief, Pontiac.

Livingston County was founded on February 27, 1837. It was formed from parts of McLean, LaSalle, and Iroquois counties, and named after Edward Livingston, Secretary of State in the cabinet of President Andrew Jackson. He was the mayor of New York City, represented New York in the United States House of Representatives, then represented Louisiana in both houses of Congress and the United States Minister to France. Although he had no connections to Illinois, the General Assembly found him accomplished enough to name a county after him.

Livingston County is proud of the many attractions available. These include the Illinois Route 66 Association Hall of Fame & Museum, Livingston County War Museum, Pontiac-Oakland Automobile Museum and

International Walldogs Mural. In addition, there are many historic buildings that are listed on the National Register including a gas station along Route 66 that dispensed fuel for 66 continuous years.

**Pontiac Correctional Center**

- Opened: June 1871
- Operational Capacity: 1,255
- Mental Health Operational Capacity: 66
- Maximum Security Adult Male
- Population Pontiac Correctional Center: 738
- Population Pontiac Medium Security Unit: 327
- Total Population: 1,065
- Average Annual Cost Per Offender: $70,366 (FY20)

Operational capacity is the maximum amount of beds a facility has; to include all health care, crisis, segregation, protective custody, isolation, R&Cs, and future beds that are down for repair. Data reflects a bed space capacity census that was conducted in CY19.

**As of 1/1/21 Pontiac Correctional Center is the parent institution for Pontiac Medium Security Unit.

**Staffing (Authorized)**

- Administration (22)
- Business Office (23)
- Maintenance (30)
- Dietary (25)
- Bureau of Identification (2)
- Records (8)
- Clinical (25)
- Medical (58)
- Mailroom (4)
- Operations (939)

**Inmate Programs**

**Academic:**

- ABE (Adult Basic Education)
- GED (General Education Development)

**Other:**

- Reentry Summit
- Lifestyle Redirection
- Substance Abuse
- Leisure Time Activity
- Narcotics Anonymous
- Anger Management (Segregation Offenders)
- Trained Reformed and Capable (TRAC I)
- Library Services
- Parole School
- Inside Out Dads
- Mental Health Development
- Budgeting

## 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:** 1
**List of Standards Exceeded:** 115.11 Zero Tolerance of sexual abuse and sexual harassment; PREA Coordinator

### Standards Met

**Number of Standards Met:** 44

### Standards Not Met

**Number of Standards Not Met:** 0
**List of Standards Not Met:** Click or tap here to enter text.

**Summary of Corrective Action (if any):**
**115.33:** A review of 43 inmate intake records revealed that staff are not consistently having the inmates sign off on the orientation review. The auditor only observed half of the reviewed records had documentation that the offender received the orientation material. In order to show compliance with the standard, the PCC shall provide proof of inmate's signage of orientation material for all new intakes in July-September 2021. The facility provided evidence of 14 offenders who was placed at the facility during the post audit phase: signed acknowledgement of receipt of PREA Education. There is no further action required for the standard. The standard is no in compliance.

**115.41/115/81:** While the facility has a process in place to conduct intake screenings and reassessments, multiple files reviewed could not show full compliance with the standard. The following actions are requested to show full compliance:

- (b) While the facility has a process to initially conduct the intake screenings upon inmate arrival of the facility, the location of this screenings should be readily accessible in the inmate file. In order to show continuous compliance with the provision, the auditor recommends that the facility provide proof of completed screening assessments covering a 60-day period from the onset of the onsite audit.
- (d) Upon review of inmate files, it was found that several screening tools were completed that did not include critical information such as history of sexual abusive behavior and violence toward others. To show full compliance with the standard, the facility shall provide 60 days of new intake screening information to include the complete inmate file (criminal history, institutional behaviors, etc.).
- (e) The screening tool takes the above mentioned into consideration, however it was found in multiple files that the information was not accurately reflected onto the tool. The staff responsible for the screenings shall receive a refresher training on how to complete the forms.
- (f) There were multiple files that did not show accurate completion of reassessments, to show compliance with this provision, the facility shall provide proof of reassessments for all inmates who arrived in June, July and August of 2021.

In order to show compliance with this standard the facility shall provide copies of any new sexual abuse allegations that occurred in July-September and a copy of the reassessments that occurred as a result of

a referral, request, incident of sexual abuse or receipt of additional information that bears an inmate's risk of sexual victimization or abusiveness. As reported by the agency PREA Coordinator, In July 2021, our DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse, form [attached] was revised to provide a section to document the offering of the mental health referral for any individual disclosing prior victimization or perpetration. Follow up documentation showing that the new process is being followed is requested in corrective action. The new document was reviewed along with 14 new intakes that occurred during the post audit phase, to show compliance with the standard.

A memo dated 10/6/2021 was provided, showing that mental health staff were trained on the importance of mental health referrals as well as referral for designation of predator/vulnerable. The attachment includes the topics discussed and signed training rosters. Three additional inmate screenings were reviewed showing that the mental health staff provided follow up for inmates who were identified as vulnerable or predators for sexual abuse and/or sexual harassment. No further action is needed.

**115.67:** During the post audit phase, it was further determined that the monitoring for retaliation was not occurring in accordance with the provision requirements and the policy. As a corrective action, the PREA Coordinator provided additional guidance to the three staff designated to monitor for retaliation. New leadership was put into place after the onsite audit. While it was found that the monitoring was not occurring, two new staff were trained and designated as the responsible parties to monitor for retaliation. A memo dated 10/7/2021, confirmed the staff who were designated to monitor for retaliation. The facility implemented the new practice and provided evidence of two allegations of sexual abuse that are being monitored. No further action is needed.

**115.85:** There was no documented information regarding follow up with medical, aside from a date listed on the pre/post investigation form. After further discussion with the agency PC, the IDOC immediately instituted a corrective action which entails the following: healthcare staff will have targeted training, to include a "read & sign", requiring contact with the healthcare unit as a result of a PREA allegation be appropriately documented in the medical file. Additionally, medical staff shall provide proof of documented follow up of any sexual abuse investigations that occurred in the next 60 days.

The training occurred on 9/17/2021 and covered the following components: Per AD 04.03.301 Sexual Abuse and Harassment Prevention and Intervention states that the following documentation must be documented in the Individual in Custody's medical file on a progress note upon reporting a PREA:

The medical records shall not reflect any conclusions regarding substantiation of sexual abuse; however shall identify:

1. The offender's name and identification number;
2. A statement by the offender indicating the date and time of the alleged incident;
3. Type of description of sexual abuse
4. The results of the physical examination, tests and, if applicable, referral to an outside medical facility for the collection of evidence by use of an evidence collection kit;
5. The documentation of the presence or absence of cuts; scratches and bruises and any trauma; and
6. Documentation of counseling.

All reports contained in the evidence collection kit shall be completed and distributed appropriately, when applicable. The auditor reviewed 14 staff who completed and signed off on acknowledgement of the training. No further action is needed.

Completed Corrective Action: 10/11/2021

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Illinois Department of Corrections (Institutional Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    d. Memo: Designation of Agency Wide PREA Coordinator (PREA Standard 115,11).
    e. Memo: PREA Compliance Manager (Dated 1/13/2021)
    f. Agency Organizational Chart
    g. Facility Organizational Chart
2. Interviews:
    a. PREA Coordinator
    b. PREA compliance manager

**Findings (By Provision):**

**115.11 (a).** As reported in the PAQ, the agency has a written policy that mandates zero tolerance in all forms of sexual abuse and sexual harassment. Policy 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*, states that "The Department shall have a zero-tolerance policy for sexual abuse and sexual harassment and shall establish and maintain a program for the prevention and intervention of sexual abuse and harassment in correctional facilities in accordance with the standards established by the Prison Rape Elimination Act of 2003" (*p. 1*). The policy further states that its purpose is to "establish internal instructions to staff regarding prevention and intervention of offender sexual abuse and harassment" (*p.*1).

The agency exceeds this standard, as it has a robust PREA policy and process to manage compliance. There is a designated agency PREA Coordinator and an assigned PREA compliance manager for each facility. Additionally, the agency PREA Coordinator has an internal audit process in place to monitor the application of its policies.

**115.11 (b).** As reported in the PAQ, the agency employs or designates an upper-level, agency-side PREA coordinator. Policy 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program* further states the agency shall designate an Agency PREA Coordinator. The policy further states that the PREA coordinator will:

a. Develop, implement and oversee the Department's Sexual Abuse and Harassment Prevention and Intervention Program.
b. Establish, maintain and review annually a PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual that provides written direction for staff concerning the national standards approved and promulgated by the Attorney General pursuant to the Prison Rape Elimination Act of 2003.
c. Develop or approve standardized modules for training staff. Training shall include, but may not be limited to:

1. The Department's zero tolerance policy;
2. The Department's Sexual Abuse and Harassment Prevention and Intervention Policy;
3. An offender's right to be free from sexual abuse and harassment and to be free from retaliation for reporting sexual abuse and harassment;
4. Common signs of sexually abusive or harassing behavior;
5. Common signs of being a victim of sexual abuse or harassment;
6. Protocol for initial response, including identification and separation of offenders;
7. Reporting procedures; and
8. Preservation of physical evidence of sexual abuse.

d. Ensure each year at least one-third of the Department's facilities undergo a PREA audit performed by a contracted PREA auditor certified by the Department of Justice.

The facility institutional directive further supports the agency policy. A memo dated 1/16/2018 designates the agency wide PREA coordinator (Ryan Nottingham). The agency PREA Coordinator reported that they have adequate time to fulfill their responsibilities. The agency wide PREA Coordinate has correspondence will all DOC PREA compliance managers via SharePoint site, email, phone and site visits. If there is an identified issue with complying with the PREA standards the PREA Coordinator would contact specific division in concern and initiate corrective action and review policy, procedures or any rule that encompasses concern. Agency legal, policy unit, training unit and administration are included with the review. The agency utilizes the PREA Resource Center and network with other state PREA coordinators and DOJ contacts if necessary.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.11 (c).** As reported in the PAQ, the facility has a designated PREA compliance manager. Policy 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*, states that The Chief Administrative Officer of each correctional facility shall:

a. Designate a facility PREA Compliance Manager:
   1) With sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards; and
   2) Is trained in sexual abuse crisis issues and has the knowledge, skills and abilities for program implementation and evaluation.

b. Designate a Backup PREA Compliance Manager to assist the PREA Compliance Manager and ensure a continuum of services in the PREA Compliance Manger's absence. Minimum training requirements shall be in accordance with Section II F.4.a.(2).

The facility institutional directive further supports the agency policy. A memo provided by the facility warden, designated Clinical Psychologist Michelle Howell as the facility PREA compliance manager and designated a backup facility PREA compliance manager. The interviewed PCM stated that she over this duty earlier this year. The process was well established, and I have been able to work into the routine well. Yes, I have had enough time to manage all the responsibilities thus far. It was also reported that such services are coordinated using a team approach that includes Internal Affairs, Medical, Mental Health and Command Staff. If there are any issues with complying with the standards, they are discussed with the Agency PREA Coordinator and then bring it to administration to put into action the plan that was decided on. If we are not complying with the PREA standard, then we are also not complying with the agency's rules because they

are based on the PREA standard.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Safer Foundation Contract (Dated 1/11/2014)

2. Interviews
    a. Agency Contract Administrator

**Findings (By Provision):**

**115.12 (a).** As reported in the PAQ, the agency has entered or renewed a contract for the confinement of inmates. A copy of the Safer Foundation agreement was provided, indicating that the "vendor shall comply with the Prison Rape Elimination Act of 1003 and the National Standards to Prevent, Detect, and Respond to Prison Rape Elimination Act *(p.2*).

The interviewed agency contract administrator stated that individual correctional facilities do not contract for confinement services on their own. The Department (IDOC) does contract with Safer Foundation for the confinement of offenders in a Community Confinement setting. These two facilities – Crossroads Adult Transition Center and North Lawndale Adult Transition Center are stand-alone facilities and both facilities undergo their own PREA audits ever three years just like our other facilities operated by the State. Final Reports for their PREA audits are available on the IDOC website. The contracts for both Crossroads and North Lawndale require full compliance with the PREA Standards. Additionally, both Community Confinement facilities maintain accreditation by the American Correctional Association (ACA

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.12 (b).** As reported in the PAQ, the agency requires the contracts to monitor the contracts compliance with PREA standards. There were zero contracts that that the agency did not require to monitor for the compliance of PREA standards.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**

**No corrective action is recommended for this standard.**

## 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?

- 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        *i.* 05.01.101 *Roster Management-Deployment of Security Personnel*
        ii. 01.02.103 *Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours*
    c. Staffing Plan (2020,2021)
    d. Unscheduled Inspection Report (25)
2. Interviews:
    a. Warden
    b. PREA Compliance Manager
    c. PREA Coordinator
    d. Intermediate or Higher-Level Staff (5)

**Findings (By Provision):**

**115.13 (a).** As reported in the PAQ, the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan. Since the last PREA audit the average daily number of inmates and the number of inmates in which the staffing plan was predicated was 1156.

Policy Roster Management-Deployment of Security Personnel states that, "The Department shall maintain an accurate roster of all security personnel for each facility to plan for proper utilization of security staff, plan for coverage of posts during absences and ensure that use of overtime is controlled and minimized" (*p.1*). The policy further states that "The Chief Administrative Officer (CAO) shall ensure a written procedure for a roster management plan is developed and implemented by the Assistant Warden of Operations. Roster management records shall be maintained in the Roster Management Application in accordance with the Roster Management Manual" (*p.2*)

The PCC has 1140 positions assigned to its manning table. The PCC provided a report showing the average daily number of inmates (1156) on which the staffing plan was predicated; over the last 12 months. The interviewed Warden and PCM further reiterated the above. In addition, the Warden reported that staffing levels are not assessed by the use of videos. This is used in addition to or as an additional tool. Checking for compliance is done through routine monitoring of facility procedures and any instance of noncompliance will be documented on a daily roster.

The auditor reviewed the facility annual staffing plan for 2020 and 2021. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.13 (b).** As reported in the PAQ, there were no deviations in the staffing plan. Staffing at the Pontiac facility is predicated upon the average daily number of inmates (1156). The facility makes its best efforts to comply on a regular basis with the presented staffing pattern that provides for adequate levels of staffing supplemented with the use of video monitoring to protect the facility offenders against abuse. Policy requires that each time the staffing pattern is not complied with, the facility documents.

The facility PCM reported that the following is taken into consideration when assessing staffing levels:

a. Generally accepted juvenile detention and correctional/secure residential practices;
b. Any judicial findings of inadequacy;

c. Any findings of inadequacy from Federal investigative agencies;
d. Any findings of inadequacy from internal or external oversight bodies;
e. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated);
f. The composition of the resident population;
g. The number and placement of supervisory staff;
h. Institution programs occurring on a particular shift;
i. Any applicable state or local laws, regulations, or standards;
j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
k. Any other relevant factors.

**115.13 (c).** As reported in the PAQ, the facility conducts an annual review of the staffing plan. The auditor reviewed a copy of the 2020 and 2021 annual staffing plan. The interviewed PREA Coordinator stated that sstaffing assessments are reviewed on an agency level every two weeks. The review is in collaboration with the Chief of Staff, operation division and Chief Financial Officer. This information is strategically evaluated to ensure proper staffing levels are managed.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.13 (d).** As reported in the PAQ, the facility requires that the intermediate-level or higher-level staff conduct unnanounced rounds. The unnanounced rounds cover all shifts and staff are prohibited from alerting other staff of the conduct of such rounds. Policy *Duty Administrative Officer, Back-up Duty Administrative Officer and Required Inspection Tours,* states that:

a. A BUDAO shall conduct unscheduled inspections of random areas within the facility.
    i. The inspections shall occur:
        a. For all major holidays, on the actual date of the respective holiday;
        b. During back shift, ensuring each BUDAO conducts at least one back shift inspection per calendar month;
        c. Each weekend unless otherwise approved by the respective Deputy Director due to the facility's number of BUDAO staff; and **NOTE:**
        Written documentation from the respective Deputy Director noting the approved exceptions shall be filed with the facility's Unscheduled Inspection Reports, DOC 0481.
        d. At satellite facilities, a minimum of one unscheduled weekend inspection per month, a minimum of one back shift inspection per month and a minimum of one major holiday per year.

i. The CAO or any upper-level administrative staff, when acting as the BUDAO, shall document the unscheduled inspections of random areas within the facility on the DOC 0481.
ii. Each inspection shall include, but not be limited to:
    a. A minimum of three housing units; and
    b. Security issues, such as:
        i. Current inspection logs;
        ii. Accurate accounting of tools and equipment;
        iii. Secured cell, wing and gallery doors; and
        iv. Toxic substance control.

**NOTE:** Staff shall be prohibited from alerting other staff members that supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility.

Five facility staff who are considered intermediate or higher-level staff, reported that unannounced rounds and conducted and documented. Unannounced rounds are conducted by periodic tours of assignments in different housing areas. The rounds are documented in the daily cellhouse logbooks at the point of entrée and in the initial gallery chart half hour check sheet. Some of the ways staff reported that they prevent staff from alerting is showing up at different intervals, different dates, and times. The only staff notified of the rounds are the upper-level supervisors. Additionally, the rounds will occur with radios, therefore radio activity could be observed.

The PCC provided copies of Back-Up DAO Unscheduled Inspection Reports (25) showing how the staff conduct and document unannounced rounds. The form is very detailed providing a clear overview of unannounced rounds.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
   a. Pre-Audit Questionnaire (PAQ)
   b. Inmate Roster
   c. Illinois Department of Corrections (Institutional Directive):
      i. 05.03.006 *Offender Management and Movement/Identification and Monitoring of Youthful Offenders*.

**Findings (By Provision):**
**115.14 (a-c).** As reported in the PAQ, the facility prohibits placing youthful inmates in a housing unit with an adult inmate. Upon review of the inmate roster, there were no identified youthful offenders.

In the past 12 months there were zero youthful inmates housed at the facility. While the facility does not house youthful offenders, there is a directive (*Offender Management and Movement/Identification and Monitoring of Youthful Offenders)* in place that guides staff on how to management youthful offenders. Upon review of the inmate roster, there were no youthful offenders housed at the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## Standard 115.15: Limits to cross-gender viewing and searches

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

### 115.15 (a)

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

### 115.15 (b)

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

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

### 115.15 (c)

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

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

### 115.15 (d)

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

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

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

### 115.15 (e)

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

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

**115.15 (f)**

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

- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents
    a. Pre-Audit Questionnaire (PAQ)
    b. Settlement (Monroe 18-156 Memo and Order; Injunction)
    c. Illinois Department of Corrections (Institutional Directive)
        a. 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program
        b. 04.03.104 *Evaluation, Treatment, and Correctional Management of Transgender Offenders*
    d. Illinois Department of Corrections (Administrative Directive)
        a. 05.01.113 *Searches of Offenders*
    e. Illinois Administrative Code:
        a. Searches For and Disposition of Contraband

Pontiac Correctional Center, Staff Bulletin #21-28 (*PREA Standards (Knock and Announce Update*))

2. Interviews:
    a. Random Sample of Staff (16)
    b. Random Sample of Residents (41)
    c. Transgender or Intersex Residents (2)

**Findings (By Provision):**

**115.15 (a).** As reported in the PAQ, the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. There have been zero instances in the past 12 months were staff conducted cross-gender strip or cross-gender visual body searches of inmates. Policy *Searches of Offenders* further reiterates that cross gender searches are prohibited (*p. 2*). The Illinois Administrative Code, Searches for and Disposition of Contraband), also states that:

> All committed persons and their clothing, property, housing and work assignments are subject to search at any time.
>
> 1. Strip searches and visual searches of anal or vaginal body cavities of committed persons shall be conducted by persons of the same sex as the committed person and in an area where the search cannot be observed by persons not conducting the search, except in cases of an emergency.
> 2. Intrusive searches of anal or vaginal body cavities of committed persons may be performed by medical personnel when a reasonable suspicion exists that contraband may be hidden in a body cavity. Intrusive shall mean physical entry into a body cavity. The search shall be conducted in an area where the search cannot be observed by persons not conducting the search, except in cases of emergency. If the committed person does not consent to an intrusive cavity search, the search may only be performed upon the approval of the Chief Administrative Officer, in consultation with the center physician or the Agency Medical Director, and upon consideration of factors including, but not limited to, whether the search is medically contraindicated, whether the committed person's health may be endangered if the contraband is not removed, whether alternative means of securing the contraband are feasible, and institutional security.

**115.15 (b).** NA-the facility houses male inmates.

**115.15 (c).** NA-the facility houses male inmates.

**115.15 (d).** As reported in the PAQ, the facility has implemented policies and procedures that enable inmates to dress, shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitals except in exigent circumstances. Policy Sexual Abuse and Harassment Prevention and Intervention Program, further reiterates that “offenders shall be able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except when such viewing is incidental to routine cell checks” (*p.8*).

Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that “staff of the opposite gender, whether assigned to the unit or not, shall make the following verbal announcement upon their arrival in a housing unit. “Male/Female in the housing unit” (*p.8*). On 6/14/2021, the facility Warden provided a memo to staff “to reiterate that all female officers, when assigned to the housing units shall announce their presence at the beginning of the shift”.

The PCC has a procedure in place requiring the announcement of female staff as they enter the housing area; more specifically at the beginning of each shift. This practice is consistent with the IDOC policies and procedures. All announcements are to be logged in the unit logbook. During the physical plant observation, the auditor observed the documentation of the logbook.

One hundred percent (100%) of the interviewed random staff reported that inmates can dress, shower, and toilet without being viewed by staff of the opposite gender and that female presence on housing units is announced. Forty-one inmates were interviewed. Fourteen of the forty-one inmates reported that the

presence of male staff is announced. Of those 14, several of the inmates indicated that it does not occur on a routine basis and that all staff are not consistent with making an announcement. Thirty-seven inmates stated that no one can see them when they are showering, using the toilet, or changing clothes.

**115.15 (e).** As reported in the PAQ, the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Policy *Evaluation, Treatment, and Correctional Management of Transgender Offenders*, indicates that if an offender is identified as "transgender, intersex, or gender incongruent in accordance with the procedures established herein, the offender shall be searched by the gender of the staff designated on their offender identification card" (p. 8). Additionally, it states that at "no time will two different staff split up the body search areas and search a transgender, intersex, or gender incongruent offender" (*p. 9*).

All but one of the interviewed randomly selected staff reported that they are not allowed to search or physically examine a transgender or intersex inmate for the purpose of determining the inmate's genital status. Most staff stated that would be a medical decision and not left up to security. One staff stated that they could search however, if they were transgender it would appear on their ID.

As a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training. At Pontiac there are mental health staff who have received specialized training to work with and monitor the transgender inmates.

**115.15 (f).** As reported in the PAQ, there are zero security staff who have received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional manner with security needs.

Sixteen security staff, representing staff from all three shifts were interviewed. One hundred percent of the staff interviewed indicated that cross-gender pat searches were not permissible. Several of the staff reported that they are trained on conducting cross-gender pat down searches but that female staff are not allowed to pat down search a male inmate. Many of the staff could not recall any specialized training on searching transgender inmates.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        a. 04.01.105 Facility Orientation
        b. ADA Accommodations
    c. Offender Orientation Manual (English/Spanish)
    d. PREA Signage (English/Spanish)
    e. American Sign Language Video Remote Interpretation Procedure
    f. Language Interpretation Procedure
    g. Settlement Agreement (Deaf and Hard Of Hearing-April 23, 2018)
2. Interviews:
    a. Agency Head
    b. Inmates with disabilities or limited English speaking (7)
    c. Random Sample of Staff (16)

**Findings (By Provision):**
**115.16 (a).** As reported in the PAQ, the agency has established procedures to provide disabled inmates 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.

Policy *Facility Orientation*, states that:

A facility orientation program shall be completed within seven (7) calendar days after admission, except in unusual circumstances. For a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language he or she understands.

a. The program shall stress all pertinent aspects of the facility's expectations of each offender and what an offender may expect to derive from established programs and services. It shall include, where applicable, an explanation of orientation status, disciplinary rules, grievance procedures, the Security Threat Group avoidance renunciation policies and protective custody.
b. An orientation manual shall be provided to each offender. The manual shall be explained to the offender during the orientation program.
c. Offenders shall receive written orientation materials and/or translations in their own language. Orientation materials may also be provided electronically, but offenders in special management and restrictive housing must be provided information in a written format so that their access to information is not impeded by their custody status.
d. When a literacy problem exists, a staff member shall assist the offender in understanding the material.
e. At the conclusion of the orientation program, each offender shall be requested to sign an Offender Orientation Receipt, DOC 0291, indicating he or she has participated in the orientation program and has obtained a copy of the manual. If an offender refuses to sign the DOC 0291, the employee shall document the refusal on the DOC 0291 and sign and date.
f. The DOC 0291 shall be placed in the offender's master record file or center file as appropriate *(p.2*).

Policy ADA Accommodations further provides guidance on ensuring services are provided for offenders who have known disabilities. Additionally, it should be noted that under a settlement agreement dated April 23, 2018, the IDOC had to implement additional measures to protect the rights of individuals who are death and hard of hearing. Such measures include but not limited to intake medical/hearing screenings, policy and procedures related to hearing screenings, audiological evaluations, auxiliary aids and assessment services, create and maintain a centralized database of deaf and hard of hearing inmates, create deaf and hard of hearing inmate identification cards, develop a communication plan, staff training, appropriate orientation material, provide access to communication devices/technologies, provide television services, create a visual and tactical alert notification, equal access to prison employment, a process for hand restraints, facility and cell assignments, updating the orientation manual, and monitoring and reporting.

The following documents were reviewed to determine the agency response to providing interpretive services: *Language Interpretation Services and American Sign Language Video Remote Interpretation Procedure; Offender Orientation Manual in English and Spanish, and PREA Posters in English and Spanish*.

The interviewed agency head stated that the agency has an established procedure to provide disabled inmates 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 by ADA Accommodations and the Language Service Contract. All orientation/educational materials are available in Spanish. In addition, orientation is available via video with the use of American Sign Language and Spanish. Offenders can participate in interactive dialogue with staff if further clarification is warranted

There were seven inmates interviewed who were disabled or limited English proficient. Two of the interviewed inmates with cognitive or reading disabilities reported that they did not feel fully supported from staff. The inmates did not recall receiving information in a way that they could understand. One

inmate reported having multiple medical conditions that impaired his day-to-day activities; however, after further probing he was fully aware of the rules against sexual abuse and sexual harassment. One of the interviewed inmates stated that his inability to read, has created several instances where he has been bullied and overall doesn't feel safe. There was one interviewed inmate who was limited English speaking. The facility utilized in house staff interpreters to conduct the interview.

**115.16 (b).** As reported in the PAQ, the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse or sexual harassment. Policy Facility Orientation states that "A facility orientation program shall be presented to each incoming offender and completed within seven (7) calendar days after admission, except in unusual circumstances. For a non-English speaking offender, reasonable efforts shall be made for the orientation to be explained to him or her in a language he or she understands" *(p. 2*).

The following documents were reviewed to determine the agency response to providing interpretive services: *Language Interpretation Services and American Sign Language Video Remote Interpretation Procedure; Offender Orientation Manual in English and Spanish, and PREA Posters in English and Spanish*.

As previously stated, there were seven inmates interviewed who were disabled or limited English proficient. Two of the interviewed inmates with cognitive or reading disabilities reported that they did not feel fully supported from staff. The inmates did not recall receiving information in a way that they could understand. One inmate reported having multiple medical conditions that impaired his day-to-day activities; however, after further probing he was fully aware of the rules against sexual abuse and sexual harassment. One of the interviewed inmates stated that his inability to read, has created several instances where he has been bullied and overall doesn't feel safe. There was one interviewed inmate who was limited English speaking. The facility utilized in house staff interpreters to conduct the interview.

**115.16 (c).** As reported in the PAQ, the agency policies prohibit other use of inmate interpreters, inmate readers, or other type of inmate assistants 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, or the investigation of the inmates' allegations. In the past 12 months, there were zero instances where inmate interpreters or readers were used to report allegations of sexual abuse or sexual harassment.

The following documents were reviewed to determine the agency response to providing interpretive services: *Language Interpretation Services and American Sign Language Video Remote Interpretation Procedure; Offender Orientation Manual in English and Spanish, and PREA Posters in English and Spanish*.

One hundred percent of the interviewed security staff reported that they have never seen the use of resident interpreters. Staff reported that the facility would access an in-house interpreter. As previously stated, there were seven inmates interviewed who were disabled or limited English proficient. Two of the interviewed inmates with cognitive or reading disabilities reported that they did not feel fully supported from staff. The inmates did not recall receiving information in a way that they could understand. One inmate reported having multiple medical conditions that impaired his day-to-day activities; however, after further probing he was fully aware of the rules against sexual abuse and sexual harassment. One of the interviewed inmates stated that his inability to read, has created several instances where he has been bullied and overall doesn't feel safe. There was one interviewed inmate who was limited English speaking. The facility utilized in house staff interpreters to conduct the interview.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        *a. Administrative Review of Personnel or Services Issues*
        *b.* Background Investigations
    c. New Hire Background Investigation (12):
        a. Prison Rape Elimination Act Pre-Employment Self-Report
        b. Request for Background Investigation
    d. Promotions (10):
        a. Prison Rape Elimination Act Pre-Employment Self-Report
    e. Employee Arrest Notification (1)
2. Interviews:
    a. Administrative (Human Resources) Staff (2)

**Findings (By Provision):**

**115.17 (a).** As reported in the PAQ, the agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution.
2. 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
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2).

Policy *Administrative Review of Personnel or Services Issues*, further reiterates the above requirements of the provision (*p. 2*).

Additionally, the IDOC has a pre-employment form, *Prison Rape Elimination Act Pre-Employment Self-Report*, that is asked for formal institutional employers to verify any history of sexual or PREA related allegations/investigations. Upon verification that there was an allegation of sexual abuse or sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer. Such forms are documented and held in the employee personnel files. A review of 22 staff/contractor files, demonstrated that Pontiac is in compliance with this policy.

**115.17(b).** As reported in the PAQ, the agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

As previously stated, the IDOC has a pre-employment form, *Prison Rape Elimination Act Pre-Employment Self-Report*, that is asked for formal institutional employers to verify any history of sexual or PREA related allegations/investigations. Upon verification that there was an allegation of sexual abuse or sexual harassment, the IDOC can request any information related to substantiated findings of staff sexual misconduct or sexual harassment with an inmate from a former institutional employer. Such forms are documented and held in the employee personnel files.

The auditor interviewed the Human Resources staff during the onsite visit. The interviewee indicated that they consider any prior incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. All contractors who have routine access to offenders (Wexford health providers, GEO drug counselors, etc.) go through the background process.

The final analysis of the evidence indicates that the facility does consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The policy provided aligns with the intent of the standard, as well as corroboration by the interviewee. Based on this analysis, the audit finds the facility meets the standard.

**115.17 (c).** As reported in the PAQ, the agency policy requires that before it hires any new employees who may have contact with inmates, criminal background record checks are conducted. In the past 12 months, the number of persons hired who may have contact with inmates who have had criminal background record checks is 41. Policy *Administrative Review of Personnel or Services Issues and Background Investigations,* further reiterates the above requirements of the provision (*p.3*).

An interview with the Human Resources staff, indicated that when conducting criminal record background checks, the facility considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with inmates and all employees, how many have contact with inmates, who are considered for promotions. Such actions are also taken for contractors. The Background Investigation Unit (BIU) performs a background check on all Request for Background Investigations sent by facilities. In addition, the BIU performs a check of IDOC Intel, work discipline and any PREA related incidents for all employees promoting to Shift Supervisor or a promotion in a Merit Compensation position. We also check IDOC Intel and work discipline for employees that have answered “Yes” on the DOC 0450 (PREA self-disclosure).

In total the auditor reviewed 22 files where background and re-background checks were completed. The final analysis of the evidence indicates that the facility requires that before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check (2) Makes 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.

**115.17 (d).** As reported in the PAQ, the agency policy requires that a criminal background record check will be completed before enlisting the services of any contractor who may have contact with inmates. In the past 12 months, there were 18 contracts for services where criminal background record checks were contacted on all staff covered in the contract who might have contact with inmates. More specifically, Policy *Background Investigations*, states that “background investigations shall be completed on persons prior to employment or prior to placement in a safety sensitive position and on persons who provide services for the Department” (p.2).

As previously stated, the interviewed HR staff reported that the Background Investigation Unit (BIU) performs a background check on all Request for Background Investigations sent by facilities. In addition,

the BIU performs a check of IDOC Intel, work discipline and any PREA related incidents for all employees promoting to Shift Supervisor or a promotion in a Merit Compensation position. We also check IDOC Intel and work discipline for employees that have answered "Yes" on the DOC 0450 (PREA self-disclosure).

**115.17 (e).** As reported in the PAQ, the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Policy *Background Investigations*, states that background checks may be conducted periodically and:
Annual background investigations shall be conducted on all individuals who:

a. Are authorized to carry weapons and who have been issued a weapons authorization card; or
b. Have a personally assigned state vehicle (*pp. 1-2*).

When interviewing the human resources staff during the onsite audit, it was reported that the background checks are conducted on employees and contractors. If anyone is requesting employment or to volunteer with IL Dept Juvenile Justice (IDJJ) a Child Abuse and Neglect Tracking System (CANTS) CFS 689 form is completed by the Il Dept Children and Family Services (DCFS) and forwarded in with the other background documentation.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.17 (f).** The interviewed HR staff stated that BIU utilizes an arrest tracking system. When an employee or contractor is arrested, the BIU is immediately notified of the arrest via LEADS/NCIC. When an individual applies for employment with IDOC they are required to fill out the DOC 0031, Applicant Information Sheet (AIS). There are numerous questions within the AIS that asks about visiting, corresponding with and living with IDOC offenders. Additionally, the applicant is asked about any contact with Law Enforcement. Applicants and promoting employees are also required to complete the DOC 0450 (PREA self-report).

The interviewed HR staff stated that BIU utilizes an arrest tracking system. When an employee or contractor is arrested, the BIU is immediately notified of the arrest via LEADS/NCIC. When an individual applies for employment with IDOC they are required to fill out the DOC 0031, Applicant Information Sheet (AIS). There are numerous questions within the AIS that asks about visiting, corresponding with and living with IDOC offenders. Additionally, the applicant is asked about any contact with Law Enforcement. Applicants and promoting employees are also required to complete the DOC 0450 (PREA self-report).

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.17 (g).** As reported in the PAQ, the agency policy states that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Staff are expected to complete a form (*Prison Rape Elimination act Pre-Employment Self-Report*). A blank copy of said form was provided. The form further indicates that "material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for ineligibility or termination of employment" *(p. 1*). Upon review of 22 personnel files, it was found that staff are required to review and sign that they understand the consequences for inaccuracies and untruthfulness.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**115.17 (h).** The interviewed HR staff confirmed that the facility shall provide information on employment hired and released dates and other basic information; and can provide detailed information on employment hired and released dates and other basic information; and can provide detailed information on a former employee substantiated allegation of sexual abuse or sexual harassment, upon receiving a request from an institutional employer. The IDOC routinely provides this information upon request with a signed release of information. Additionally, IDOC contacts current or prior institutional employers of applicants applying for positions with IDOC.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Pontiac Correctional Center (*Ganz Camera Locations*)
    c. Documentation of Facility Upgrade (New Construction Email)
2. Interviews:
    a. Agency Head
    b. Warden

**Findings (By Provision):**

**115.18 (a).** As reported in the PAQ, the agency has acquired new facilities or has made substantial expansions since the last PREA audit. An email provided by the facility warden indicated that Industry building was re-purposed into a fully functional kitchen. The kitchen became operational in November 2019. Prevention of sexual abuse was considered during the re-purposing/construction of the building. Such considerations include but not limited to:

- Open layout for majority of space, excluding dining areas which are observed by a staff member, elevated on an observation catwalk
- Open layout for meal preparation for maximum observation
- Visual Observation of Kitchen from Office areas
- Secured Tool Rooms
- Individual in custody restroom with partially frosted glass for privacy/observation
- Security cameras in all areas in which staff or individuals in custody will have access to
- Locks on all tool, storage and equipment rooms

The interviewed agency head stated that the Illinois Department of Corrections manages all facilities with care, custody, and safety in mind. The department takes great measures to ensure the security of those in custody, the employees of the department and the public served by the department. If at any time in the department, there is a facility under a physical change and/or the department may be opening new space for those under its custody, the department considers the ability to protect the inmates from sexual abuse as a main directing factor when accomplishing any change in physical structure or acquiring any new space. The department uses a multi-faceted strategy to attain a zero-tolerance environment for those that are under the department's care and control.

A review of the appropriate documentation and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. The considerations made to the modified construction exceeded the requirements of the standard. Onsite observation further confirmed the above.

**115.18 (b).** As reported in the PAQ, the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. The facility provided a copy of the camera locations. The facility has over 99 cameras. As previously mentioned, the facility has made modifications to existing buildings since the last PREA audit. Current operations and practices met the requirements of this provision. In addition, during the fiscal year, maintenance installed $100,000 worth of replacement LED light fixtures throughout the facility. The lighting was obtained through a grant program administered through Commonwealth Edison. The proof of documentation provided supports compliance.

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

The interviewed Warden stated that one major modification to the facility was the re-purposing of the Industry Building to a fully functional kitchen where meals for all individuals in custody and staff is prepared. Considerations were taken when laying the building out which help to eliminate blind spots and situations in which individuals in custody could be at risk for sexual abuse. Examples of these considerations are adequate security camera coverage in the kitchen, security mirrors and devices to eliminate security blind spots as well as partially frosted glass on the restrooms to provide privacy for individuals using the restroom but also provide for observation and monitoring.

The Warden further stated that the facility maintains a list of operational cameras within the facility and consider additional camera placement as the need arises based upon shifts in facility operations, population, staffing. Suggestions are taken from investigative staff and command staff for additional camera placement. Additional staffing is considered in the facility armory when operationally possible to provide for additional real time monitoring of security cameras.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

**115.21 (a)**

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

**115.21 (b)**

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

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

**115.21 (c)**

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

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

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

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

**115.21 (d)**

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

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

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

**115.21 (e)**

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

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

**115.21 (f)**

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

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

*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 following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        *a. Preservation of Physical Evidence*
        *b. Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Illinois Department of Corrections (Institutional Directive)
        a. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    d. Email correspondence (Sexual Assault Evidence Kits)
    e. MOU: Illinois Department of Corrections and Safe Journeys
2. Interviews:
    a. Random Sample of Staff (16)
    b. PREA Compliance Manager
    c. Inmates who Reported a Sexual Abuse (7)

**Findings (By Provision):**
**115.21 (a).** As reported in the PAQ, the agency facility is responsible for conducting administrative or criminal sexual abuse investigations. The only other agency that would be responsible for conducting investigations is the State of Illinois police. Policy Preservation of Physical Evidence states that the Chief of Investigations "shall determine whether the Illinois State Policy (ISP) Crime Scene Unit will be

contacted" (*p.1*). Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (*p.11*).

During the onsite audit, 16 random staff were asked, "Do you know and understand the agency's protocol for obtaining usable physical evidence if an offender alleges sexual abuse?". One hundred percent of the interviewed staff were aware of some of the agency's protocols. Many staff were able to describe the process and steps required to protect physical evidence, which included securing the area, protecting the physical evidence, not allowing the victim to shower or brush teethe, and immediately seeking medical attention. One hundred percent of the interviewed staff could articulate immediately notifying the supervisor, as the first process to protect any usable physical evidence. The same staff were asked, "Do you know who is responsible for conducting sexual abuse investigations?". Most of the staff could articulate internal affairs.

**115.21 (b).** NA-there are no youth housed at the facility.

**115.21 (c).** As reported in the PAQ, the facility offers all inmates who experience sexual abuse access to forensic medical examinations, and they are offered without financial cost to the victim. There have been no reported forensic medical exams conducted in the past 12 months. Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* further confirms that "offenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse" (*p.10*). The Institutional Directive further supports the facilities requirement to meet the agency policy.

The agency provided a memo indicated that "all Sexual Assault Evidence Kits will be completed by an outside hospital or outside hospital emergency room with trained medial staff" (*p. 1*).

**115.21 (d).** As reported in the PAQ, the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. Such efforts are documented. Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, indicates that offenders who are the victims of sexual abuse, shall be "offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a sexual assault center *(p. 9*).

The interviewed PCM reported that the facility will try to make a victim advocate available at the individual in custody's request for services. It was also reported that all rape crisis centers utilized are certified by the Illinois Coalition Against Sexual Assault. In addition, the facility provides individuals in custody confidential access to legal counsel. The IDOC recently entered a MOU with a victim advocacy organization to provide counseling, advocacy, and emotional support. To date, IDOC has fully implemented (all signatures – Crisis Center, Director and Warden) from approximately 75% of our facilities. The IDOC is expected to have all 31 MOUs executed by the end of September.

The two interviewed inmates who reported sexual abuse stated that they were not offered to contact anyone after they reported sexual abuse.

**115.21 (e).** As reported in the PAQ, if requested by victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and support the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. As previously stated, Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, indicates that offenders who are the victims of sexual abuse, shall be "offered counseling and supportive services, such as psychological services, chaplaincy

services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a sexual assault center *(p. 9*).

As previously stated, the IDOC recently entered a MOU with a victim advocacy organization to provide counseling, advocacy, and emotional support. To date, IDOC has fully implemented (all signatures – Crisis Center, Director and Warden) from approximately 75% of our facilities. The IDOC is expected to have all 31 MOUs executed by the end of September.

The interviewed PCM stated that Safe Journeys in Pontiac IL is contacted if an inmate requests an outside victim advocate. As previously discussed, the two interviewed inmates who reported sexual abuse stated that they were not offered to contact anyone after they reported sexual abuse.

**115.21 (f).** N/A- the agency is responsible for administrative and criminal investigations.

**115.21 (g).** N/A- the agency is responsible for administrative and criminal investigations.

**115.21 (h).** N/A

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        *a. Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        a. PREA File Checklist
        b. PREA Checklist
        c. Results of Allegation
        d. Incident Report
        e. Investigational Interview
        f. Notification
        g. PREA After Action Checklist
2. Interviews:
    a. Agency Head
    b. Investigative Staff (2)

**Findings (By Provision):**
**115.22 (a).** As reported in the PAQ, the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. During the past 12 months, there were 184 allegations of sexual abuse and sexual harassment that was received. All those allegations

resulted in an administrative investigation. Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (*p.11*).

| **Allegation** | **# Received** | **# Investigated** | **# referred for criminal investigation** |
|---|---|---|---|
| *Sexual abuse and sexual harassment* | 184 | 184 | 0 |

An interview with the agency head, indicated that the ddepartment takes ALL allegations seriously, and when those allegations are found to be substantiated, the perpetrators are referred for appropriate discipline and/or prosecution. It was further reported that the agency completes criminal and administrative investigations in accordance with AD 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program and the PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual* (internal and external). The department utilizes the required standard of the preponderance of evidence in determining the outcome of such investigations. Additionally, if needed the department can call in the Illinois State Police to assist in such investigations

**115.22 (b).** As reported in the PAQ, the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. All allegations of sexual abuse or sexual harassment are documented. Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (*p.11*).

During the previous 12-month period there was 184 allegations of sexual abuse and/or sexual harassment that was received. Investigations was completed in all these cases. Upon further review, the auditor found that the investigations were thorough and well documented and followed the agency PREA protocols. The interviewed investigator reported that they could refer a case to IDOC and Illinois State Police.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.22 (c).** N/A-A separate entity is not responsible for conducting administrative and/or criminal investigations of sexual abuse or sexual harassment at PCC.

**115.22 (d).** The audit is not required to audit this provision.

**115.22 (e).** The audit is not required to audit this provision.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Settlement (Monroe 18-156 Memo and Order; Injunction)
    c. Academy Pre-Service Orientation Training
    d. Training Curriculum Rehabilitation, Safety, Management, and Care for Transgender People In Confinement Settings
    e. Illinois Department of Corrections Training Academy Cycle Training
    f. Illinois Department of Corrections (Administrative Directive)
        *a. Sexual Abuse and Harassment Prevention and Intervention Program*
    *g.* Annual Refresher Training (744):
        *a.* Security (536)
        *b.* Non-Security/Contracted (208)

2. Interviews:
    a. Random Sample of Staff (16)

**Findings (By Provision):**

**115.31 (a).** As reported in the PAQ, the agency trains all employees who may have contact with inmates on the following matters:

- Agency's zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill their responsibility under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
- The right of inmates to be free from sexual abuse and sexual harassment;
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse an sexual harassment in confinement;
- The common reactions of 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 effective and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse t outside authorities.

Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* states that staff shall be provided training on the Department's zero tolerance policy for sexual abuse and sexual harassment to all staff and any contractors or volunteers who have contact with offenders (*p. 3*). The following documents were reviewed providing evidence of the staff training curriculum for sexual abuse and sexual harassment: Academy Pre-Service Orientation Training, Training Curriculum Rehabilitation, Safety, Management, and Care for Transgender People In Confinement Settings and Illinois Department of Corrections Training Academy Cycle Training. Staff Development and Training curriculums were evaluated by the auditor and contained all items indicated above.

| **ANNUAL INSERVICE (STAFF AND CONTRACTORS)** | |
|---|---|
| **SECURITY** | 536 |
| **NON SECURITY** | 208 |

Interviews with all staff, including randomly selected staff (12) confirmed that they received PREA education when employed during new employee training and during annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and inmate rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the security

Through random interviews with (16) staff and review of 744 training records, the auditor confirmed that PCC staff have been trained on the above defined components. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

The random staff interviewed confirmed that they received PREA education when employed during new employee training and annual in-service training. Interviews with staff indicated they are all aware of the Zero Tolerance Policy, employee and inmate rights, signs and symptoms of sexual abuse, reporting and responding. One hundred percent of the security staff reported being knowledgeable of the topics they had been trained in. It should be noted that at least three staff reported that they did not receive specialized training on working with vulnerable populations (LGBTQI).

As a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training. At Pontiac

there are mental health staff who have received specialized training to work with and monitor the transgender inmates.

**115.31 (b).** As reported in the PAQ, the training is not tailored to the gender of the inmates at the facility. It was also reported that employees who are reassigned from facilities housing the opposite gender are given additional training.

The IDOC lesson plans, were written specifically for female and male offenders, are provided appropriately for the designated facility. A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.31 (c).** As reported in the PAQ, there are 778 staff employed by the facility, how may have contact with inmates, who were trained or retrained on the PREA requirements. It was also reported that between trainings the agency provides employees who may have contact with inmates with information about current policies regarding sexual abuse and sexual harassment. Random staff interviews (16) and confirmation from the PCM indicated that as part of the annual training staff are provided with PREA information.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.31 (d).** As reported in the PAQ, the agency documents that employee who may have contact with inmates understand the training they have received through employee signature or electronic verification. During the onsite documentation review 744 training records were reviewed. The training records reviewed, provided evidence that the facility consistently conducts annual training to staff, and there was adequate documentation of employee signature verifying the employee's comprehension of the training.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        *a. Volunteer Services*
        b. Sexual Abuse and Harassment Prevention and Intervention Program
    c. Illinois Department of Corrections A Guide for the Prevention and Reporting of Sexual Abuse with Offenders (Volunteer Orientation)
    d. Training Curriculum Non-Security Staff
    e. Wexford PREA Training PPT
    f. Contracted Training Verification (124)
2. Interviews:
    a. Volunteers or Contractors (3)

**Findings (By Provision):**
**115.32 (a).** As reported in the PAQ, all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. There were 94 volunteers and individual contractors who have contact with inmates, who have been trained in agency policies and procedure regarding sexual abuse/harassment prevention, detection, and response. Policy *Volunteer Services* states that the facility volunteer coordinator will "eensure volunteers receive orientation and training appropriate to the type of volunteer assignment at the facility or program site prior to service. Training shall include, but not be limited to, preparation of an Incident Report, DOC 0434, volunteer rules of conduct and the Department's zero tolerance policy towards all forms of sexual abuse and sexual harassment" (*p. 3*). Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* states

that staff shall be provided training on the Department's zero tolerance policy for sexual abuse and sexual harassment to all staff and any contractors or volunteers who have contact with offenders (*p. 3*).

The following documents were reviewed, showing the agency response to volunteer and contractor training: Illinois Department of Corrections A Guide for the Prevention and Reporting of Sexual Abuse with Offenders (Volunteer Orientation), Training Curriculum Non-Security Staff, and Wexford PREA Training.

The medical services at PCC are provided by a contracted service. The interviewed contracted staff reported that they have been trained on their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response per the agency policy and procedures. Staff are initially trained upon hire and receive annual training.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.32 (b).** As reported in the PAQ, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. As previously stated, the Volunteer Services policy indicates the above referenced requirements.

The following documents were reviewed, showing the agency response to volunteer and contractor training: Illinois Department of Corrections A Guide for the Prevention and Reporting of Sexual Abuse with Offenders (Volunteer Orientation), Training Curriculum Non-Security Staff, and Wexford PREA Training.
The medical services at PCC are provided by a contracted service. The interviewed contracted staff reported that they have been trained on their responsibility regarding sexual abuse and sexual harassment prevention, detection, and response per the agency policy and procedures. Staff are initially trained upon hire and receive annual training.

**115.32 (c).** As reported in the PAQ, the agency maintains documentation confirming that volunteers/contractors understand the training they have received. The Volunteer Services policy states that "training documentation shall be signed and dated by the volunteer along with the volunteer coordinator, stating what training has been completed. Such files shall be maintained at each facility where the volunteer provides service; copies of documentation shall be obtained from the parent facility" (*p. 3*).

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        *a. Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Offender Orientation Manual
    d. Settlement Agreement (Deaf and Hard Of Hearing-April 23, 2018)
    e. Offender Intake (57):
        a. PREA Screening
        b. Orientation
        c. Reassessment
        d. Housing Assignment
        e. Transgender Programming Reassessment
        f. Post Audit (14)
2. Interviews:
    a. Intake Staff
    b. Random Sample of Residents (41)
    c. John Howard Association staff
3. Onsite Observation:

a. PREA Posters (English/Spanish)
b. John Howard Association letter

**Findings (By Provision):**

**115.33 (a).** As reported in the PAQ, inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicion of sexual abuse or harassment. There were 180 inmates admitted to the facility during the past 12 months who were given information at intake. Of the 130/180 length of staff was for more than 30 days. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that:

a. During the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program including reporting procedures and available services and the zero-tolerance policy. Offenders shall be informed that victims need not name their attacker to receive medical and mental health services.
b. The offender handbook shall include an explanation of reporting procedures and programs and services available to victims or predators of sexual abuse and harassment.

The interviewed intake staff reported that inmates are provided an orientation packet that covers the facility zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The PREA information is available in each unit and throughout the facility, as well as on the custody channel.

Forty-one inmates were interviewed. Only sixteen of the 41 inmates could recall receiving information about the policy on sexual abuse and sexual harassment upon arrival at the facility. It should also be noted that several inmates reported that they could not recall however there are posters located throughout the facility. Of the sixteen inmates who could recall receiving information, most of the inmates stated that they received the information typically on the same day during orientation. Upon discussion with the inmates, it was determined that the intake staff does not go over the information and it is expected that they review the orientation manual. The orientation manual is descriptive and has a variety of content on the facility rules and procedures. Many inmates could not recall receiving information upon intake as they did not read the orientation manual.

**115.33 (b).** There were 180 inmates admitted to the facility during the past 12 months who were given information at intake. Of the 130/180 length of staff was for more than 30 days. As previously stated, offender education occurs at intake. Upon review of the Offender Orientation Manual, inmates are provided information on the following:

- Agency zero tolerance policy on sexual abuse
- What is sexual abuse
- Examples of sexual abuse
- How to prevent sexual abuse
- How to report sexual abuse
- Seeking Medical Attention
- Counseling
- Understanding the Investigative Process

A review of 43 inmate intake records revealed that staff are not consistently having the inmates sign off on the orientation review. The auditor only observed half of the reviewed records had documentation that the offender received the orientation material.

The interviewed intake staff reported that they ensure inmates are educated on their rights to be free from sexual abuse and sexual harassment and the right to be free from retaliation if reported, by giving

them the orientation manual and that the information is reiterated on the custody channel. Inmates are provided such information upon intake/transfer into the facility unless there is an emergency transfer outside of normal operating hours.

Forty-one inmates were interviewed. Only sixteen of the 41 inmates could recall receiving information about the policy on sexual abuse and sexual harassment upon arrival at the facility. It should also be noted that several inmates reported that they could not recall however there are posters located throughout the facility. Of the sixteen inmates who could recall receiving information, most of the inmates stated that they received the information typically on the same day during orientation.

**115.33 (c).** As reported in the PAQ, the agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.

**115.33 (d).** As reported in the PAQ, inmate PREA education is available in formats accessible to all inmates, including those that are:

- Limited English proficient
- Deaf
- Visually impaired
- Otherwise disabled
- Limited in their reading skills

Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, further states that "The Department shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills" (*pp. 7-8*).

Additionally, it should be noted that under a settlement agreement dated April 23, 2018, the IDOC had to implement additional measures to protect the rights of individuals who are death and hard of hearing. Such measures include but not limited to intake medical/hearing screenings, policy and procedures related to hearing screenings, audiological evaluations, auxiliary aids and assessment services, create and maintain a centralized database of deaf and hard of hearing inmates, create deaf and hard of hearing inmate identification cards, develop a communication plan, staff training, appropriate orientation material, provide access to communication devices/technologies, provide television services, create a visual and tactical alert notification, equal access to prison employment, a process for hand restraints, facility and cell assignments, updating the orientation manual, and monitoring and reporting.

Documentation provided to the auditor indicated that the information is given in an age-appropriate fashion. Of the 43 cases reviewed, approximately half had signed acknowledgement forms.

**115.33 (e).** As reported in the PAQ, the agency maintains documentation of inmate participation in PREA education sessions. As previously stated, of the 43 cases reviewed, approximately half had signed acknowledgement forms.

**115.33 (f).** As reported in the PAQ, the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. The following observations were made during site observations: PREA posters throughout the facility in English and in Spanish; information on who to contact to make a report, and access to utilize the privileged mail services with the John Howard Association. Offenders are provided an orientational manual at intake. The auditor contacted the John Howard Association, and it was confirmed that they will receive reports of allegations of sexual abuse and sexual harassment. The

interviewed staff reported that the organization received three allegations from the Pontiac facility in the last 12 months.

Based on site review, the PREA materials (posters, orientation manual, etc.) were continuously visible in both English and Spanish throughout the facility. Inmates and staff noted during interviews that posters and additional PREA resources were evident in multiple locations throughout the facility.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
A review of 43 inmate intake records revealed that staff are not consistently having the inmates sign off on the orientation review. The auditor only observed half of the reviewed records had documentation that the offender received the orientation material. In order to show compliance with the standard, the PCC shall provide proof of inmate's signage of orientation material for all new intakes in July-September 2021. The facility provided evidence of 14 offenders who was placed at the facility during the post audit phase: signed acknowledgement of receipt of PREA Education. There is no further action required for the standard. The standard is no in compliance.

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
   a. Pre-audit Questionnaire
   b. Illinois Department of Corrections (Administrative Directive)
      i. 03.03.102 *Employee Training*
      ii. 01.12.115 *Institutional Investigative Assignments*
   c. Illinois Department of Corrections Prison Rape Elimination Act (PREA) for Investigators Training
   d. Specialized Training:
      i. IDOC: Institutional Investigator: Institutional Investigator (5)
      ii. PERA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations (6)
2. Interviews:
   a. Investigative Staff (2)

**Findings (By Provision):**
**115.34 (a).** As reported in the PAQ, the agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (*p.11*).

Policy Institutional Investigative Assignments states that investigators shall be trained on the following topics:

- Investigative techniques, including interviewing sexual abuse victims;
- Crime scene preservation;
- Collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting;
- Proper use of Miranda and Garrity warnings;
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral; and
- Investigative reporting (*p. 2*)

Pontiac Correctional Center provided training certificates for six onsite investigators. During interview, the facility investigators were able to specify specialized training received. The training was included in the 40 hour institutional investigator training provided by the department. There are also several web based trainings offered by the National Institute of Corrections including Advanced Investigations of Sexual Abuse in a Confinement Setting. The internal affairs unit has routine meetings in which PREA standards along with any updated departmental information.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.34 (b).** The PCC provided evidence that the IDOC specialized training for investigators along with the NIC specialized training for investigators included the following:

- Interviewing sexual abuse victims
- Proper use of Miranda and Garrity warnings
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case for administrative action; and
- Criteria and evidence required to refer a case for prosecution.

The interviewed investigators reported receiving training on said topics.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.34 (c).** As reported in the PAQ, the agency maintains documentation showing that investigators have completed the required training. Policy *Institutional Investigative Assignments* states that “wwritten documentation of training received or written verification that training on specific topics was not required due to prior training or experience shall be maintained in the employee's training file” (*p. 2*).

While conducting the onsite audit, it was identified that there were at least five staff who can conduct investigations. The facility provided evidence that six investigators completed specialized training.

A review of the appropriate documentation, interviews with appropriate staff and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 03.03.102 *Employee Training*
    c. Wexford PREA Training
    d. Specialized Training Curriculum (Medical and Mental Health)
    e. Verification of Mental Health and Medical Specialized Training (124)
2. Interviews:
    a. Medical and Mental Health Staff (4)

**Findings (By Provision):**
**115.35 (a).** Policy, *Employee Training,* provides guidance on staff responsibilities to complete training. As reported in the PAQ, the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The training lesson plan provided to the auditor addressed how to detect signs of sexual abuse., how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse, how and who to report allegations of sexual abuse/harassment and the roles and responsibilities of staff.

One hundred percent of all medical and mental health care practitioners who work regularly at the facility and have received the training required by agency policies. The following documents were reviewed to show compliance with the standard: Medical and Mental Health Specialized Training (124); Wexford Training.

The interviewed medical and mental health staff stated that they receive specialized annual training regarding sexual abuse and sexual harassment. Each interviewed staff was able to articulate their

knowledge and understanding to detect signs of sexual abuse, how to professionally interact with victims, preserve physical evidence, as well as perform healthcare reporting documentation responsibilities.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.35 (b).** As reported in the PAQ, the agency medical staff at this facility do not conduct forensic medical exams. The PCC staff does not conduct forensic medical examinations. Interviews with the medical and mental health staff, further confirmed that they are not trained to conduct such examinations. Forensic examinations would occur at the hospital.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.35 (c).** The some of the medical and mental health staff at PCC is contracted by Wexford. The facility maintains training records of the contracted and state medical and mental health staff. As reported in the PAQ, the agency maintains documentation showing that medical and mental health practitioners have completed the required training.
The following documents were reviewed to show compliance with the standard: Medical and Mental Health Training Records (124); and training curriculums.

**115.35 (d).** The IDOC, *Employee Training*, policy requires that all staff, including contracted medical and mental health, complete both new employee orientation and annual in-service training. The PREA training is comprised of the lesson plan mandated for agency employees to take at orientation and in-service training. The training included all components of 115.31a.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Illinois Department of Corrections PREA Manual
    d. Offender Intake (43):
        i. PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse (43)
        ii. Orientation
        iii. Reassessment
        iv. Housing Assignment
        v. Transgender Programming Reassessment
2. Interviews:
    a. Staff Responsible for Risk Screening (2)
    b. Random Sample of Inmates
    c. PREA Coordinator
    d. PREA Compliance Manager

**Findings (By Provision):**
**115.41 (a).** As reported in the PAQ, the agency has a policy that requires screening (upon admission to a facility or transferred to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that:
Screening and assessment to identify predators and vulnerable offenders.

a. Staff shall make a reasonable effort to ensure the screening and assessment is conducted with consideration of sound confidentiality and sensitivity to the offender.
b. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur:
    I. Ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization.
    II. Ordinarily within 72 hours of admission or transfer to any facility and require:
        a. Clinical services staff to review the pre-sentence report, statement of facts and other material in the master file for sexually abusive behavior or victimization.

Concerns shall be forwarded to the facility PREA Compliance Manager.

b. Mental health professionals to inquire whether the offender has been a victim of sexual abuse in the past (*p. 6*).

The interviewed staff responsible for risk screening reported that inmates are screened upon admission utilizing the predator/vulnerability form. Approximately seven interviewed offenders who were placed at the facility within the last 12 months were interviewed. Of the seven, five could recall being asked "whether they had been in jail or prison before, whether they have been sexually abused, whether they identify as gay, lesbian, or bisexual, or whether they are in danger of sexual abuse. Those fie reported being asked those questions either on the same day or within a few days. Only one of the interviewed inmates who had been here in the last 12 months could recall being asked those questions again.

There were no new intakes to observe during the onsite audit.

**115.41 (b).** As previously discussed, screening and assessment to identify predators and vulnerable offenders.

a. Staff shall make a reasonable effort to ensure the screening and assessment is conducted with consideration of sound confidentiality and sensitivity to the offender.
b. Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent and shall occur:
    I. Ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization.
    II. Ordinarily within 72 hours of admission or transfer to any facility and require:
        a. Clinical services staff to review the pre-sentence report, statement of facts and other material in the master file for sexually abusive behavior or victimization. Concerns shall be forwarded to the facility PREA Compliance Manager.
        b. Mental health professionals to inquire whether the offender has been a victim of sexual abuse in the past (*p. 6*).

According to the PAQ, the policy requires that inmates be screened for risk of sexual victimization or risk of sexual abusing other inmates within 72 hours of their intake. As previously stated, Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that offenders are screened within 24-72 hours. A review of 43 inmate files confirmed that the facility has a process for completing the screenings however there were 11 missing screenings from 43 of the reviewed offender files.

There were 209 reported inmates who entered the facility in the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. The interviewed staff responsible for risk screening stated that screening for risk of sexual victimization and risk for sexually abusing other inmates occurs within 72 hours but typically upon arrival.

While the facility has a process to initially conduct the intake screenings upon inmate arrival of the facility, the location of this screenings should be readily accessible in the inmate file. In order to show continuous compliance with the provision, the auditor recommends that the facility provide proof of completed screening assessments covering a 60-day period from the onset of the onsite audit.

**115.41 (c).** As reported in the PAQ, the facility uses an objective risk assessment (*Screening for Potential Sexual Victimization or Sexual Abuse*). The tool can be duplicated, seeking to achieve a response from any offender completing the assessment. The questionnaire is designed to elicit a response that would best determine if a victim is at risk of being a victim of sexual abuse or sexually abusive behaviors. The

PCC does not house offenders solely for civil immigration purposes; therefore, the questionnaire does not explicitly ask such questions. The offender is asked questions, relative to their perception of vulnerability.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.41 (d).** The screening tool used by PCC looks at:

- Age
- Height
- Weight
- Number of Incarcerations
- Whether individuals criminal history is exclusively non violent
- Developmental disability diagnosis
- Diagnosed mental illness
- Physical disability
- Perceived sexual orientation
- Gender identity/physical presentation
- Immigrant status/language
- History of sexual victimization
- Education level
- Socio-economic status
- Predatory risk factors:
    - History of institutional sexual abusive behavior
    - Criminal history of sexual abusive behavior in the community
    - Criminal history of domestic violence or violence toward others
    - Security threat group affiliation
    - History of institutional/assaultive/violent behavior.

Upon review of inmate files, it was found that several screening tools were completed that did not include critical information such as history of sexual abusive behavior and violence toward others. To show full compliance with the standard, the facility shall provide 60 days of new intake screening information to include the complete inmate file (criminal history, institutional behaviors, etc.)

The interviewed staff responsible for risk screening confirmed that the above referenced areas are considered when conducting the initial risk screening. The assessment are conducted by talking to the inmates and file review.

Additional information is requested to show compliance with the provision.

**115.41 (e).** The PCC screening tool considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence of sexual abuse; when assessing the inmates risk of being sexually abusive. As previously stated, the interviewed staff responsible for risk screening confirmed that the above referenced areas are considered when conducting the initial risk screening. The assessment are conducted by talking to the inmates and file review.

While the screening tool takes the above mentioned into consideration, it was found on multiple files that the information was not accurately reflected onto the tool. The staff responsible for the screenings shall receive a refresher training on how to complete the forms.

**115.41 (f).** As reported in the PAQ, the policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at

the facility, based upon any additional, relevant information received by the facility since the intake screening. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that "wwithin 30 days of admission or transfer to the facility. Each offender, including any offender returned to Reception and Classification as a parole or mandatory supervised release violator, shall be screened again for sexually abusive behavior or victimization and potential predator or vulnerable offender identification based upon any additional, relevant information received by the facility since the intake screening" (*p. 6*).

The interviewed staff responsible for risk screening reported that risk levels are reassessed within 14 days. There were 209 reported inmates who entered the facility within the past 12 months (who's length of stay in the facility was for 30 days or more) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility, based on additional, relevant information received since intake. Forty-three inmate files was reviewed. Of the 43 files, the auditor found that half either did not have a reassessment on file, the reassessment was not completed in entirety, or it was not dated to determine when the reassessment was completed.

To show compliance with this provision, the facility shall provide proof of reassessments for all inmates who arrived in June, July and August of 2021.

**115.41 (g).** As reported in the PAQ, the policy requires that inmates risk level be reassessed 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. Policy Sexual Abuse and Harassment Prevention and Intervention Program further supports the language of the provision (*p. 6*). Upon review of inmate files, the auditor could not determine where reassessments occurred on any inmates due to the above criteria.

The interviewed staff responsible for risk screening stated that an inmate's risk level is reassessed as needed 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.

In order to show compliance with this provision the facility shall provide copies of any new sexual abuse allegations that occurred in July-September and a copy of the reassessments that occurred as a result of a referral, request, incident of sexual abuse or receipt of additional information that bears an inmate's risk of sexual victimization or abusiveness.

**115.41 (h).** As reported in the PAQ, the policy prohibits disciplining inmates for refusing to answer the questions regarding:

- Whether or not the inmate has a mental, physical, or developmentally disability;
- Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
- Whether or not the inmate has previously experienced sexual victimization; and
- The inmate's own perception of vulnerability.

The IDOC PREA Manual further reiterates that inmates may not be disciplined for refusing to answer the above. The interviewed staff responsible for risk screening stated that PCC does not discipline inmates who refuse to respond or complete any assessments. The staff will follow up with those who refuse within 30 days.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

115.41 (i). The interviewed PREA Coordinator indicated that inmates risk assessment is deemed confidential and medical and mental health access per agency policy AD 04.01.301. The interviewed

PCM stated that the facility determines if an individual in custody would be referred for Predator or Vulnerable status. This status is used in determining housing and celling decisions. These celling decisions are made to keep the individuals in custody safe and free from abuse. The interviewed staff responsible for risk screening stated that information on an inmate's risk assessment is only available to staff as they need to have access to that information.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
While the facility has a process in place to conduct intake screenings and reassessments, multiple files reviewed could not show full compliance with the standard. The following actions are requested to show full compliance:

- (b) While the facility has a process to initially conduct the intake screenings upon inmate arrival of the facility, the location of this screenings should be readily accessible in the inmate file. In order to show continuous compliance with the provision, the auditor recommends that the facility provide proof of completed screening assessments covering a 60-day period from the onset of the onsite audit.
- (d) Upon review of inmate files, it was found that several screening tools were completed that did not include critical information such as history of sexual abusive behavior and violence toward others. To show full compliance with the standard, the facility shall provide 60 days of new intake screening information to include the complete inmate file (criminal history, institutional behaviors, etc.).
- (e) The screening tool takes the above mentioned into consideration, however it was found in multiple files that the information was not accurately reflected onto the tool. The staff responsible for the screenings shall receive a refresher training on how to complete the forms.
- (f) There were multiple files that did not show accurate completion of reassessments, to show compliance with this provision, the facility shall provide proof of reassessments for all inmates who arrived in June, July and August of 2021.

In order to show compliance with this provision the facility shall provide copies of any new sexual abuse allegations that occurred in July-September and a copy of the reassessments that occurred as a result of a referral, request, incident of sexual abuse or receipt of additional information that bears an inmate's risk of sexual victimization or abusiveness. As reported by the agency PREA Coordinator, In July 2021, our DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse, form [attached] was revised to provide a section to document the offering of the mental health referral for any individual disclosing prior victimization or perpetration. Follow up documentation showing that the new process is being followed is requested in corrective action. The new document was reviewed along with 14 new intakes that occurred during the post audit phase, to show compliance with the standard. The standard is in compliance and there is no further action recommended.

A memo dated 10/6/2021 was provided, showing that mental health staff were trained on the importance of mental health referrals as well as referral for designation of predator/vulnerable. The attachment includes the topics discussed and signed training rosters. Three additional inmate screenings were reviewed showing that the mental health staff provided follow up for inmates who were identified as vulnerable or predators for sexual abuse and/or sexual harassment.

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Settlement (Monroe 18-156 Memo and Order; Injunction)
    c. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
        ii. 04.03.104 Evaluation, Treatment, and Correctional Management of Transgender Offenders
    d. Offender Intake (43):
        i. PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse (43)
        ii. Orientation
        iii. Reassessment
        iv. Housing Assignment
        v. Transgender Programming Reassessment
2. Interviews:
    a. PREA Compliance Manager
    b. Staff Responsible for Risk Screening (2)
    c. Warden
    d. Staff Who Supervise Inmates in Isolation
    e. Medical and Mental Health Staff
    f. PREA Coordinator
    g. Transgender/ Intersex/Gay/Lesbian/Bisexual Residents (6)

**Findings (By Provision):**

**115.42 (a).** As reported in the PAQ, the agency/facility uses information from the risk screening to inform housing, bed, work, 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. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that:

a. Prior to housing an offender identified as a predator with another offender, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PREA Compliance Manager.
b. An offender identified as vulnerable shall not be housed with an offender identified as a predator. Prior to housing an offender identified as vulnerable with another offender, the proposed housing assignment shall be reviewed and approved by the Chief Administrative Officer in consultation with the facility PREA Compliance Manager.
c. An offender identified as vulnerable shall not be housed in segregation status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided, and such placement in segregation status shall not ordinarily exceed a period of 30 days.

The interviewed PCM stated that the facility determines if an individual in custody would be referred for Predator or Vulnerable status. This status is used in determining housing and celling decisions. These

celling decisions are made to keep the individuals in custody safe and free from abuse. The interviewed staff responsible for risk screening stated that information from the risk screening is used to determine vulnerability, a need to refer to mental health staff, and follow up with administrative staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (b).** As reported in the PAQ, the agency/facility makes individualized determination about how to ensure the safety of inmates. Policy *Evaluation, Treatment, and Correctional Management of Transgender Offenders,* provides guidance on the agency response to the treatment and services of transgender offenders. It should be noted that the policy was established on 4/1/2021 therefore the practices were not fully implemented during the audit cycle.

As a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training. At Pontiac there are mental health staff who have received specialized training to work with and monitor the transgender inmates.

The interviewed Warden stated that Individuals believed or alleging to have been victimized are not placed into segregation strictly based upon their suspected victimization. Individuals are not placed into segregation based upon their risk of being victimized (vulnerable). As previously stated, the interviewed staff responsible for risk screening stated that information from the risk screening is used to determine vulnerability, a need to refer to mental health staff, and follow up with administrative staff.

Three of the four interviewed transgender inmates reported that staff has asked about their safety. The interviewed transgender inmates stated that they discuss such issues in group and they have an assigned mental health staff that talks with them and that is trained to manage transgender inmates.

**115.42 (c).** As reported in the PAQ, the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case-by-case basis. Policy *Evaluation, Treatment, and Correctional Management of Transgender Offenders,* further states that “a review of each transgender, intersex and gender incongruent offenders’ placement and programing assignment shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the offender” (p. 7). The policy further guides that the Transgender Administrative Committee (TAC) shall make “individualized determination about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifying the gender Three of the four interviewed transgender inmates reported that staff has asked about their safety.

As previously stated, as a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training. At Pontiac there are mental health staff who have received specialized training to work with and monitor the transgender inmates.

The interviewed PCM stated that facility does not have specialized housing for transgender or intersex inmates. Housing is determined based on the Transgender Administrative Committee recommendations and facility placement protocols for specialized populations. The interviewed transgender inmates stated that they discuss such issues in group and they have an assigned mental health staff that talks with them and that is trained to manage transgender inmates.

**115.42 (d).** As previously stated, Policy *Evaluation, Treatment, and Correctional Management of Transgender Offenders,* further states that "a review of each transgender, intersex and gender incongruent offenders' placement and programing assignment shall be conducted by the facility twice annually to review any threats to safety experienced or posed by the offender" (p. 7). The policy further guides that the Transgender Administrative Committee (TAC) shall make "individualized determination about how to ensure the safety of each offender including considering transfer from one gender-specific facility to an opposite gender facility and specifying the gender of staff which will perform searches of the offender (*p. 7*).

As previously stated, as a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training. At Pontiac there are mental health staff who have received specialized training to work with and monitor the transgender inmates.

The PCM and interviewed staff responsible for risk screening reported that placement and programming assignments for transgender or intersex offenders are reassessed every treatment plan review and there are specialized staff who are assigned to reassess for vulnerability.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (e).** Policy *Evaluation, Treatment, and Correctional Management of Transgender Offenders,* provides a detailed overview of the TAC committee's responsibility to include but not limited to taking into consideration the inmates own views with respect to his or her own safety.

As previously stated, as a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training. At Pontiac there are mental health staff who have received specialized training to work with and monitor the transgender inmates.

The PCM and the interviewed staff responsible for risk screening such consideration is given to transgender and intersex offenders. The facility has specialized trained staff, and the transgender inmates are placed in transgender specific programming with the transgender trained staff. Three of the four interviewed transgender inmates reported that staff has asked about their safety. The interviewed transgender inmates stated that they discuss such issues in group and they have an assigned mental health staff that talks with them and that is trained to manage transgender inmates.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (f).** Policy *Evaluation, Treatment, and Correctional Management of Transgender Offenders,* states that "transgender, intersex, and gender incongruent offenders shall be allowed the same frequency of showers, in accordance with his or her classification. Showers shall be separate and private from other offenders" (*p. 9*).

The PCM and the interviewed staff responsible for risk screening further stated that all individuals can shower separately from other inmates. Three of the four interviewed transgender inmates reported that they can shower without other inmates. One inmate reported that the unit just put up the PREA shower curtains, however prior to that anyone walking by could see you shower.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.42 (g).** Policy *Evaluation, Treatment, and Correctional Management of Transgender Offenders,* states that "transgender, intersex, and gender incongruent offenders shall not be assigned to gender specific facilities based solely on their external genital anatomy" (*p. 7*). This was confirmed through discussion with the PREA Coordinator and the PREA compliance manager, all denied such practices at PCC.

As previously stated, as a result of a judicial decree (Monroe 18-156 Memo and Order; Injunction) the IDOC has implemented new policies and procedures that protected transgender resident rights around medical services, housing, cross gender strip searches and gender affirming clothing; along with staff and inmate training. At Pontiac there are mental health staff who have received specialized training to work with and monitor the transgender inmates.

Four inmates were interviewed that identified as transgender. All the interviewed inmates reported that there is no special housing for transgender or intersex inmates. One of the interviewed inmates reported that in the past, she felt that she was inappropriately stripped searched. Two interviewed inmates that identified as gay reported that there is no special housing at the facility, everyone is housed together. It was also reported that if you are identified as vulnerable administration can place you in a single cell.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        i. PREA File Checklist
        ii. PREA Checklist
        iii. Results of Allegation
        iv. Incident Report
        v. Investigational Interview
        vi. Notification
        vii. PREA After Action Checklist
2. Interviews:
    a. Warden
    b. Staff who Supervise Inmates in Segregated Housing (2)

**Findings (By Provision):**

**115.43 (a).** As reported in the PAQ, the agency has a policy prohibiting the placement of 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 that there is no available alternative means of separation from likely abusers. There were zero reported inmates at risk of sexual victimization who were held in involuntary segregated housing the past 12 months for one to 24 hours awaiting completion of assessment.

Policy *Sexual Abuse and Harassment Prevention and Intervention* states that 'An offender identified as vulnerable shall not be housed in segregation status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided, and such placement in segregation status shall not ordinarily exceed a period of 30 days" (*p. 7*).

Upon review of the sexual assault/harassment investigations (21), there were no investigations identified where an inmate was placed in restrictive housing upon the conclusion of the investigation.

**115.43 (b).** The agency does not use restrictive housing for the purpose of being a victim of sexual abuse/harassment. The interviewed staff responsible for supervising inmates in segregated housing reported that segregated housing is not used for the purposes of sexual abuse related incidents. It was

also reported that privileges are not restricted unless there is a safety threat. If there are any restrictions it would be documented as an unusual incident.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.43 (c).** As reported in the PAQ, there were zero reported inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. The interviewed staff reported that restrictive housing is not used for the purpose of sexual abuse allegations. For other purposes of segregation, if an inmate is found guilty of a rule violation, they will receive up to 30 days in segregation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.43 (d).** As reported in the PAQ, there were zero reported inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.43 (e).** As reported in the PAQ, there were zero reported inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. The interviewed staff reported that involuntary segregation for sexual abuse allegations are not utilized. The facility does not place individuals in restrictive housing for reasons of safety. Restrictive housing is used for disciplinary purposes.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Offender Orientation Manual
    d. Offender Grievance Form (43)
    e. Offender Request Form
    f. Handout: Prison Rape Elimination Act of 2003
2. Interviews:
    a. Random Sample of Staff (16)
    b. Random Sample of Inmates (41)
    c. PREA Compliance Manager
    d. Residents who Reported a Sexual Abuse

**Findings (By Provision):**

**115.51 (a).** As reported in the PAQ, the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:

- Sexual abuse or sexual harassment;
- Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment; and
- Staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy Sexual Abuse and Harassment Prevention and Intervention Program states that "during the admission and orientation process, offenders shall be provided with a presentation regarding the Department's Sexual Abuse and Harassment Prevention and Intervention Program including reporting procedures and available services and the zero-tolerance policy" (*p. 7*). The Offender Orientation Manual provides further guidance for inmate options to make report of sexual abuse or sexual harassment. Such options included but not limited to: hotline, grievance form, tell staff, offender request form, and write a confidential letter to an outside entity (John Howard Association).

The interviewed random staff reported that inmates can privately report by using an inmate hotline number, complete a KITE, tell staff, or friends/family. It was also reported that inmates can access the hotline or emails by utilizing their tablets. Such reports can be made verbally or in writing. After probing, all the interviewed inmates stated that they had multiple ways to report. Most of the inmates reported that the hotline or grievance is the primary way to report; along with notifying staff, making a written report, or telling a friend or family member. Several of the inmates described a culture where they could not trust staff. Such mistrust was articulated to the auditor during formal and informal interviews. It should also be noted that while the auditor was conducting an interview a staff member was directly observed leaning into the door in direct ear observation of the discussion. The auditor made a request for the staff to back away from the door.

During the onsite inspection, the offender phones were checked to ensure that they were working properly. It was observed that the phones were active and available for offenders to report sexual abuse or sexual harassment.

**115.51 (b).** As reported in the PAQ, the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency also has a policy requiring inmates detained solely for immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. As previously stated, the Offender Orientation Manual provides further guidance for inmate options to make report of sexual abuse or sexual harassment. Such options included but not limited to hotline, grievance form, tell staff, offender request form, and write a confidential letter to an outside entity.

The interviewed PCM stated that Individuals in custody can call the PREA hotline, report allegations to any employee, or write to any employee, write a grievance, write the agency PREA coordinator, write privileged mail to the John Howard Association. Secondary sources such as family can also report the PREA allegations for them to be investigated. One way in which inmates can report privately is the John Howard Association.

As previously stated, the interviewed inmates stated that they had multiple ways to report. Most of the inmates reported that the hotline or grievance is the primary way to report; along with notifying staff, making a written report, or telling a friend or family member. When the inmates were asked if they are allowed to make a report without having to give your name, only 12 of the 41 inmates felt comfortable that they could make a report without having to give your name.

Per the facility report and onsite observation, there were no offenders housed at the facility detained solely for immigration purposes. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.51 (c).** As reported in the PAQ, the agency has a policy mandating that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The offender orientation manual describes multiple means for offenders to report. Such means include verbally, in writing, anonymously, and from third parties. The interviewed random staff reported that the inmates can privately report by using an inmate hotline number, grievance, staff, family, or friends. Such reports can be made verbally or in writing. All the interviewed staff reported that if an inmate verbally or in writing reported sexual abuse or sexual harassment the allegations are responded to immediately and they would document by the end of the shift. Thirty-eight of the forty-one interviewed inmates stated that they could make a report of sexual abuse or sexual harassment either in person or in writing; additionally, someone else such as family or friends could make a report on their behalf.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.51 (d).** As reported in the PAQ, the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The agency handout on the Prison Rape Elimination Act of 2003 provides staff with multiple ways to privately report allegations of sexual abuse or sexual harassment of inmates.

Interviews with the random staff, further support that the PCC has made staff aware of the multiple ways in which an inmate can make a private report. The interviewed staff were confident that they could report sexual abuse or sexual harassment of offenders in private. The various ways described included but not limited to: writing a grievance, notifying staff, notifying family or friends, and/or calling the hotline number.

**Corrective Action:**
**No corrective action is recommended for 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 files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

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

**115.52 (f)**

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

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

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

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

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

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

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

**115.52 (g)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
        *ii.* 04.01.114 *Local Offender Grievance Procedures*
    c. Illinois Administrative Code (*Grievance Procedures for Offenders*)
    d. Grievances (42)
2. Interviews:
    a. Inmates who Reported a Sexual Abuse (7)

**Findings (By Provision):**
**115.52 (a).** As reported in the PAQ, the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Policy *Local Offender Grievance Procedures* and the Illinois Administrative Code (*Grievance Procedures for Offenders*) provides guidance to staff regarding the offender grievance process. When reviewing inmate files, the auditor reviewed 42 grievances filled. Of the 42, three were PREA related. The PREA related grievances were investigated.

**115.52 (b).** As reported in the PAQ, agency policies or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. The policy does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. *Policy Local Offender Grievance Procedures* further states that 'Offender grievances involving alleged incidents of sexual abuse shall be exempt from any informal (counselor) grievance process" (*p. 2*). The policy further states that "Offender grievances related to allegations of sexual abuse shall not be subject to any filing time limit" (*p. 7*).

In review of the offender orientation manual, the grievance process is in accordance with this standard is properly covered.

**115.52 (c).** As reported in the PAQ, the agency policy and procedure allow an inmate to submit a grievance alleging sexual abuse without submitting or referring it to the staff member who is the subject of the complaint. *Local Offender Grievance Procedure* confirms that "An offender may submit the grievance without submitting it to any staff member who is the subject of the complaint" (*p. 6*). It further states "No grievance shall be referred to any staff member who is the subject of the complaint".

Upon review of three PREA related grievances, it was found that the grievances were properly redirected to the investigation staff for further review.

**115.52 (d).** As reported in the PAQ, the agency policy and procedure require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. Local Offender Grievance Procedure states that:

The Department shall issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.

a. Computation of the 90-day time period shall not include time consumed by the offender in preparing any administrative appeal.
b. The Department may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The offender shall be notified, in writing, of such extension and provided with a date by which a decision will be made.

In the past 12 months, the number of grievances filled for sexual abuse is 95 and all alleged grievances reached a final decision within 90 days. The two interviewed inmates who reported sexual abuse stated that they were notified the results of the investigation. Initially one inmate stated that he was not notified; however, after further probing he could recall being told that the allegation was unfounded. The inmates could not recall when exactly they were notified.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.52 (e).** As reported in the PAQ, the agency policy and procedure permit third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing a request for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Local Offender Grievance Procedure states that "Third parties, including other offenders, staff members, family members, attorneys, etc., shall be permitted to assist offenders in filing grievances relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of the offender" (*p. 6*).

During the site review, there was no indication provided through random and targeted inmate interviews, no letters received from inmates, and no informal statements were made to suggest that the third-party fillings have been ignored and/or not received. Based on review of documentation, the provision of this standard is met.

**115.52 (f).** As reported in the PAQ, the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The policy also requires an initial response within 48 hours. There were zero reported emergency grievances filed in the last 12 months. The *Local Offender Grievance Procedure*, states that "For emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse, the Department shall provide an initial response within 48 hours and shall have a final decision provided within five calendar days. The initial response and final decision shall document the Department's

determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance" (*p. 7*). A review of grievance documents, investigative reports, along with interviews while conducting the site review confirmed application of the standard.

**115.52 (g).** As reported in the PAQ, the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past 12 months, there were zero inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. The *Local Offender Grievance Procedure*, states that "sstaff shall be prohibited from imposing discipline due to use of the grievance process" (p. 7).

Based on review of documentation, the provision of this standard is met.

**Corrective Action:**
**No corrective action is recommended for this standard.**

**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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
    c. *Offender Orientation Manual*
    d. MOU: Illinois Department of Corrections and Safe Journeys
    e. MOU: Illinois Department of Corrections and John Howard Association
2. Interviews:
    a. Random Sample of Inmates (41)
    b. Inmates who Reported a Sexual Abuse (7)
    c. Warden
    d. PREA Compliance Manager

**Findings (By Provision):**
**115.53 (a).** As reported in the PAQ, the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse. Institutional Directive *Sexual Abuse and Harassment Prevention and Intervention Program* states that "an offender who alleges to be a victim of sexual abuse shall be offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a sexual assault crisis center" (*p. 9*).

The Offender Orientation Manual states that "if you have been the victim of sexual abuse/assault or custodial sexual misconduct, you may want to seek counseling or advice from a mental health professional. Crisis counseling and other special services are available to you" (p. 35). Five of the forty-one interviewed inmates stated that they were aware of services outside the facility that deal with sexual abuse. Of those five only two were fluent in such services. The other inmates generally had knowledge from what they saw on the news or while they were in the community. Upon further probing, one inmate stated that all the information he received was at the jail, and that he would not feel safe

coordinating services with the PCC staff. He stated that mental health appears to care but when you need follow up, request for services is ignored.

The IDOC recently entered into a MOU with a victim advocacy organization to provide counseling, advocacy, and emotional support. To date, IDOC has fully implemented (all signatures – Crisis Center, Director and Warden) from approximately 75% of our facilities. The IDOC is expected to have all 31 MOUs executed by the end of September.

The two interviewed inmates who reported sexual abuse stated that they were not offered or provided any mailing addresses and telephone numbers for outside services nor where they able to talk to anyone about those services.

**115.53 (b).** As reported in the PAQ, the facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility reported that it informs inmates prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosure of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The agency/facility has an MOU with the John Howard Association and Safe Journey to allow for confidential communication.

Only one of the interviewed inmates believed that they could talk to an outside entity about services related to sexual abuse and that the conversation would remain private. While conducting the formal and informal interviews multiple inmates discussed a lack of trust and feeling safe as it relates to their interactions with staff. Inmates discussed that they are not concerned about any incidents involving other inmates but more that would involve staff. Inmates expressed that many male staff will try to say or do sexual things to humiliate or demean an inmate. An example would be to ask the inmate to show their penis, masturbate in front of staff, or make sexual comments. It was also expressed that if you did not play by the staff rules, they would retaliate, and nothing would be done. Inmates expressed a culture of mistrust among staff.

The two interviewed inmates who reported sexual abuse stated that they are not aware if they could communicate with outside services in a confidential manner.

**115.53 (c).** As reported in the PAQ, the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service to providers that can provide inmates with emotional support services related to sexual abuse. The IDOC recently entered a MOU with a victim advocacy organization to provide counseling, advocacy, and emotional support. To date, IDOC has fully implemented (all signatures – Crisis Center, Director and Warden) from approximately 75% of our facilities. The IDOC is expected to have all 31 MOUs executed by the end of September.

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Agency website

**Findings (By Provision):**
**115.54 (a).** As reported in the PAQ, the agency or facility provides a method to receive third-party reports on inmate sexual abuse or sexual harassment. Said information is publicly distributed. The agency website provides the following guidance:

**How to Report Institutional Sexual Abuse and/or Staff Sexual Misconduct**

If you have information regarding an offender who has been sexually abused or sexually harassed while under IDOC custody or community supervision, please call: **217-558-4013**.

**Calls to this number at IDOC Headquarters are recorded**. Messages are checked periodically Monday through Friday during business hours by staff of the Investigations Unit.

You do not have to give your name, but it is critical that you provide as many details as possible**.**

This includes:

- The name(s) and locations of persons involved;

- the name(s) or description of any witnesses to the incident;
- IDOC offender number (if an offender)
- A brief description of the incident(s)
- A brief description of where the event(s) occurred;
- The date(s), time, and place of occurrence(s);
- Names and contact information of others who might have additional information about the incident;
- Your contact phone number and address (optional)

IDOC investigates all allegations of offender–on–offender sexual abuse and staff sexual misconduct. Investigations are initiated by the Investigation Unit at IDOC Headquarters. Please understand without detailed information it is difficult to investigate a sexual abuse or sexual harassment situation.

Based on review of documentation, interviews with staff and inmates, the facility met the requirements of the standard.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

**115.61 (a)**

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

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

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

**115.61 (b)**

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

**115.61 (c)**

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

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

**115.61 (d)**

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

**115.61 (e)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
2. Interviews:
    a. Random Sample of Staff (16)
    b. Medical and Mental Health Staff (4)
    c. PREA Compliance Manager
    d. Warden

**Findings (By Provision):**

**115.61 (a).** As reported in the PAQ, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The agency

requires all staff to report immediately and according to agency policy any retaliation against inmates or staff who reported such an incident. *Policy Sexual Abuse and Harassment Prevention and Intervention Program* states that:

> Reports of sexual abuse or harassment occurring while an offender was housed at a different facility shall be reported to the Chief Administrative Officer of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received. Reports of sexual abuse or harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported by the Chief Administrative Officer of the facility that received the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours (p. 8-9).

One hundred percent of the random staff interviewed reported being aware of the agencies policies for reporting any information related to an inmate sexual abuse. Interviewed staff could articulate the necessity to report any incident or alleged incident of sexual abuse or sexual harassment immediately. The staff are aware of various methods of reporting an writing or verbally to include but not limited to: report to shift supervisor and/or hotline immediately.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.61 (b).** As reported in the PAQ, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. *Policy Sexual Abuse and Harassment Prevention and Intervention Program* states that:

> Access to information related to sexual abuse occurring in a correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigation of the offender to the extent possible while ensuring the safety and security of offenders and staff. Informed consent shall be required before utilizing information regarding a sexual victimization that occurred outside of a correctional setting.

As previously stated, the interviewed random sample of staff indicated a clear understanding of the duty to report the above mentioned immediately. Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.61 (c).** Per the above-mentioned policy, medical and mental health staff, are required to report sexual abuse pursuant to 115.61a. Interviews with medical and mental health staff, indicated that they are fully aware of their duty to report and the limitations of confidentiality. The staff indicated that upon becoming aware of an allegation of sexual abuse or sexual harassment and incident report is completed. The interviewed staff reported that inmates are notified of the limitations and duty to report at the initiation of services.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.61 (d).** The PCC does not house offenders under the age of 18. Interviews with the Warden and the PREA Coordinator, supported that were no investigative reports to have met the criteria for endangered/vulnerable adult status reporting during the reporting period. If there was an allegation involving someone under the age of 18, the PREA Coordinator reported that it would be handled in the same manner as all other investigations.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.61 (e).** As previously stated, the agency policy reports that all incidents of alleged sexual abuse and sexual harassment are reported to be investigated by the facilities Investigative Unit, which also includes any third party and anonymous reports.

During the interview with the Warden, it was confirmed that all reports of sexual abuse and sexual harassment allegations are forwarded to the investigative staff. More specifically the Warden stated that the On-Duty Shift Supervisor is notified who will ensure all proper notifications are made to DAO, Internal Affairs, Mental Health, Medical. All other notifications are made on a need-to-know basis per IDOC reporting policies ex. notify Deputy Director depending on severity.

The facility has five trained investigators. If someone calls the facility and makes a report, the call is immediately forwarded for investigation to the facilities Investigations Unit. The interviewed investigator reported that third party or anonymous reports are investigated the same as any other allegation of sexual abuse or sexual harassment.

**Corrective Action:**
**No corrective action is recommended for 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)

i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*

c. Investigation Report Reviewed (21-(6 SH) and (15 SA))

i. PREA File Checklist
ii. PREA Checklist
iii. Results of Allegation
iv. Incident Report
v. Investigational Interview
vi. Notification
vii. PREA After Action Checklist

2. Interviews:
   a. Agency Head
   b. Warden
   c. Random Sample of Staff (16)

**Findings (By Provision):** Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* **115.62 (a).** As reported in the PAQ, when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. In the past 12 months, there were zero times that the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. The agency coordinated responses states the following:
Any offender who alleges to be a victim of sexual abuse shall be:

1. Immediately provided protection from the alleged abuser and the incident shall be investigated.
2. Referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures.
3. Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services.
4. Offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a rape crisis center (*p. 8*).

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

The interviewed Warden stated, “the Shift Supervisor is to be notified and is to consult with Internal Affairs, DAO, PREA Compliance Manager and other essential staff as necessary (Mental Health and Medical). Depending on the severity of the risk, the individual may be changing the individual's housing assignment, changing work assignment, and continuing to monitor the situation. In the event the alleged perpetrator is staff, considerations to reassign staff may be considered with the impact on the staff taken into account.

All the interviewed staff could articulate the response process if an inmate is at risk or imminent sexual abuse. Staff reported that action would be taken immediately to address an inmate who is at risk of sexual abuse not notifying a supervisor. Several staff further elaborated on the process of separating the victim and the perpetrator.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Allegation Reported at Another Facility (2)
2. Interviews:
    a. Agency Head

b. Warden

**Findings (By Provision):**
**115.63 (a).** As reported in the PAQ, the agency has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, there was one allegation of sexual abuse that the facility received from other facilities.

Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that:

> Reports of sexual abuse or harassment occurring while an offender was housed at a different facility shall be reported to the Chief Administrative Officer of the facility where the incident occurred as soon as possible, but not later than 72 hours after the initial report was received.
>
> **NOTE**: Reports of sexual abuse or harassment occurring while an offender was housed within a different jurisdiction, such as a municipal lockup, county jail, or correctional center in another state, shall be documented on a DOC 0434 and reported by the Chief Administrative Officer of the facility that received the allegation to the Chief Administrative Officer of the agency where the alleged abuse occurred within 72 hours (*pp. 8-9*).

There were two allegations reviewed which were either reported at Pontiac or reported at another facility regarding an allegation at Pontiac. Upon review, it was found that the allegations were immediately investigated in accordance to agency policy.

All the interviewed staff could articulate the response process if an inmate is at risk or imminent sexual abuse. Staff reported that action would be taken immediately to address an inmate who is at risk of sexual abuse not notifying a supervisor. Several staff further elaborated on the process of separating the victim and the perpetrator.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.63 (b).** As reported in the PAQ, the agency policy requires the facility head provides such notification as soon as possible, but no more than 72 hours after receiving the allegation. As previously stated, *Policy Sexual Abuse and Harassment Prevention and Intervention Program* provides guidance on the notification to other facility. There were two allegations reviewed which were either reported at Pontiac or reported at another facility regarding an allegation at Pontiac. Upon review, it was found that the allegations were immediately investigated in accordance to agency policy.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.63 (c).** As reported in the PAQ, the facility documents that it has provided such notifications within the 72 hours of receiving the allegation. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, “any report or observance of sexual abuse or harassment shall be documented on an Incident Report, DOC 0434, and reported to the facility PREA Compliance Manager in accordance with Paragraph II.G.6. All reports shall be investigated accordingly” (*p. 8*). There were two allegations reviewed which were either reported at Pontiac or reported at another facility regarding an allegation at Pontiac. Upon review, it was found that the allegations were immediately investigated in accordance to agency policy.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.63 (d).** As reported in the PAQ, the facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. During the past 12 months, there was one allegation of sexual abuse that the facility received from other facilities. There were two allegations reviewed which were either reported at Pontiac or reported at another facility regarding an allegation at Pontiac. Upon review, it was found that the allegations were immediately investigated in accordance with agency policy.

The interviewed agency head reported, that when notified by another agency of an allegation within an IDOC facility, the PREA Compliance Manager of that respective facility is notified and the PREA procedures and protocols are implemented. If an offender provides an allegation to IDOC regarding another jurisdiction, the CAO of the IDOC facility receiving the allegation reports such complaint to the CAO of the jurisdiction in which the report was alleged to have occurred. The cross Jurisdictional Reports happen regularly.

The interviewed Warden reported two instances of allegations received from an outside facility. Both allegations were reviewed by the auditor, and they were properly investigated.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
    c. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        i. PREA File Checklist
        ii. PREA Checklist
        iii. Results of Allegation
        iv. Incident Report
        v. Investigational Interview
        vi. Notification
        vii. PREA After Action Checklist
2. Interviews:
    a. Security Staff or Non-Security Staff First Responders (16)
    b. Random Sample of Staff (16)
    c. Inmates who reported a sexual abuse (7)

**Findings (By Provision):**
**115.64 (a).** As reported in the PAQ, the agency has a first responder policy for allegations of sexual abuse. Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:

- Separate the alleged victim and abuser;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

- If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teethe, changing clothes, urinating, defecating, smoking, drinking or eating; and/or;
- If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.

Policy Sexual Abuse and Harassment Prevention and Intervention Program, states that:

a. Any offender who alleges to be a victim of sexual abuse shall be:
    a. Immediately provided protection from the alleged abuser and the incident shall be investigated.
    b. Referred to health services for examination, treatment, and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures.
    c. Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services.
    d. Offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a rape crisis center.

**NOTE**: When necessary, referrals for continued care shall be made following the offender's transfer to, or placement in, other facilities, or their release from custody (*p. 8*).

In the past 12 months, there were 29 allegations of inmate sexual abuse. All of those allegations resulted in a separation of the victim and abuser. In three of the allegations, staff were notified within a time that still allowed for the collection of evidence. Through the review of investigation files for allegations of sexual abuse, it appears that appropriate protocols as listed above are followed.

Two inmates who reported sexual abuse while at the facility stated that the facility responded to their allegations. One inmate reported that staff immediately responded to the allegation and another inmate stated that staff responded within a week. Five additional inmates reported sexual harassment and stated that the allegations were responded to immediately or within one week. One of the interviewed inmates stated that felt that staff responded immediately however, they treated him like he was lying. The inmate stated that while staff immediately responded they only came to talk to him but did not take him to be examined.

It should be noted that all security staff are considered first responders.

**115.64 (b).** As reported in the PAQ, the policy requires that if the first staff responder is not a security staff member, that responder shall be required to:

- Request that the alleged victim not take any actions that could destroy physical evidence; and/or
- Notify security staff.

Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that:

> Staff responding to any allegation of sexual abuse shall take steps to ensure preservation of the area in which the alleged abuse occurred, including requesting that the alleged victim and abuser not take any action that may destroy physical evidence including changing clothes, bathing, brushing teeth, urinating, defecating, drinking or eating, etc. (p. 8).

There were 28 cases where non-security staff members were first responders. In all cases, non-security first responders followed the agency protocol. Of those allegations responded by a non-security staff member, there was one instance when staff members:

1) Requested that the alleged victim not take any actions that could destroy physical evidence; and/or
2) Notified security staff.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
    c. Illinois Department of Corrections (Institutional Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
2. Interviews:
    a. Warden

**Findings (By Provision):**

**115.65 (a).** As reported in the PAQ, the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse. *Policy Sexual Abuse and Harassment Prevention and Intervention Program* outlines the institutions coordinated response (p. 8-12). The facility Institutional Directive provides guidance on the written institutional plan on a local level.

The facility Warden further reiterated the below steps:

- CAO shall ensure written policy is established and maintained. All Staff required to report allegations
- Shift Supervisor ensure the victim is safeguarded and ensure all notifications are made- IA, MH, Health Care Unit, DAO, Compliance Manager
- Compliance Manager/DAO review allegation to determine level of response
- Internal Affairs- safeguard victim, collect evidence and investigate allegation
- Mental Health- crisis intervention, treatment, referral to Psychiatry and/or victim advocate
- Medical- examination, treatment, STD testing, coordinate possible forensic exam

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Collective Bargaining Agreements
        i. Carpenters
        ii. Laborers
        iii. Painters
        iv. Plumbers
        v. Teamsters
2. Interviews:
    a. Agency Head

**Findings (By Provision):**

**115.66 (a).** As reported in the PAQ, the agency, facility, or any other government entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. The agency provided copies of five collective bargaining agreements.

The interviewed agency head stated that at minimum, all collective bargaining agreements provide the department with the ability to place an employee on paid administrative leave.

**115.66 (b).** The provision is not required to be audited.

**Corrective Action:**
**No corrective action is recommended for this standard.**

**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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
   a. Pre-Audit Questionnaire (PAQ)
   b. Illinois Department of Corrections (Administrative Directive)
      i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
   c. Memo: PREA Retaliation Monitor
   d. Corrective Action (2 monitor for retaliations completed)
2. 
3. Interviews:
   a. Agency Head
   b. Warden
   c. Inmates who Reported a Sexual Abuse (7)

**Findings (By Provision):**
**115.67 (a).** As reported in the PAQ, the facility has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency has designated staff charged with monitoring for retaliation. Policy *Sexual Abuse and Harassment and Prevention and Intervention Program* provides guidance on protecting inmates and staff from retaliation.

During the onsite and post audit phase, it was determined that no one was conducting the monitoring for retaliation. The facility will enter into corrective action to address.

**115.67 (b).** As previously stated, the *Sexual Abuse and Harassment and Prevention and Intervention Program* provides guidance on protecting inmates and staff from retaliation. The facility reported that no offenders were placed on segregated housing after reporting sexual abuse or sexual harassment.

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

The interviewed Warden reiterated the facility process. The process included but not limited to: housing changes, transfers depending on severity of allegation, emotional support services, monitor retaliation during and after investigation (90 days).

The two interviewed inmates who reported sexual abuse stated that do not feel safe against retaliation. Both inmates stated staff will retaliate by doing random shake downs, deprive of property or place in segregation. It should also be noted that when conducting the random interviews, several inmates reported the same concern of staff retaliation, humiliation, or intimidation.

Based upon review of documentation and interviews with staff, the facility met the requirements of the provision.

**115.67 (c).** As reported in the PAQ, the facility monitors for retaliation for 90 days, and will continuing monitoring past 90 days if needed. There were zero reported incidents of retaliation reported in the last 12 months. Policy *Sexual Abuse and Harassment and Prevention and Intervention Program* states that:

a. For a minimum of 90 days following the initial report of sexual abuse or harassment, the Department shall monitor the conduct and treatment of offenders or staff who reported the sexual abuse and of offenders who were reported to have suffered sexual abuse to observe if there are changes that may suggest possible retaliation by offenders or staff. The Department shall act promptly to remedy any such retaliation.
    1. Offender conduct and treatment shall be documented on the PREA Retaliation Monitor – Offender, DOC 0498. The review shall include, but not be limited to, disciplinary reports, housing or program changes and facility transfers, and include periodic status checks to ensure he or she displays no changes that may suggest retaliation.
    2. Staff conduct and treatment shall be documented on the PREA Retaliation Monitor – Staff, DOC 0499. The review shall include, but not be limited to, negative performance reviews and reassignments.

    **NOTE**: The Department's obligation to monitor for retaliation shall terminate if the Department determines the allegation is unfounded; however, the Department shall continue such monitoring beyond the 90 days if the initial monitoring indicated a continuing need.

b. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation (*pp. 10-11*).

A memo dated 5/5/2021, designated three facility staff to serve as PREA retaliation monitors. It should be noted that when having formal and informal discussion with the inmates, many inmates expressed a fear and culture of retaliation among male staff. The inmates stated that the male staff would retaliate against them by taking items, restricting items, and/or trying to shame or humiliate them. While the auditor

can not verify or confirm such actions, the auditor expressed concern with the facility leadership. Additional concern regarding the culture was expressed in that many of the interviewed staff appeared annoyed and disengaged with the audit process. At times, staff were resilient to assist or be a part of the process. On one occasion, the auditor had to notify a security staff to back away from the door as they began to ease closer and closer, within ear distance of the interview.

During the onsite and post audit phase, it was determined that no one was conducting the monitoring for retaliation. The facility will enter into corrective action to address.

**115.67 (d).** Policy *Sexual Abuse and Harassment and Prevention and Intervention Program,* provides guidance on the requirement that monitoring would include periodic checks.

**115.67 (e).** Policy *Sexual Abuse and Harassment and Prevention and Intervention Program* states that "the Department's obligation to monitor for retaliation shall terminate if the Department determines the allegation is unfounded; however, the Department shall continue such monitoring beyond the 90 days if the initial monitoring indicated a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation" (*p. 12*).

The interviewed agency head stated that the department has the tools of investigation, transfer of housing units, transfer to another facility, moving staff to different posts, medical evaluations, and mental health evaluations to monitor for and prevent such retaliatory actions. In addition, the department has an MOU with John Howard Association to receive complaints from offenders to include retaliatory actions, which are then investigated by the department.

The interviewed Warden stated that if there is suspicion of retaliation, the facility would act promptly to address the issue. Monitor disciplinary reports, housing, program changes or negative performance reviews for staff. Continue monitoring past the 90 days if needed.

During the onsite and post audit phase, it was determined that no one was conducting the monitoring for retaliation. The facility will enter into corrective action to address.

**115.67 (f).** Per policy, the facilities obligation to monitor shall terminate if the facility determines that the allegation is unfounded (*p. 12*).

**Corrective Action:**
During the post audit phase, it was further determined that the monitoring for retaliation was not occurring in accordance with the provision requirements and the policy. As a corrective action, the PREA Coordinator provided additional guidance to the three staff designated to monitor for retaliation. New leadership was put into place after the onsite audit. While it was found that the monitoring was not occurring, two new staff were trained and designated as the responsible parties to monitor for retaliation. A memo dated 10/7/2021, confirmed the staff who were designated to monitor for retaliation. The facility implemented the new practice and provided evidence of two allegations of sexual abuse that are being monitored.

No further action is required for this provision. The facility is now in compliance with the standard.

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
    c. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        i. PREA File Checklist
        ii. PREA Checklist
        iii. Results of Allegation
        iv. Incident Report
        v. Investigational Interview
        vi. Notification
        vii. PREA After Action Checklist
2. Interviews:
    a. Warden
    b. Staff who Supervise Inmates in Segregated Housing (2)
    c. Medical and Mental Health Staff

**Findings (By Provision):**
**115.68 (a).** As reported in the PAQ, the agency has a policy that prohibits the placement of inmates who alleged to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and determination has been made that there is no available alternative means of separation from likely abusers. There were zero reported inmates who alleged to have suffered sexual abuse and who were held in involuntary segregated housing in the past 12 months.

Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, "an offender identified as vulnerable shall not be housed in segregation status for the sole purpose of providing protective custody unless no other means of separation can be arranged. The placement shall require the approval of the Deputy Director or Agency PREA Coordinator (no designee) and shall only continue until an alternative means of separation can be provided, and such placement in segregation status shall not ordinarily exceed a period of 30 days" (*p. 7*). Upon review of the sexual abuse and sexual harassment investigations, there was no indication that an inmate was placed in segregated housing to protect an inmate from sexual abuse. Interviews with the Warden and the staff responsible for supervising inmates in segregated housing reported that segregated housing is not used for the purposes of sexual abuse related incidents. It was also reported that privileges are not restricted unless there is a safety threat. If there are any restrictions it would be documented as an unusual incident. The facility does not place individuals in restrictive housing for reasons of safety. Restrictive housing is used for disciplinary purposes.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    b. *Illinois Administrative Code: Corrections, Criminal Justice, and Law Enforcement*
    Specialized Training:
        i. IDOC: Institutional Investigator: Institutional Investigator (5)
        ii. PERA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations (6)
    c. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        i. PREA File Checklist
        ii. PREA Checklist
        iii. Results of Allegation
        iv. Incident Report
        v. Investigational Interview
        vi. Notification
    d. Moss Group PREA Training
2. PREA After Action Checklist Interviews:
    a. Investigative Staff (2)
    b. Inmates who Reported a Sexual Abuse (7)
    c. PREA Coordinator

d. PREA Compliance Manager
e. Warden

**Findings (By Provision):**
**115.71 (a).** As reported in the PAQ, the agency/facility has a policy related to criminal and administrative agency investigations. Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (*p.11*). The policy further states that the "initial investigative report shall be provided to the Chief of Administrative Officer within 24 hours of the onset of the investigation" (*p.11*). *Illinois Administrative Code: Corrections, Criminal Justice, and Law Enforcement* provides additional guidance on the scope, rules and responsibilities of agency/facility investigators.

The 184 PREA-related allegations that were investigated in the 12-month were reviewed:

| **Allegation** | **Number** | **Finding** |
|---|---|---|
| Sexual Abuse | 29 | Unsubstantiated |
| | 0 | Substantiated |
| | 0 | Unfounded |
| Sexual Harassment | 154 | Unsubstantiated |
| | 1 | Substantiated |
| | | Unfounded |
| Total | 184 | |
| Referral for Criminal Investigations | 0 | NA |

Upon the auditor's review of the (21) PREA investigations conducted at the facility it was apparent that multiple evidence gathering techniques to thoroughly investigate each allegation of sexual abuse and/or sexual harassment. Each investigation was completed timely. The results of the facility investigation were also judged by the auditor to have been objective, as the determinations of substantiated, unsubstantiated, and unfounded were made on a case-by-case basis, as independently determined based upon evidence gathered.

Upon review of the PREA investigations, there appeared to be a trend of PREA related sexual harassment allegations involving inmates and staff. The PC reported that across the state, it was found that there were a high number of non PREA related allegations being made and being reported and investigated as PREA. The agency recently conducted specialized training (MOSS Group) with security leadership so they were more informed with what activities would constitute inmate sexual harassment.

The interviewed investigators reported that an investigation is initiated immediately following an allegation of sexual abuse and sexual harassment. Anonymous and third-party reports are treated the same as reports from known parties.

A review of policy, documentation, and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (b).** Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that "all allegations of sexual abuse or harassment shall be investigated by trained investigators in accordance with Administrative Directive 01.12.120 (*p.11*).

Policy Institutional Investigative Assignments states that investigators shall be trained on the following topics:

- Investigative techniques, including interviewing sexual abuse victims;

- Crime scene preservation;
- Collection and preservation of evidence, including sexual abuse evidence collection in a confinement setting;
- Proper use of Miranda and Garrity warnings;
- Criteria and evidence required to substantiate a case for administrative action or prosecution referral; and
- Investigative reporting (*p. 2*)

Pontiac Correctional Center provided training certificates for six onsite investigators. During interview, the facility investigators were able to specify specialized training received.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of this standard.

**115.71 (c).** The *Illinois Administrative Code: Corrections, Criminal Justice, and Law Enforcement,* provides guidance on the process for conducting investigations. The *Sexual Abuse and Harassment Prevention and Intervention Program* policy states that All investigations shall include a review of:

1) All direct and circumstantial evidence;
2) Any physical barriers that may have enabled the abuse or harassment;
3) The adequacy of staffing levels; and
4) Technological needs of the facility with respect to the incident.

When interviewing the facility investigators, it was reported that the first step in initiating an investigation is to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, and video footage. The investigation process will include but not limited to: collect and preserve evidence, interview alleged victim and perpetrators, interview possible witness, review prior complaints cand reports involving the suspected perpetrator. Direct and circumstantial evidence may include the above mentioned. A review of investigation files found that PCC immediately responded to allegations of sexual abuse or sexual harassment. Based on review of the investigation files, it was difficult to determine if the video footage was reviewed in a timely manner to capture the allegations. In some instances, the allegation was made long after the incident therefore the video footage was no longer available.

**115.71 (d).** The *Sexual Abuse and Harassment Prevention and Intervention Program* policy states that Upon conclusion of the investigation:

1) Disciplinary reports shall be completed, served and processed, where warranted.
2) The results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate.
3) The alleged victim shall be notified, in writing, of the outcome of the investigation. Investigation findings may be grieved in accordance with 20 Ill. Adm. Code 504 and Administrative Directives 04.01.114 and 04.01.115.
4) If applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution.
5) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
6) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (*pp. 10-11*).

There were no allegations of sexual abuse that involved circumstantial evidence to review. The interviewed investigators stated that prosecutable crimes would be consulted with prosecutors to ensure the interviews would not jeopardize a criminal case.

**115.71 (e).** The *Sexual Abuse and Harassment Prevention and Intervention Program* policy states that "aalleged victims of sexual abuse shall not be required to submit to truth verification examinations such as voice stress analysis or polygraph exam as part of or as a condition of the investigation" (*p. 11*). The two interviewed inmates who reported sexual abuse stated that they were not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation. One inmate reported that he wanted to take a polygraph test to prove what he was saying, however was not given the opportunity.

The interviewed investigators stated that the credibility of alleged victim, suspect, or witness would be done on a case-by-case basis. The investigation process does not use status as individuals in custody or staff to determine credibility. The investigator also reported that they would not require an inmate who alleges sexual abuse to submit to a polygraph examination.

**115.71 (f).** As previously stated, the *Sexual Abuse and Harassment Prevention and Intervention Program* policy states that Upon conclusion of the investigation:

1) Disciplinary reports shall be completed, served and processed, where warranted.
2) The results shall be forwarded to the Chief of Operations who shall report the incident to the Illinois State Police, where appropriate.
3) The alleged victim shall be notified, in writing, of the outcome of the investigation. Investigation findings may be grieved in accordance with 20 Ill. Adm. Code 504 and Administrative Directives 04.01.114 and 04.01.115.
4) If applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution.
5) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.
6) Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies (*pp. 10-11*).

The interviewed investigators stated that the following actions for administrative investigations would be accessed to determine if staff actions or failures to act contributed to sexual abuse:

- Determine if staff actions or failure to act contributed to the incident of alleged abuse (ie. Physical layouts of facility needing corrected, security measures needing implemented).
- Was staff response adequate (i.e. properly reported in a timely manner, alleged victim and perpetrator separated, scene secured, all notifications made properly).

Administrative investigations are documented. The documentation includes a description of physical and testimonial evidence (interviews), credibility issues/assessments, facts and findings.

One hundred and eighty-four investigations occurred in the last 12 months. Twenty-one of the investigations were reviewed in detail by the auditor. The investigations conducted at Pontiac, were entered into the facility incident database. The investigations conducted at the facility, as submitted to the auditor, conformed to all necessary reporting and documentation of sexual abuse protocol, including entry of each incident into the incident reporting system. Discussion with the facility investigators (2) confirmed that the investigative process conforms to the protocols during sexual abuse investigations.

**115.71 (g).** As stated in Provision 115.71 (f), investigative findings are documented and shall determine staff actions or failures that may have contributed to acts of sexual abuse and/or sexual harassment. The PCC investigators are administrative and criminal trained investigators. The interviewed investigators stated that criminal investigations are documented, including a thorough description of all physical, testimonial and documentary evidence.
Upon review of 21 investigation cases, there was no substantiated allegations of staff misconduct.

A review of policy, documentation and interviews with staff; found that the facility is in compliance with the provisions of the standard.

**115.71 (h).** As reported in the PAQ, substantiated allegations of conduct that appear to be criminal are referred for prosecution. There were zero number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that "if applicable, the case shall be reviewed with the appropriate State's Attorney for possible referral for prosecution" (*p. 11*).

The interviewed investigators further reported that cases are referred for prosecution when allegations of a criminal nature are substantiated. Such examples are custodial sexual misconduct (staff)/sexual assault (individual in custody).

**115.71 (i).** As reported in the PAQ, the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual assault or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The *Sexual Abuse and Harassment Prevention and Intervention Program* policy provides guidance on record retention.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.71 (j).** Administrative Directive 04.01.301 (II.G.7.f.) states: 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. AND Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

The interviewed investigator reported that when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation or a victim leaves the facility, the investigation would proceed.

**115.71 (k).** N/A

**115.71 (l).** N/A—A separate entity is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment at PCC. The agency PREA Coordinator and Warden stated that an outside agency will provide confidential updates through our agency. This information will be shared with identified agency specialized trained staff. The interviewed PCM reported that the facility uses the Illinois State Police and they keep IDOC investigations and/or facility IA staff updated. The interviewed investigators stated that when an outside agency investigates an incident of sexual abuse in the facility, we would cooperate with the investigation, assist if requested, and request updates to remain informed on the case status.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

**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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
    c. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        i. PREA File Checklist
        ii. PREA Checklist
        iii. Results of Allegation
        iv. Incident Report
        v. Investigational Interview
        vi. Notification
2. Interviews:
    a. Investigative Staff

**Findings (By Provision):**
**115.72 (a).** As reported in the PAQ, the agency imposes a standard of a preponderance of evidence or

a lower standard of proof when determining whether allegations of sexual abuse of sexual harassment are substantiated. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, "the Department shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated" (*p. 10*).

The interviewed investigator stated that the standard used to substantiate allegations of sexual abuse or sexual harassment include a preponderance of evidence. We will look to see if the evidence says one way or the other that the alleged incident occurred or did not occur.

Based on review of 21 investigation files associated with sexual abuse and sexual harassment, it appears that the PCC used preponderance of evidence to develop case findings.

**Corrective Action:**
**No corrective action is recommended for this standard.**

**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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
    c. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        i. PREA File Checklist

ii. PREA Checklist
iii. Results of Allegation
iv. Incident Report
v. Investigational Interview
vi. Notification

2. Interviews:
    a. Warden
    b. Investigative Staff
    c. Inmates who Reported a Sexual Abuse (7)

**Findings (By Provision):**

**115.73 (a).** As reported in the PAQ, the agency has a policy requiring that any inmate who alleges that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Policy S*exual Abuse and Harassment Prevention and Intervention Program* states that, "the alleged victim shall be notified, in writing, of the outcome of the investigation" (*p. 9*).

The interviewed Warden and investigator stated that inmate notification is conducted. The notification is made via a memorandum delivered to the individual in custody. A copy of the memorandum is also maintained in the case file. The two interviewed inmates who reported sexual abuse stated that they were notified the results of the investigation. Initially one inmate stated that he was not notified; however, after further probing he could recall being told that the allegation was unfounded.

There were 24 reported criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the facility in the past 12 months. It was also reported that all inmates were notified of the results of the investigation. Upon review of the investigation files, it was confirmed that the facility notifies the victim of the results of a sexual abuse investigation. Such notifications are made in writing as a letter to the victim.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.73 (b).** NA-the facility is responsible for conducting administrative and criminal investigations.

**115.73 (c).** As reported in the PAQ, following an inmates allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless unfounded) whenever:

- The staff member is no longer posted within the inmates unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicated on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Both interviewed inmates stated that the allegations were unfounded. One of the interviewed inmates expressed concern in that the alleged staff involved would encourage inmates to masturbate for him and if you did not masturbate for him, you would be retaliated against. The inmate further expressed concern that the staff was now an investigator. Such concerns were forwarded to the Warden, agency PREA Coordinator along with a regional staff.

**115.73 (d).** As reported in the PAQ, the following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whomever the agency learns that the alleged abuser has been indicated on a charge related to sexual

abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

**115.73 (e).** As reported in the PAQ, the agency has a policy that all notifications to inmates described under this standard are documented. In the past 12 months there were 24 documented notifications to inmates.

**115.73 (f).** The auditor is not required to audit this provision of the standard.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

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

**115.76 (d)**

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

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
    c. Illinois Administrative Code, *Rules of Conduct*
    d. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        i. PREA File Checklist
        ii. PREA Checklist
        iii. Results of Allegation
        iv. Incident Report
        v. Investigational Interview
        vi. Notification
2. Interviews:
    a. Agency Head
    b. PREA Coordinator
    c. Warden

**Findings (By Provision):**

**115.76 (a).** As reported in the PAQ, staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Illinois Administrative Code, *Rules of Conduct*, indicates that "Failure to comply with any of the foregoing rules of conduct may result in discipline, termination of services, or restriction from entering all or some Department facilities" (*p. 5*). Interviews with the PREA Coordinator and Warden confirmed the agencies understanding to implement disciplinary sanctions on staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.76 (b).** As reported in the PAQ, there were zero staff in the last 12 months who violated the agency policy on sexual abuse or sexual harassment. Upon review of the investigation files, there were no allegations that involved a staff member being substantiated for allegations of sexual abuse or sexual harassment.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.76 (c).** As reported in the PAQ, disciplinary sanctions for violations of the agency policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history, and the sanctions imposed are comparable offenses by other staff with similar histories. There were zero staff in the last 12 months who have been disciplined short of termination, for violations of the agency sexual abuse or sexual harassment policies.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.76 (d).** As reported in the PAQ, 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 resignations, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, "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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies" (*p.11*).

There were zero staff in the last 12 months who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

**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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
    c. Investigation Report Reviewed (21-(6 SH) and (15 SA))
        i. PREA File Checklist
        ii. PREA Checklist
        iii. Results of Allegation
        iv. Incident Report
        v. Investigational Interview
        vi. Notification
2. Interviews:
    a. Warden

**Findings (By Provision):**

**115.77 (a).** As reported in the PAQ, the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to relevant licensing bodies. The agency policy also requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, "any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies" (*p. 11*).

There have been zero contractors or volunteers who have been reported to law enforcement for engaging in sexual abuse of inmates. Upon review of investigation files, it was further confirmed that there were no allegations involving volunteers or contractors.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.77 (b).** As reported in the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The interviewed Warden reported that if their actions would be taken against contractors or volunteers who violate the facility sexual abuse and sexual harassment policy. Such actions include prohibiting them from contact with individuals in custody and reported to law enforcement if needed. Report to relevant licensing agency if applicable.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Administrative Code, *Administration of Discipline*
    c. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 S*exual Abuse and Harassment Prevention and Intervention Program*
2. Interviews:
    a. Warden
    b. Medical and Mental Health Staff (4)

**Findings (By Provision):**
**115.78 (a).** As reported in the PAQ, inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guild for inmate-on-inmate sexual abuse. The Illinois Administrative Code, *Administration of Discipline,* provides guidance on the facilities scope and process for disciplining

inmates. There were zero administrative or criminal findings of guilt regarding inmate-on-inmate sexual abuse that occurred at the facility.

**115.78 (b).** The Illinois Administrative Code, *Administration of Discipline,* states that the committee shall consider the offenders age, medical and mental state at the time of offense; along with the offender's prior disciplinary history (*p.7*.).

The interviewed Warden reported that disciplinary actions would be taken with offenders if necessary, according to the following:

- Per DR 504
  - 107 Sexual Misconduct- 6 months Loss of Priv, 90 days B/C Grade, 6 Months GCC, 6 months RH
  - 108 Sexual Assault- 1 year Loss of Priv, 90 days B/C Grade, 1-year GCC, 1 year RH

**115.78 (c).** The Illinois Administrative Code, *Administration of Discipline,* states that the Adjustment Committee or Program Unit, the Chief Administrative Officer, and the Director shall consider whether the offender is seriously mentally ill (*p. 7*). As previously stated by the Warden, the facility would follow the agency disciplinary procedures.

**115.78 (d).** As reported in the PAQ, the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, indicates that the facility shall document conduct and treatment of offenders.

The interviewed medical and mental health staff reported that the facility does not offer any sex offender related treatment services.

**115.78 (e).** As reported in the PAQ, the agency discipline inmates for sexual conduct with staff only upon finding that the staff member did not consent to such contact. The Offender Orientation Manual further reiterates the rules of sexual abuse, and it is against the law to "sexually touch a staff member or force them to touch you" (*p. 32*).

**115.78 (f).** As reported in the PAQ, the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

**115.78 (g).** As reported in the PAQ, the agency prohibits all sexual activity between inmates. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* defines sexual abuse as:

> An offender by another offender, *if the victim does not consent, is coerced into such an act by overt or implied threats of violence, or is unable to consent or refuse including any contact between the penis and vulva or the penis and anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of another person excluding contact incidental to a physical altercation (p. 2).*

A review of policy and documentation found that the facility is in compliance with the provisions of this standard.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Offender Intake (43):
        i. PREA Screening (Screening for Potential Sexual Victimization of Sexual Abuse (43)
        ii. Orientation
        iii. Reassessment
        iv. Housing Assignment
        v. Transgender Programming Reassessment
    c. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    d. Corrective Action follow up with mental health
2. Interviews:
    a. Inmates who Disclose Sexual Victimization at Risk Screening (5)
    b. Staff Responsible for Risk Screening (2)
    c. Medical and Mental Health Staff (4)

**Findings (By Provision):**
**115.81 (a/c).** As reported in the PAQ, all inmates at the facility who have disclosed any prior sexual victimization during a screening are offered a follow-up meeting with a medical or mental health practitioner. It was also reported that the services were offered within 14 days of the intake screening. There were zero reported 12 months, the percent of inmates who disclosed prior victimization were offered a follow up meeting medical and mental health practitioner. Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* states that "if it is determined that the offender was previously a victim of sexual abuse, the facility PREA Compliance Manager shall notify medical and mental health staff within 14 days of screening" (*p. 6*).

The interviewed staff responsible for risk screening reported that if an offender indicates that they experienced prior sexual victimization the offender would be referred to medical and mental health for follow up within 14-30 days

Five inmates were interviewed that disclosed sexual victimization during the risk screening. Two of the inmates reported being offered follow up services. One inmate could not recall and the other stated that they were not offered services and do not want any services. Two of the inmates further elaborated that they have discussed the prior abuse with their mental health provider.

**115.81 (b).** As reported in the PAQ, all prison inmates who have previously perpetrated sexual abuse,

as indicated during the screening are offered a follow up meeting with a mental health practitioner. The follow up meeting would be offered within 14 days of the intake screening. There were zero inmates who previously perpetrated sexual abuse, as indicated during the screening, how were offered a follow up meeting with a mental health practitioner. Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* states that "if it is determined that the offender previously perpetrated sexual abuse, the facility PREA Compliance Manager shall notify mental health staff within 14 days of screening" (*pp. 6-7*).

As previously stated, the interviewed staff responsible for risk screening reported that if an offender indicates that they experienced prior sexual victimization the offender would be referred to medical and mental health for follow up within 14-30 days

**115.81 (d).** Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* states that "access to information related to sexual abuse occurring in a correctional setting shall be treated as confidential and limited to staff directly related to the assessment, treatment, placement or investigation of the offender to the extent possible while ensuring the safety and security of offenders and staff. Informed consent shall be required before utilizing information regarding a sexual victimization that occurred outside of a correctional setting" (*p. 5*).

**115.81 (e).** As reported in the PAQ, information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. 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. As previously stated, Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* states that informed consent shall be required before utilizing information regarding a sexual victimization that occurred outside of a correctional setting" (*p. 5*).

One of the interviewed medical and mental health staff reported that they would not report an allegation that did not occur at an institutional setting since they are adults. Another staff stated that they would encourage the client to make a report. Both interviewed medical and mental health staff stated that they are unaware of a process for youthful offenders.

**Corrective Action:**

In order to show compliance with this standard the facility shall provide copies of any new sexual abuse allegations that occurred in July-September and a copy of the reassessments that occurred as a result of a referral, request, incident of sexual abuse or receipt of additional information that bears an inmate's risk of sexual victimization or abusiveness. As reported by the agency PREA Coordinator, In July 2021, our DOC 0494, *Screening for Potential Sexual Victimization or Sexual Abuse*, form [attached] was revised to provide a section to document the offering of the mental health referral for any individual disclosing prior victimization or perpetration. Follow up documentation showing that the new process is being followed is requested in corrective action. The new document was reviewed along with 14 new intakes that occurred during the post audit phase, to show compliance with the standard.

A memo dated 10/6/2021 was provided, showing that mental health staff were trained on the importance of mental health referrals as well as referral for designation of predator/vulnerable. The attachment includes the topics discussed and signed training rosters. Three additional inmate screenings were reviewed showing that the mental health staff provided follow up for inmates who were identified as vulnerable or predators for sexual abuse and/or sexual harassment.

There are no additional requirements, the facility is in compliance with the standard.

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Evaluation of Suicide Potential (20)
2. Interviews:
    a. Medical and Mental Health Staff (4)
    b. Inmates who Reported a Sexual Abuse (7)
    c. Security and Non-Security Staff First Responders

**Findings (By Provision):**

**115.82 (a).** As reported in the PAQ, inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment crisis intervention services. The nature and scope of those services are determined by medical and mental health practitioners according to their professional judgement. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that "rreferred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures" (*p. 8*).

One of the two inmates who reported sexual abuse stated that they spoke to medical and mental health approximately 4-5 days after he spoke to internal affairs. The other interviewed inmate stated he was not offered medical or mental health services. Upon review of the mental health follow up forms (*Evaluation for Suicide Potential*) the mental health staff have a process in place to assess in inmate upon the allegation of sexual abuse.

The interviewed medical and mental health staff reported that victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services. Such services are rendered immediately upon notification or no more than 24 hours. Medical and mental health staff were clearly able to articulate their response process upon being aware of an allegation of sexual abuse.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.82 (b).** Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that the Coordinated Response:

a. Any offender who alleges to be a victim of sexual abuse shall be:
    1) Immediately provided protection from the alleged abuser and the incident shall be investigated.
    2) Referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures.
    3) Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services.
    4) Offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a rape crisis center (*p. 8*).

As previously stated, upon review of the mental health follow up forms (*Evaluation for Suicide Potential*) the mental health staff have a process in place to assess in inmate upon the allegation of sexual abuse. Interviews with staff who are considered first responders further confirmed the above requirements. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.82 (c).** As reported in the PAQ, inmate victims of sexual abuse while incarcerated are 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. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that medical treatment for sexual abuse includes:

The medical examination provided by Department facilities shall include a general physical examination and for recent sexual abuse shall also include, but not be limited to:

1) A blood test (RPR serology for Syphilis) - repeat in three months;
2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; STD and Gonorrhea and Chlamydia testing repeat at three weeks;
3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test, and repeated at three months and six months, as appropriate; and

An HIV test and counseling shall be offered in accordance with Administrative Directive 04.03.115. The HIV test shall be repeated at three, six and nine months after the initial test (*p. 9*). The interviewed medical and mental health staff reported that medical staff would provide the appropriate information regarding sexually transmitted infection prophylaxis.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.82 (d).** As reported in the PAQ, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, "ooffenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse" (*p. 9*).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

**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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Evaluation of Suicide Potential (20)
    c. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
2. Interviews:
    a. Medical and Mental Health (4)
    b. Inmates who Reported a Sexual Abuse (7)

**Findings (By Provision):**

**115.83 (a).** As reported in the PAQ, the facility offers medical and mental health evaluations, and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, Any offender who alleges to be a victim of sexual abuse shall be:

1) Immediately provided protection from the alleged abuser and the incident shall be investigated.
2) Referred to health services for examination, treatment and evidence collection in accordance with Paragraph II.G.5. The decision to collect evidence shall be made on a case-by-case basis in accordance with standard investigative procedures.
3) Evaluated by mental health services or a crisis intervention team member within 24 hours to assess the need for counseling services.
4) Offered counseling and supportive services, such as psychological services, chaplaincy services, correctional counselors, group therapy, etc. and, if possible, be provided with a victim advocate from a rape crisis center (*p. 8*).

Upon review of the mental health follow up forms (*Evaluation for Suicide Potential*) the mental health staff have a process in place to assess in inmate upon the allegation of sexual abuse. There was no documented information regarding follow up with medical, aside from a date listed on the pre/post investigation form. After further discussion with the agency PC, the IDOC immediately instituted a corrective action which entails the following: healthcare staff will have targeted training, to include a "read & sign", requiring contact with the healthcare unit as a result of a PREA allegation be appropriately documented in the medical file. Additionally, medical staff shall provide proof of documented follow up of any sexual abuse investigations that occurred in the next 60 days.

**115.83 (b).** The above referenced policy further states the evaluation and treatment of victims shall include, as appropriate, follow-up services, evaluations, and when needed continued care. Interviews

with medical and mental health staff indicated that the evaluation of and treatment of offenders who have been victimized would entail a referral and follow up with mental health. Two interviewed inmates reported that they were notified of the results of the allegation. Initially, one inmate reported that he was not notified; however, after further probing he later recalled being notified that the allegation was inconclusive.

As previously stated, upon review of the mental health follow up forms (*Evaluation for Suicide Potential*) the mental health staff have a process in place to assess in inmate upon the allegation of sexual abuse. There was no documented information regarding follow up with medical, aside from a date listed on the pre/post investigation form. After further discussion with the agency PC, the IDOC immediately instituted a corrective action which entails the following: healthcare staff will have targeted training, to include a "read & sign", requiring contact with the healthcare unit as a result of a PREA allegation be appropriately documented in the medical file. Additionally, medical staff shall provide proof of documented follow up of any sexual abuse investigations that occurred in the next 60 days.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.83 (c).** Based upon interviews with offenders, as well as PCC medical and mental health staff, it is believed that those represented support that the medical and mental health services provided to victims within the facility, are consistent with the community level of care.

**115.83 (d).** NA-the facility only houses male inmates.

**115.83 (e).** NA-the facility only houses male inmates.

**115.83 (f).** As reported in the PAQ, inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that medical treatment for sexual abuse includes:
The medical examination provided by Department facilities shall include a general physical examination and for recent sexual abuse shall also include, but not be limited to:

1) A blood test (RPR serology for Syphilis) - repeat in three months.
2) Culture smears for seminal fluid, Gonorrhea, Chlamydia and other Sexually Transmitted Diseases (STD) as appropriate; STD and Gonorrhea and Chlamydia testing repeat at three weeks;
3) Hepatitis C antibody test and Hepatitis B surface antigen and antibody blood test, and repeated at three months and six months, as appropriate; and

An HIV test and counseling shall be offered in accordance with Administrative Directive 04.03.115. The HIV test shall be repeated at three, six and nine months after the initial test (*p. 9*).
The two interviewed inmates who reported sexual abuse stated that they were not offered tests for sexually transmitted infections. After further probing, it appears that the incident did not involve penetration.

**115.83 (g).** Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, "ooffenders shall not be charged a co-payment for medical treatment, including a forensic medical examination, obtained for alleged sexual abuse" (*p. 9*). The two interviewed inmates who reported sexual abuse stated that they did not have to pay for any treatment related to sexual abuse.

**115.83 (h).** As reported in the PAQ, the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that, Screening and assessment shall be documented on the Screening for Potential Sexual Victimization or Sexual Abuse, DOC 0494, or an electronic equivalent

and shall occur:

1) Ordinarily within 24 hours of admission or transfer to any facility by staff designated by the Chief Administrative Officer who shall screen each offender for sexually abusive behavior or victimization.
2) Ordinarily within 72 hours of admission or transfer to any facility and require:
3) Clinical services staff to review the pre-sentence report, statement of facts and other material in the master file for sexually abusive behavior or victimization. Concerns shall be forwarded to the facility PREA Compliance Manager.
4) Mental health professionals to inquire whether the offender has been a victim of sexual abuse in the past (*p. 6*).

There were no substantiated allegations of sexual abuse identified at PCC. There were allegations of prior history of sexual abuse and the facility provides services based on the unique needs of the offender. The interviewed medical and mental health staff reported that offenders would be referred to mental health services within 14 days. Mental health would meet with the offender and relevant parties to determine and address any issues, which may include conducting a mental health evaluation.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
There was no documented information regarding follow up with medical, aside from a date listed on the pre/post investigation form. After further discussion with the agency PC, the IDOC immediately instituted a corrective action which entails the following: healthcare staff will have targeted training, to include a "read & sign", requiring contact with the healthcare unit as a result of a PREA allegation be appropriately documented in the medical file. Additionally, medical staff shall provide proof of documented follow up of any sexual abuse investigations that occurred in the next 60 days. There were two allegations of sexual abuse that occurred during the post audit phase. Documentation of follow up with medical and mental health was provided to show compliance with the standard. There are no further actions required. The standard is now in compliance.

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. Illinois Department of Corrections (Institutional Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
2. Interviews:
    a. Warden
    b. PREA Compliance Manager
    c. Incident Review Team (2)

**Findings (By Provision):**

**115.86 (a).** As reported in the PAQ, the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there were 24 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding unfounded incidents. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that "the facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation (*p. 11*).

**115.86 (b).** As reported in the PAQ, the facility ordinarily conducts criminal and/or administrative sexual abuse investigations within 30 days. As previously stated, the agency policy indicates that the reviews shall occur within 30 days of the conclusion of the investigation (*p. 11*).

**115.86 (c).** As reported in the PAQ, the sexual abuse incident review team included upper-level management officials and allows for input from line supervisors, investigators, and medical and mental health practitioners. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that the review team, at minimum, shall include:

1) Assistant Chief Administrative Officer;
2) Shift Commander or Lieutenant;
3) A representative from Internal Affairs;
4) Facility PREA Compliance Manager;
5) A representative from Medical; and
6) A representative from Mental Health.

The facility Warden reiterated the above requirements. A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.86 (d).** As reported in the PAQ, the facility prepares a report of its findings from sexual abuse incident reviews including but not limited to determination made and any recommendations for improvement and submits such report to the facility head and PREA compliance manager. The Institutional Directive provides guidance on reviewing the following:

1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse;

2) Whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status; or gang affiliation, or was motivated otherwise by cause by other group dynamics; and
3) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff (*p. 12*).

The interviewed PCM stated that the facility conducts incident reviews. Some of the trends observed is that it involves staff, and the cases are found unsubstantiated. The results of the investigations are kept in a safe and secure location.

The interviewed staff on the incident review team reported the team takes the above into consideration. The team is multidisciplinary to provide a multidisciplinary perspective and points of view. The individual members reported is weighted heavily. When conducting the incident reviews, the team will review video if available and members who are not familiar with the location can visit the location; in addition to determining whether physical barriers such as walls, closets, equipment etc. would enable an area that could potentially enable abuse and whether the physical barriers can be removed, relocated, or redesigned. Staffing levels are reviewed and members discuss whether monitoring technology should be deployed or augmented to supplement staff supervision. Additional consideration of staffing levels are assessed where they may be inmate work details. It was also reported that the reviews ordinarily happen within 30 days of the conclusion of the investigation.

**115.86 (e).** The above referenced policy further states the facility requirements to implement the recommendations for improvement or document reasons for not doing so. As reported in the PAQ, the facility implements the recommendations for improvement or documents reasons for not doing so. The Institutional Directive states that report will include any recommendations for improvement (*p. 13*).

None of the allegations were deemed to have been motivated by race, ethnicity, gender identity, sexual orientation (or perceived status), gang affiliation, or other group dynamics. Staffing levels were not evaluated to have contributed to any allegations or was the ability to deploy additional monitoring technology or augmented supervision by staff.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

**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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. 2019 Adult SSV Report
2. Interviews:

a. PREA Coordinator
b. PREA Compliance Manager

**Findings (By Provision):**
**115.87 (a/c).** As reported in the PAQ, the agency collects, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that "the Chief Administrative Officer and facility PREA Compliance Manager at each facility shall conduct an annual evaluation of the Sexual Abuse and Harassment Prevention and Intervention Program at their respective facility and submit to the Agency PREA Coordinator a written report of the findings" (*p. 12*).

Based on review of the documentation, the facility meets the requirements of the provision. No corrective action is needed.

**115.87 (b).** As reported in the PAQ, the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice. The auditor reviewed the 2019 SSV report, showing compliance with the requirements of the standard.

Based on review of documentation, the facility meets the requirements of the provision. No corrective action is needed.

**115.87 (d).** As reported in the PAQ, the agency aggregates the incident-based sexual abuse data at least annually. Policy *Sexual Abuse and Harassment Prevention and Intervention Program*, states that statistical data including:

1) The number of alleged incidents of sexual abuse.
2) The number of alleged incidents of sexual harassment.
3) The number of confirmed incidents of sexual abuse.
4) The number of confirmed incidents of sexual harassment.
5) The discipline imposed for sexual abuse or harassment.
6) The number of referrals for criminal prosecution.
7) The number of criminal prosecutions filed for sexual abuse, including the current status (*p. 12*).

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.87 (e).** As reported in the PAQ, the agency obtains incident-based and aggregate data from every private facility with which it contracts for the confinement of its inmates. The data from private facilities complies with SSM reporting regarding content. The auditor reviewed the 2019 SSV and facility PREA report. Based on review of documentation, the facility meets the requirements of the provision. No corrective action is needed.

**115.87 (f).** As reported in the PAQ, the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. Based on review of documentation, the facility meets the requirements of the provision. No corrective action is needed.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## 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.*

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. 2019 Agency Annual Report
    d. 2019 SSV Report
2. Interviews:
    a. Agency Head
    b. PREA Coordinator
    c. PREA Compliance Manager

**Findings (By Provision):**
**115.88 (a).** As reported in the PAQ, the agency reviews data collected and aggregate in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including:

- Identifying problem areas;
- Taking corrective action on an ongoing basis; and
- Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole

Policy *Sexual Abuse and Harassment Prevention and Intervention Program,* provides guidance on the above-mentioned areas (*p. 13*). Upon review of the 2019 Agency Annual PREA Report and SSV Report along with website review, the agency/facility is compliant with the provision requirements.

The interviewed agency head stated that the agency reviews data collected through the facility review process supported by AD 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program* and the PREA *Sexual Abuse and Harassment Prevention and Intervention Program Manual*. Identifying problem areas or policies, addressing issues that have occurred on a regular basis, staff training, continuing to make corrective action when problems may arise, and using the facility review process to ensure the proper proactive steps are taken for problem solving. In addition, the department has implemented procedures to collect data on a quarterly basis for all facilities within the department.

Interviews with the PREA Coordinator, revealed that the agency prepares an annual report of its findings and corrective action that includes the PCC information. The iInformation is maintained in a secure database managed by the PREA Coordinator and stored in a double locked secure filing cabinet. Follow-up will occur with corrective action if data includes substantiated information. The interviewed PCM reported that the facility collects aggregate data and completes and annual report.

**115.88 (b).** As reported in the PAQ, the annual report includes a comparison of the current year's data and corrective actions with those from prior years. In addition, the annual report provides an assessment of the agency's progress in addressing sexual abuse. Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

**115.88 (c).** As reported in the PAQ, the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

The interviewed agency head confirmed the above. It was also reported that data is aggregated and provided in report form by the agency PREA Coordinator and submitted directly to the director for review and approval.

**115.88 (d).** As reported in the PAQ, when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements. The agency PREA Coordinator, confirmed policy standards, stating that cconfidential and sensitive inmate or staff information will be redacted. In consultation with our legal division, a determination would be made regarding what information would be redacted.

A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## Standard 115.89: Data storage, publication, and destruction

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

### 115.89 (a)

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. Pre-Audit Questionnaire (PAQ)
    b. Illinois Department of Corrections (Administrative Directive)
        i. 04.01.301 *Sexual Abuse and Harassment Prevention and Intervention Program*
    c. 2019 Agency Annual PREA Report
2. Interviews:
    a. PREA Coordinator

**Findings (By Provision):**
**115.89 (a).** As reported in the PAQ, the agency ensures that incident-based and aggregate data are securely retained. Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

**115.89 (b).** As reported in the PAQ, the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public at least annually through its website. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that "the annual report shall be made available on the Department's website no later than June 30th of the year subsequent that of the reporting period. Upon request, the report shall be submitted to the Department of Justice" (*p. 13*). Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

**115.89 (c).** As reported in the PAQ, before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The final report shall not contain any personal identifiers. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that "the Department may redact information on the posted report if said information would present a clear and specific threat to the safety and security of a facility or the Department" (*p. 13*). Upon review of the 2019 Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

**115.89 (d).** As reported in the PAQ, the agency maintains sexual abuse data collected for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. Policy *Sexual Abuse and Harassment Prevention and Intervention Program* states that "All reports and statistical data shall be retained for a period of no less than 10 years" (*p. 13*). Upon review of the 2019

Agency Annual PREA Report along with website review, the agency/facility is compliant with the provision requirements.

**Corrective Action:**
**No corrective action is recommended for this standard.**

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

**115.401 (a)**

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

**115.401 (b)**

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

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

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

**115.401 (h)**

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

**115.401 (i)**

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

**115.401 (m)**

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

**115.401 (n)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**The following evidence was analyzed in making compliance determination:**

1. Documents:
    a. IDOC Website
2. Interviews:
    a. PREA Coordinator

**Findings (By Provision):**
**115.401 (a).** The IDOC website contains the results of all the PREA audits conducted.

**115.401 (b).** As reported by the PREA Coordinator, the IDOC is in Cycle 3 Audit Year 2.

**115.401 (h).** During the inspection of the physical plant the auditor and was escorted throughout the facility by the agency PREA Coordinator and security staff. The auditor was provided unfettered access throughout the institution. Specifically, the auditor was not barred or deterred entry to any areas. The auditor had the ability to freely observe, with entry provided to all areas without prohibition. Based on review of documentation the facility is compliant with the intent of the provision.

**115.401 (i).** During the on-site visit, the auditor was provided access to all documents requested. All documents requested were received to include, but not limited to employee and resident files, sensitive documents, and investigation reports. Based on review of documentation the facility is compliant with the intent of the provision.

**115.401 (m).** The auditor was provided private rooms throughout the facility to conduct interviews. The staff staged the inmates in a fashion that the auditor did not have to wait between interviews. The rooms provided for inmate interviews were soundproof and somewhat visually confidential from other inmates

which was judged to have provided an environment in which the offenders felt comfortable to openly share PREA-related content during interview. It should also be noted that additional precautionary measures were taken to ensure proper social distancing due to the COVID-19.

A review of the appropriate documentation and interviews with staff indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

**115.401 (n).** Inmates were able to submit confidential information via written letters to the auditing agency PO Box or during the interviews with the auditor. The auditor did not receive any correspondence from the inmates of Pontiac Correctional facility.

**Corrective Action:**
**No corrective action is recommended for this standard.**

**Standard 115.403: Audit contents and findings**

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

**115.403 (f)**

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

1. Documents:
    a. IDOC Website

**Findings (By Provision):**

**115.403 (a).** The IDOC, posts its PREA Audit reports on the Agency website. The reports are available for review at Prison Rape Elimination Act of 2003 - Victims (illinois.gov). There is a link to the Final PREA reports. The facility is compliant with the intent of the standard.

**Corrective Action:**
A review of the appropriate documentation, interviews with staff, and review of relevant policies indicate that the facility is in compliance with the provisions of this standard. No corrective action is warranted.

## 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.

Latera M. Davis 10/11/2021

**Auditor Signature** **Date**

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

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