
Facility Report



Logan 2019

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Executive Summary

The John Howard Association of Illinois (JHA) conducted a monitoring visit of Logan on July 23rd, 2019. This report draws on that visit and follow-up communications, as well as prior visits and surveys since our inaugural comprehensive report on the facility's transition to housing women, *JHA Special Prison Monitoring Report - Overcrowded, Under-resourced, and Ill-Conceived: Logan Correctional Center, 2013/14*.¹

While JHA monitoring visits always result in follow up communications and actions with facility and agency administrators, people who are incarcerated, and inform JHA advocacy efforts and special reports, periodically we use facility-specific reports to bring renewed attention to particular issues. However, many of the issues reported on herein are not unique to this facility and affect most IDOC prisoners, men and women, staff, and facilities across the state. Logan continues to require focused and sustained attention to ensure that women who are imprisoned in Illinois, all of whom enter through Logan Reception and Classification and most of whom are incarcerated there, are safe and treated humanely and appropriately. Administrators reported that almost half (47%) of the women at Logan have less than a year left to serve, so transition to the community must be a critical focus of this facility.

During our July 2019 visit, a JHA volunteer had an opportunity to speak with a woman who had been housed at Logan since the beginning in 2013. While she said she had seen some improvements and happily she will soon go home, she remained deeply concerned for those who will remain at Logan. The volunteer wrote that despite all of the other things we had heard that day and the hardships others shared, this was the only time he saw someone cry. This feeling of helplessness to keep people safe and fix conditions at Logan needs to end.

In JHA's 2013/14 Logan report, we reiterated that this facility, like others, was dangerously overcrowded and under-resourced. At that time, population at the facility was approaching 2,000 and the female population within the Illinois Department of Corrections (IDOC) hovered close to its peak number of 2,900.² On the date of our July 2019 visit there were 1,666 women housed at Logan. As of November 2019, there were 1,585 women who are incarcerated at Logan and 2,322 within IDOC, reductions of about 20% since

¹ See <https://www.thejha.org/facilities/logan-correctional-center>.

² See e.g. IDOC Fiscal Year 2019 Female Fact Sheet, <https://www2.illinois.gov/idoc/reportsandstatistics/Pages/FactSheets.aspx>.

our prior Logan report, which approximate overall population reductions within IDOC – from a peak of 49,401 in 2013 to under 39,000 in late 2019. While we celebrate some easing of crowding there is still much to be improved, in particular in regards to addressing deferred maintenance needs, as well as improvements that should be free, like improving professionalism and respectful treatment among and between staff and people who are incarcerated.

One area where there has been dire under-resourcing of the facility was in meeting the healthcare needs of the population. There has been some progress made on healthcare concerns over the past years. For example, the creation of more appropriate Residential Treatment Unit (RTU) level of care, 108 beds at Logan, and increasing women’s access to mental health treatment, as required under the *Rasho* mental health class action litigation, which was initiated in 2007 and settled in May 2016.³ Notably, as of April 2018, IDOC now also has inpatient level treatment available for some women at the Elgin Treatment Center, and as of November 2019, 12 of the 22 beds for women were filled.

In August 2019, IDOC data reporting that 1,300 (~80%) at Logan were on the mental health caseload, that nearly 700 (~44%) were identified as being Seriously Mentally Ill (SMI).⁴ This is compared to 50% and 29% in October 2014. There remain significant issues with appropriately staffing facilities with mental health practitioners and providing treatment needed. August 2019 *Rasho* litigation court filings reflected that 33 of 77 (43%) mental health staff positions at Logan were vacant. At the time of our visit, administrators reported critical vacancies for positions needing to be filled by healthcare contractor, Wexford Health Sources, Inc., including a mental health unit director, staff assistant, nurse, recreational therapist, seven psychiatrists, and eight qualified mental health practitioners. Similarly, appropriately staffing facilities with healthcare practitioners remains a barrier under the more recent January 2019 settlement of the 2010 *Lippert* class action relating to healthcare within IDOC generally.⁵ At the time of the July 2019 JHA Logan visit, critical contractual vacancies included a dentist, three licensed practical nurses, a nurse practitioner or physician’s assistant, and eight registered nurses. Administrators during our visit said healthcare staffing was still only about 50% of what was authorized. Mental health and healthcare issues reported during JHA’s July 2019 visit are discussed further below. During draft review in December 2019, IDOC administrators reported that since JHA’s July visit, Wexford staffing numbers have increased.⁶

³ 7-cv-1298 (C.D. Ill.). Case documents are available on plaintiffs’ counsels’ webpage, <https://www.uplcchicago.org/what-we-do/prison/rasho-v-baldwin.html>.

⁴ See <https://www2.illinois.gov/idoc/reportsandstatistics/Pages/Operation-and-Management-reports.aspx>.

⁵ 10-cv-4603 (N.D. Ill.), Case documents are available on plaintiffs’ counsels’ webpage, <https://www.uplcchicago.org/what-we-do/prison/lippert-v-baldwin.html>.

⁶ Specifically, IDOC reported Wexford had over 104 employees to cover healthcare and mental health needs, which has compensated for state position vacancies. Reportedly this included at Logan 15 Nurses, a Medical Director, and an Obstetrician-Gynecologist, with mental health staffing including Behavioral Health Technicians, a Mental Health Director, Mental Health Nurses, a Mental Health Director

Regretfully, during JHA's July 2019 visit, we continued to see some of the same physical plant issues and hear the same concerns regarding safety that pervaded from more than six years prior at the facility's inception. Basic safety and respectful treatment remain areas in need of attention.

Due in part to the lack of state budget over much of that period, we did not see much in the way of physical plant building repair or supply improvements. One exception to this was that we were very pleased to hear of the dramatic increases in camera coverage at the facility, although we have no way of assessing its current use and functionality. In draft review, IDOC officials reported that the facility will receive more cameras for blind spots in dietary and other locations throughout the facility, and that they are working towards adding monitors to officer stations. No date was provided as to when the cameras would be installed and functional.

On our most recent visit we still observed some of the very same holes in ceilings and broken windows that have been evident over the past few years. However, there were some areas where there had been a concerted effort to create a more pleasant environment. Notably some staff have donated items to attempt to improve the environment in the absence of state funding. Nonetheless, it can be difficult for individuals to appreciate the progress made in reductions to population or availability of additional resources that do not tangibly and personally affect them. We remain hopeful that with a budget and Capital Development Fund project spending for needed maintenance, Logan can show improvements on subsequent visits. Plumbing and retention of maintenance staff have been particular issues at this facility. These issues are discussed further below.

In draft review, IDOC officials reported that there are approved projects underway for many of the issues detailed to JHA on this and prior visits and set out in our draft report, including to repair and upgrade plumbing, painting, replacing exterior doors, frames, windows, and washers and dryers. They detailed plans in progress to address physical plant concerns and spending with the increase in funding for Capital Development Projects, which should begin to address some of the observed issues.⁷ JHA looks forward to observing these needed improvements and will continue to monitor conditions.

of Nursing, and a Physician's Assistant/Nurse Practitioner, which IDOC administrators indicate is beneficial given the high number of women designated as SMI at Logan.

⁷ IDOC reported updates since the JHA July 2019 visit: in the Program Center building a new roof has been installed, a new heating ventilation air condition system is being installed, and an old training room is being renovated to become the new parole or Prisoner Review Board hearing space; approval for two more plumbers is being finalized; window and security screens will be replaced on the E and C configured housing units beginning in Spring 2020; the housing unit shower room renovation project is in the final phases with the Capital Development Board; an emergency security locking system upgrade has been completed and further upgrades are in progress with the Architect/Engineering Firm for intercoms, lights,

IDOC Data Availability

Over the past few years, JHA has advocated successfully for IDOC to make more information regularly publicly available, in part so that our reports would not be the only way for the public access the most up-to-date information regarding facilities. IDOC is now publishing monthly reports with facility specific data, datasets of the entire population, as well as other useful fact sheets in addition to other governmentally required historical reporting.⁸ We note, however, that currently some reports relating to legislated changes that JHA and others supported regarding reporting on violence indicators and reentry are not yet available.⁹ Having such information would be helpful to assess if what we are hearing is reflected in data from Logan, e.g. that staff assaults are down but fights between women are up. We will continue to fight for this needed transparency in government.

Gender Responsivity Developments

In 2016, the National Resource Center for Justice Involved Women in partnership with the Women's Justice Initiative issued a report regarding the federally funded Gender Informed Practices Assessment that was conducted at Logan the prior year, generally recommending further strategic planning for "development and implementation of gender responsive policies and practices for justice-involved women that promote public safety, healthy communities and de-carceration."¹⁰ These partners have continued to offer various services and trainings to IDOC. IDOC officials noted in draft review that as of December 2019, 97 non-security staff and 439 security staff at Logan have received Creating Regulation & Resilience (CR2)¹¹ training, with six staff trained as Master Trainers, increasing the frequency of this training being offered. In addition, all new cadets now receive a four-hour gender specific training prior to graduation at the academy.

plumbing controls, air handling controls, and cell call buttons; a wing plumbing retrofit project has been approved and is being bid that will upgrade plumbing for 17 cells; and for the E and C housing units, a project for replacing doors and creating Americans with Disabilities Act (ADA) ramps is in planning stages and expected to start in Summer 2020.

⁸ See <https://www2.illinois.gov/idoc/reportsandstatistics/Pages/default.aspx>. Additionally, facility specific PREA reports provide some additional updated information about facilities, <https://www2.illinois.gov/idoc/programs/Pages/PREAAuditCycleTwo.aspx>.

⁹ See 730 ILCS 5/3-2-12, Report of violence in Department of Corrections institutions and facilities; public safety reports, and 730 ILCS 5/5-8A-4.2, Successful transition to the community.

¹⁰ See <https://womensjustice.net/initiatives>.

¹¹ See <https://orbispartners.com/interventions/cr2/>.

In 2018, Illinois implemented the Women's Correctional Services Act in an effort to improve treatment of women who are incarcerated.¹² In some ways this Act

returned Illinois corrections to prior practice where the Department operated a Women's Division; however, in other ways it further separated the functioning of the women's facilities from the purview of the rest of the Department, and required more particular practices and specialized training.¹³ Specifically, it states, "Gender responsive policies, practices, programs, and services shall be implemented in a manner that is considered relational, culturally competent, family-centered, holistic, strength-based, and trauma-informed."

As set out in the Act:

"Gender responsive" means taking into account gender specific differences that have been identified in women-centered research, including, but not limited to, socialization, psychological development, strengths, risk factors, pathways through systems, responses to treatment intervention, and other gender specific needs facing justice-involved women.

JHA heard from administrators that after this Act passed it was still extremely difficult to get new policies approved and implemented initially and we have yet to see much on the ground evidence of actual changes to policy and practice based on the addition of the gender-responsive trauma-informed language to law, outside of additional required trainings. IDOC administrators state they have implemented a few gender responsive

policies in Fiscal Year 2020 and are continuing development of gender responsive policies and trainings.¹⁴

¹² See 730 ILCS 5/3-2-5.5, Women's Division.

¹³ IDOC administrators reported during the July 2019 visit that a gender responsive practices training curriculum for all staff who work in women's facilities was created in 2018 and in November 2019 approximately 380 staff at Logan and 190 staff at Decatur had been trained. At the time of the visit, union representatives stated that most staff at Logan, reportedly about 70%, had participated in the five-day CR2 gender responsive training. Female IDOC bed space is available at Logan and Decatur, but also at Fox Valley Adult Transition Center (ATC, or work release), Dixon Springs Impact Incarceration Program (IIP, or bootcamp), Elgin Treatment Center, and historically a few beds were available for women in IDOC custody at the Women's Treatment Center in Chicago (see <https://www.womentreatmentcenter.org/>), however, the status of this housing was unclear. In draft review, IDOC officials reported that there is a current contract for the Women's Treatment Center and the Women's Division will work to ensure that there is revitalization of this program for the women in Decatur and Logan.

¹⁴ As of December 2019, the following Administrative Directive (AD) policies were reported by IDOC administrators to be gender responsive: AD 04.03.104 Evaluation of Transgender Offenders (Effective 7/1/19), which IDOC reports allows for people to be evaluated at the Reception and Classification Centers to be appropriately placed; AD 05.12.125 Birthing Support Person (Effective 8/1/19), which allows a support person to be present during the birth of a child; AD 05.01.113 Searches of Offenders (Effective 9/1/19), which IDOC reports had revisions to searches of women and includes language pertaining to transgender inmates; and AD 05.01.111 Searches of Offender Living area (Effective 10/1/19), which IDOC reports provides for performing safety searches of female living areas in the most consistent,

In addition, IDOC reports they are adding programming that is gender responsive and trauma-informed for the women who are incarcerated, including Cognitive Behavioral Therapy, such as Helping Women Recover, Beyond Trauma, Moving On, and Woman's Way the 12 steps, which is reportedly offered on a rotating basis for women in general population and taught by clinical staff, social workers, and health educators. IDOC officials reported in draft review that they will continue to develop policies within the Women's Division to be congruent with the Act.

Although some staff report that some trainings have been beneficial, others report that they find the gender responsive lens offensive in that it suggests women are in some way unequal to men in ways that are upsetting to them as women. While IDOC also states it has increased gender responsive programming, it was unclear what offerings were already available in the past and what is actually available and the number of participants at facilities due to staffing and various programming priorities. JHA encourages IDOC to better track and report on program availability and participation beyond educational reporting. The Department is currently seeking a Women's Division Chief after the first woman in the role retired, as well as other key leadership positions, such as someone to lead the training academy.

It is critical that as an initial focus it is recognized that every incarcerated person is deserving of human dignity and needs safety. Considering some of the areas where the needs of women who are incarcerated differ from men and the reality that collectively their pathways into the prison system are linked to higher levels of mental health issues and past trauma, it is appropriate that some of the changes needed in communicating with and treating people who are incarcerated be

As set out in the Act:

“Trauma-informed practices” means practices incorporating gender violence research and the impact of all forms of trauma in designing and implementing policies, practices, processes, programs, and services that involve understanding, recognizing, and responding to the effects of all types of trauma with emphasis on physical, psychological, and emotional safety.

respectful, and least intrusive manner possible. In addition, the following facility specific Institutional Directives (IDs) were reported to be in place at Logan and gender responsive: ID 05.01.106W Offender Visitors, IDOC reports revisions were made to allow breastfeeding by visitors or incarcerated women; ID 04.03.002W Creation of the Pregnancy Wing, which allows for placement on a specialized unit, discussed further below; I.D. 04.03.001W, which allows women to request a birthing support person during labor/delivery; and ID 04.02.001W creating the Life Skills Re-Entry program, which requires the use of screening process including an evidence based gender informed risk and needs assessment.

initiated inside women's facilities. The trauma-informed piece seems most critical for population management. While many at Logan can now parrot the language of "gender-responsive, trauma-informed, family-centric" care, actual policies that might implement such practices have floundered. While staff training and language shifts are needed to get change started, it is difficult for these to translate into larger culture change without first ensuring that people working in corrections have taken the first step of treating women who are incarcerated as human beings and addressing their safety needs. Without stable leadership to demonstrate and meet staff where they are to move them towards respecting the autonomy of the women incarcerated at Logan, meeting "gender responsive" benchmarks becomes the goal, bypassing the big picture effort to infuse all aspects of incarceration with an understanding of the impact of past and ongoing trauma. More than surface level changes are needed to actually carry through on the ideas embodied in gender informed catchphrases, which are ways of attempting to recognize the complexity of people and their histories, and providing services that better acknowledge strengths and meet needs.

Inconsistency

Unfortunately, despite the many concurrent potential factors at work that might result in improvements at Logan, these needed changes have not quickly manifested and without renewed attention, may not. Lack of staff recruitment and retention continues to stymie various initiatives for improvements, which is an issue not unique to Logan in IDOC. However, Logan has been singular in its leadership churn and divisiveness between invested individuals.

Since the creation of Logan as a female facility in March 2013, over the last six to seven years, the facility has been under the direction and leadership terms of about ten different Wardens and numerous Assistant Wardens (some administrators have been involved multiple times in various positions), as well as weathering multiple other leadership and priority changes both within the Department and government. In fact, a new and returning Warden assumed leadership at Logan shortly after JHA's July 2019 visit, and has since retired, to be replaced with another. At the time of the JHA visit, there was a Warden, a Warden of Operations, an Assistant Warden for Life Skills Reentry (a new position), and three Assistant Warden vacancies for Programs, "Program Impact," and Reception and Classification/Behavioral Health. In draft review, IDOC officials reported that the Agency as a whole is down in leadership positions through retirements, promotions, and lack of parity in pay relevant to union positions; however, they believe the new Merit Compensation Incentive should help viable candidates to step into higher leadership roles.¹⁵

¹⁵ See e.g. <https://www.sj-r.com/news/20191122/merit-compensation-workers-to-get-raises>.

In addition to the lack of consistency in direct leadership, Logan has also needed to respond to changes brought about through the abovementioned litigation among others, and other policy efforts. For example, at various junctures over the past years there has been talk of dividing the facility up so that it can operate more as separate units – the thought being that smaller populations are easier to manage, but this has not occurred. There have been special housing units favored by some administrators, and not by others, rebranding, stricter rules and discipline and reconsideration of this, and lack of clear vision for what exactly should be going on within the Department, not to mention the Women's Division.

In draft review, IDOC officials stated that historically, when the Women's Division was created, smaller operational units was the vision, and the mission of the current administration is to review Logan for population management. They reported the first step would be to ensure all women at Logan are reviewed for security reclassification, implementing a Risk and Needs Assessment, and then to begin the process of placing women in the smaller communities within Logan. At the same time, they report they would create a behavior modification unit for women experiencing episodes that are disciplinary-driven, which will promote positive change through positive reinforcement.

At the time of JHA's July 2019 visit, some staff and women reported that the facility was seeing more consistency under the Warden at the time of the visit, who had been in the role for more than a year, which was an unusually long tenure for a Warden since Logan became a female facility; however, as mentioned, leadership at the facility changed again twice shortly thereafter. Unfortunately, the overwhelming general impression of Logan has been of a facility in constant flux while maintaining a concerning level of disfunction. As one woman stated during our 2019 visit, *"the only consistent is inconsistency,"* while another opined that administrators continue to *"worry about the wrong things."* While some disagree whether there is need for a "cultural change" at Logan, or if the issues arise more from "a few bad apples," the culture seems to have been undeniably one of constant change. However, none of the changes, other than population reduction, has yet resulted in a tangible sustained positive trajectory.

JHA Surveys

In 2016, JHA piloted use of surveys at Logan to try to capture and share more of what we were seeing and hearing from women at the facility and to counter the critique that we were hearing only from individuals with issues who may not be representative of the actual majority. These surveys and subsequent visits

have reflected what we feared – despite the best efforts of some, Logan continues to be perceived as an unsafe environment for women by the majority of the respondents.¹⁶

While JHA did not conduct surveys of the women housed at Logan during our 2019 visit, the entirety of the population was surveyed in 2018 with 856 women responding, and our conversations in July 2019 with women, even those involved in some of the best programming opportunities available at the facility, continued to reflect similar concerns. Going forward we plan to increase our monitoring of the female facilities and refine our future survey methods to continue to capture even more information to inform how Illinois can best move forward with improvements at Logan.

65% of Logan 2018

survey respondents reported that the facility was not safe for women incarcerated

there, while 45%

reported not personally feeling safe.

65% of Logan 2018

survey respondents reported that most staff did not treat them with respect and

66% reported that most

other women incarcerated with them did not treat them with respect.

We encourage readers to delve into the available survey data on our webpage. Since the 2016 Logan pilot, we have captured more than 20,000 responses from people who are incarcerated in IDOC and staff.

Concerningly, over the past few years, planned improvements did not seem to be reflected in popular opinion of women at the facility. In response to our 2018 survey one woman wrote, *“every six months or so the residents are asked to complete a survey. My question is ... WHY? Why are we completing all these surveys? What is the point? It seems nothing ever comes from the surveys.”*

¹⁶ Logan specific survey result reports can be found at <https://www.thejha.org/facilities/logan-correctional-center> and specific responses can be further examined and compared via JHA’s survey data dashboard, <https://www.thejha.org/dashboard>.

Women still feel that their concerns are not heard by the Illinois public. Most women surveyed at Logan in 2018, 66%, did not feel that the facility was any better than the year prior. Meanwhile, the staff were still perceived as disrespectful, and at an even higher rate than at other IDOC facilities. Some staff also acknowledged that while they felt most staff were respectful, some did not treat the women incarcerated at Logan professionally. Staff feedback from interviews and survey comments in 2019 echoed many of the concerns expressed by women at the facility in 2018 surveys and 2019 communications.¹⁷ In 2019, 71% of 108 Logan staff respondents reported that most staff treat people who are incarcerated with respect; however this was still more than 10% lower in perception of staff respectful treatment than the cumulative 2018 staff responses to that question across facilities. Some staff felt other staff were immature and even caused safety issues by playing games over radios or on phones, without proper sanctions for this when reported. In addition to concerns about staff disrespect, the women who were incarcerated at Logan viewed the other women they were incarcerated with as disrespectful at a higher rate than other prison populations surveyed, as did staff.

In draft review, IDOC officials reported that since JHA's July visit, they have increased staffing with 33 new officers with 20 additional cadets in the academy. IDOC also reported that Implicit Bias and Transgender Training have been incorporated in the staff annual cycle training, and that an Implicit Bias training has been created also for the incarcerated population. JHA looks forward to seeing how these initiatives may affect future survey and other feedback. IDOC also notably reported that all investigations and incident reports of staff conduct issues will be reviewed by the Chief of the Women's Division, and that certain issues will now be handled by female intelligence officers or investigated by staff from outside the facility. JHA considers this to be an improved practice.

In another safety indicator from JHA surveys, contraband was reported at a higher rate at Logan than at other IDOC facilities by both surveyed women in 2018 and staff in 2019. 46% of Logan staff survey respondents reported that contraband gets in, while 22% said it did not, compared to 31% positive and 37% negative responses for the cumulative 2018 staff responses. JHA finds the results reporting contraband credible based on reports we have heard from staff and women and our own prior observations of lax security and poor visibility at the facility, which have realized some improvement. Further discussion of perceptions of safety are discussed below.

¹⁷ Staff surveys were made again available during the 2019 visit based on low participation in the 2018 staff surveys, as well as ease of distribution. Survey results will be made available on our webpage when published.

More positively, women reported that mental health treatment was available at Logan at a higher rate than at other facilities (56% agreed, 18% disagreed). Also, encouragingly, women reported that there was at least one staff person they could ask for help at a higher rate than other facilities, although a quarter of the respondents still felt there was not someone who might help them (57% agreed, 25% disagreed).

Some Logan staff expressed optimism about the new Director's leadership, noting that he seemed more concerned with the safety and security of the facility. Some thought that Logan was improving – in 2019, 55% of staff respondents reported the facility was better than the past year, compared to 22% of the 2017 Logan staff survey respondents. Staff also reported higher confidence in IDOC agency level leadership and lower confidence in facility level leadership (29% and 31%) than the 2018 cumulative staff survey responses across facilities (18% and 41%). In 2019, Logan staff reported greater support for their well-being and more satisfaction with employee discipline than staff at other facilities as reported in the cumulative JHA 2018 staff survey results. Notably both facility level and agency level leadership changed between 2018 and 2019 surveyed timeframes and some changes in staff perceptions may relate to factors at the time of completing surveys.

Nonetheless, some Logan staff also reiterated concerns that have pervaded since beginning of the facility, noting ongoing needs such as lack of staffing, poor maintenance and cleanliness, need for training and better consistency/communication, and safety concerns. Some staff felt that being polite with women was just not effective and the women were also very disrespectful with staff. Union representatives confirmed that Logan is still a facility that many staff want to transfer from at their earliest opportunity. One staff member stated, “*people want to run,*” and was not referring to the people incarcerated at Logan. At the time of the visit the facility had 326 of 423 allocated correctional officer positions filled, 25 of 34 correctional sergeants, 26 of 38 correctional lieutenants, and six of seven shift supervisors (none of whom were female). Somewhat encouragingly, at the time of JHA's July 2019 visit, staff was reported to be about 30% female, which appeared to be an improvement over the past, as it is best practice to have female staff supervise women in housing areas. In draft review, IDOC officials reported that at Logan in Fiscal Year 2019, 50 staff were added, and in Fiscal Year 2020 there will be 45 staff added, so that across the Women's Division staffing is up, and while most of the new hires are men, there has been an increase in hiring of women and the Recruitment & Hiring Unit will continue to make efforts to recruit women. IDOC reports the increase in staffing has allowed for better roster management allowing for better staffing and supervision on housing units by female officers, as JHA has long recommended.

Some representative 2019 Logan staff comments included: *Zero consistency from person to person or day to day; Lots of reactive, less proactive re: “concerns”; Administration does not always know what is goes on in each department and does not listen to front line staff; and simply, This facility needs a lot of work.* Additional staff survey input is included in 2019 visit findings below.

2019 JHA Visit Findings

Safety

Repairs, cleanliness, and training create staff and offender safety - Staff Survey Comment. Presumably this comment is noting the lack of, or need for, such precursors.



In 2019, 32% of Logan staff survey respondents reported that staff are unsafe at the facility, compared to 44% of the cumulative 2018 staff survey respondents across facilities; however, this is still notably high considering the fact that women's facilities and women who are incarcerated are generally perceived to be less violent or dangerous than male facilities and men.

Staff shortage causes stress on inmates and staff. Housing units with over 150 inmates should have more than one person - Staff Survey Comment.

Similarly, a woman opined that there is a lack of structure (security or programming) on housing units that results in people getting hurt. As JHA has continually observed, the layout and supervision of most housing units at Logan makes them extremely difficult if not impossible to appropriately supervise. They are therefore more appropriate settings for individuals who can be trusted to behave, not bully others, etc. absent greater security measures or responsiveness. In draft review, IDOC officials reiterated that they have increased cameras and staffing, allowing for more direct supervision, while ensuring that female officers are assigned to critical areas of the facility.



Administrators reported that they continue to receive and install additional cameras at this facility, as is also reflected in Logan's Prison Rape Elimination Act (PREA) audits.¹⁸ JHA continues to recommend increased camera coverage and review at IDOC facilities. IDOC indicated that it is responding to this concern.



Some staff felt that the new Director was restoring some security measures at the facility. However, some women stated that they were being “*treated like men*” at the time of the visit, with new rules being enforced that seemed arbitrary to them, like being made to walk shoulder to shoulder and not being

¹⁸ See <https://www2.illinois.gov/idoc/programs/Pages/PREAAuditReports.aspx>.

allowed to keep a correspondence box on a table. However, other women expressed that having more rules helped them feel safer.



Recent IDOC reports show that there were reportedly as of August 2019 only eight women at Logan counted in disciplinary segregation status at the end of the month, compared to ten times this number at the time of our 2013/14 report.¹⁹ While this appears positive, more information is needed regarding whether women continue to be restricted in statuses by other names, e.g. is there an increase in use of lengthy investigative status placement or formal or informal room restriction use in lieu of using disciplinary segregation, and how discipline methods are being used. As at other facilities, JHA heard reports again of disciplinary measures or restrictions not being tied to conduct, e.g. a spit hood used on someone not known to have that misbehavior. Restrictions should relate to conduct; for example, a yard or visit restriction may be permissible if there is misbehavior relating to that privilege.

In efforts to manage behavior without resorting to use of segregation, JHA has concerns that staff will adopt unmeasured and unregulated or appropriately reviewed responses. This is particularly a concern when the facility is not appropriately staffed for treatment-based responses. Oversight of this area is needed.

In draft review, IDOC responded that the Agency is in the process of ensuring that the disciplinary process meets the infraction and are retraining staff. Additionally, they report that a pilot program is being created to reduce the amount of segregation for individuals classified as SMI, while they are continuing to implement alternate methods of incentives to reduce segregation utilization. They state that Logan's Segregation and Investigate Status utilization are monitored closely by the administrators at the facility with oversight by the Chief of The Women's Division.

Staff expressed concerns about lack of traditional disciplinary segregation for misconduct:

[We need] a better way to keep actively dangerous inmates from non-actively dangerous. We seem to fear using seg[regation] for its purpose, to keep inmates and staff safe. Not all inmates are bad all the time but when they are, we need to do what's necessary to keep people safe. Stop looking at seg levels and good time revoked. Give more to the inmates who do well and harsher to inmates that harm or blackmail others. No inmate acting out should have more than any inmate who does what they are supposed to!!! - Staff Survey Comment.

¹⁹ See <https://www2.illinois.gov/idoc/reportsandstatistics/Pages/Operation-and-Management-reports.aspx>.

Administration is not supportive of staff and tend to side with inmates. For example, a staff member was cut by a razor and the admin's comment was "it's not a big deal it was superficial" - Staff Survey Comment.

The perception that administrators are not appropriately responsive to genuine safety concerns will undermine reform efforts, cause staff stress and attrition, and foster a dangerous "us vs. them" mentality. In 2019, 33% of Logan staff survey respondents reported that their supervisors respected their opinions, compared to 50% of the cumulative 2018 staff responses to that question across facilities, and 62% of 2017 Logan staff survey respondents. This deficit may reflect frustration with changing administrator priorities and lack of clear direction or perceived improvements.

Over the past few years, Logan has gotten rid of "maximum-security" housing for women. However, it is still unclear how women who are considered to be higher-aggression or behavioral need are being managed. JHA has frequently observed on visits that distinct populations are housed together or mixing in ways that administrators seem to be not properly cognizant of, for example, housing women in reception status with those in segregation stepdown. For years there was no protective custody option for women who felt they needed to be separated from others to be safe. Now, while the option exists, many staff do not seem to take it seriously and instead view it as a way that the women may "manipulate" to get to more desirable housing situations. Through all the changes, there does not seem to have been a consistent vision of how women could be appropriately assessed and how staff could be responsive to safety needs as they arise. Safety will come from neither lockdown nor allowing people to be unsupervised in general population. Treatment approaches may not always be effective in the immediate, but are necessary to attempt for the safety of the facility and community.

In draft review, IDOC officials reiterated their plans for conducting risk assessments and security reclassification, and reorganizing population management at Logan, including use of a behavior modification unit for women.



In addition to many more general complaints regarding housing areas at times being particularly rowdy and out of control, some women reported mostly unspecific accounts of others engaging in sexual activity and sexual assault. Some women noted that the facility has lost maintenance workers due to sexual misconduct reports and administrators clarified that responsive measures have been taken to increase camera coverage and restrict areas to better ensure safety.



Some women expressed they were uncomfortable with some transgender women who had been housed with them and there were many rumors circulating. Some women expressed safety-based fears while others appeared more prejudiced.



One woman described her safety concerns failing to get staff response, stating, “*guards are afraid of PREA and do not want to write tickets because they are thrown out anyway.*”



In early 2019, corrections consultants from the Moss Group²⁰ visited Logan and Pontiac, and we were told that this was to help improve PREA practices. IDOC is still waiting on the consultants’ report as of November 2019. As noted above, IDOC has recently revised policy and implemented new “gender responsive” staff trainings for strip and other search procedures and regarding treatment of people who are transgender, and plans increased implicit bias and other trainings. In addition, more staff for direct supervision, cameras, and different approaches to investigations may result in some safety improvements. JHA has long advocated for improvements to outdated and inhumane practices and will continue to monitor implementation of these initiatives and experiences within prisons.

Healthcare

There was a concern that people’s private medical information was broadcast when they were called for chronic clinics.



²⁰ See <https://www.mossgroup.us/>

There was also a complaint about inappropriate staff comments about medical conditions, e.g. *“I don’t want to touch that because someone with Hep C did.”*

In draft review, IDOC officials stated that with the enhanced training that has been implemented in cycle training, and with the Executive Leadership, staff professionalism is a priority and enhanced policies, such as the Social Media Administrative Directive that has been implemented, will raise the standards of expectations of IDOC employees.

17% of Logan 2018
survey respondents reported
they were satisfied with
medical treatment and
63% disagreed.



A woman requiring deaf/hard of hearing accommodations was unable to obtain them and staff shared that there was an issue with state non-payment for interpreter services. Other women reported that they had mobility difficulties that were not accommodate and reported that Americans with Disabilities Act (ADA) inmate attendants were undertrained. This is a common report JHA hears. While we support use of aides, these individuals must be appropriately trained, resourced, and supervised. In draft review, IDOC officials reported that Logan’s Healthcare Unit Administrator has created a training curriculum that is being used for all ADA attendants.



Some women reported they felt staff were not quick with response time for medical incidents, including a woman having a seizure in a mental health housing area, while staff acknowledged that part of the impetus for the pregnancy unit, discussed below, was difficulty responding to urgent needs in general population housing.



A porter reported not being given appropriate protective materials when cleaning up bodily fluids. This concern regarding worker safety is fairly common within IDOC.



A woman reported she needs dentures and makes only \$10 state pay a month, but has been told she would need to pay \$340 up front, although she is willing to do a payment plan or whatever it would take. As the prison population ages, such needs will only become more common.



Women reported that pads and diapers are not always made available to those that need them.



Administrators reported that since policy had been changed to allow women giving birth to have an outside birthing support person to be present at the birth, this had been utilized by 100% of the women. JHA commends this change to better align with humane treatment and best practice.



Mental Health

Women were generally positive about their mental health treatment. This is an important improvement and one we hope that continues to trend upwards.



Women housed in a mental health housing area requested more yard opportunities, expressing issues with lack of opportunity to go to yard, amount of time on yard, yard conditions (reportedly there was sewage seepage), and lack of activities in contrast to general population yard. The women said they got yard time a “couple times” or three times for one hour a week. Some women did not understand why they were segregated from general population and expressed that they would like to have yard with general population, it is unclear whether this was because of greater opportunities or desire to socialize.

IDOC officials in draft review stated that women in the Residential Treatment Unit (RTU) have their own yard for safety reasons, but that women who leave the RTU and are housed in a step-down unit have the ability to attend general population yard, and they will continue to review this process.



Further, some women reported that they had to remember to ask to go to yard and this was difficult for them or others. Some also requested that staff wake them up for activities (e.g. school).



Some women expressed that they did not feel that some women with mental health issues could self-advocate through the grievance process.



Someone shared that there have been issues with women using the showers as bathrooms, reportedly because there is more privacy there than in the cells.



At least one individual receiving mental health treatment seemed to be particularly isolated and she attends “group therapy” alone, when mental health staff are available, because staff feel she is unmanageable. As of the publication of this report, IDOC records indicate this person has been transferred out of state.



In addition to the lack of mental health staffing, JHA received reports that staff also take time off frequently from the stress of the environment. One staff member commented on their survey, *Staff mental health does not matter.*



Staff Conduct Concerns

As observed throughout IDOC, with new staff uniforms staff did not have their identification visible as required. IDOC is currently beginning the process of having the shirts embroidered with staff names.



Unfortunately, JHA continued to receive reports of staff being unprofessional and calling women names throughout the facility. A woman who had been incarcerated elsewhere described what she had experienced at Logan as “*way more disrespectful*” and stated their treatment was “*degrading*.” Women gave specific examples of ways they had heard staff single out and inappropriately speak to others, some fit for print examples include: being told that staff should use a cattle prod on them, being called “retarded,” dumb, cursing at women, and telling a woman that she should choke and die. Other woman described staff as “screaming” at them. Unquestionably it would be difficult for staff to command authority in some of the crowded housing units; however, respectful relationships promote safety.



Women also reported staff discouraged filing grievances, saying e.g. “*It won’t do anything.*” Some women just felt grievances disappeared - “*nothing happens when you file them.*”



Woman wanted there to be staff accountability, which is a common report within IDOC. One woman suggested that Illinois get an Ombudsman. An effort to create such an office through legislation has been undertaken and is ongoing.



Some women also reported that some staff wouldn't call them for visits or look for them on the unit, leaving visitors waiting up front for extended periods or causing missed visits. Some women also believed that people housed there on parole violations could not have visitors, while we do not believe this is policy, the perception is concerning. In draft review IDOC officials confirmed that is was a misunderstanding and there is no such restriction, as the only requirement prior to visitation is that women in Reception and Classification status be medically cleared before contact visits. This is a more expedient visitation policy than exists for men in IDOC reception status.



Physical Plant Issues

The place is falling apart but the plants out front look nice - Staff Survey Comment. Logan benefits from some beautiful landscaping work done by a small cohort of five women. However, as this staff member and women observed, while lovely and commendable, this care contrasts with the neglected living and working conditions within many housing units and other buildings at the facility.

3% of Logan 2018 survey respondents reported that when something is broken it is fixed in a timely manner, while **88%** disagreed.



We need help with facility maintenance - Staff Survey Comment. In 2019 Logan staff survey responses only 7% of respondents indicated the facility was in a good state of repair, and only 13% reported that the facility was sanitary.



Plumbing repairs were required. At the time of the visit, the facility had two plumbers and administrators reported they had requested four. Administrators reported that maintenance and plumbing issues accounted for 28% of all complaints received.

- Women reported standing water in bathrooms was a common issue, at times causing slips and falls with injury.
- Some constantly running water was observed.
- Women reported some showers had no cold water and various fixtures were broken.
- Women also reported backed up sewage coming up in a few different yard, lawn and housing unit areas.
- *The bathrooms need to be repaired* - Staff Survey Comment.

In draft review, IDOC officials reiterated that repairs are coming, as funding has been approved for various needed projects, as discussed above in the Executive Summary.



Holes in ceilings, leaks, and discoloration or mold was observed in several areas. As one staff member commented on their survey, *The buildings are in bad shape as well as dietary. No preventative maintenance is done on housing units, dietary or other buildings.*



One woman who had been at Logan since the beginning reported conditions were better while simultaneously detailing extensive pest issues on her living unit, including a recent ant infestation and stating that rodents and roaches crawl on them when they sleep. She reported pest control is available monthly but the women can choose if their bunks are sprayed. Other women gave similar reports and it was apparent how pests would easily be able to get into units through holes.



As on prior visits, and reflected in JHA 2018 surveys, there were numerous temperature complaints from both women and staff; e.g. *Temperatures get to be too much for staff as well as inmates* - Staff Survey Comment.

Only 10% of 2019 Logan staff survey respondents reported that the facility's temperature was comfortable and 50% reported that ventilation was inadequate. Lack of air conditioning, broken ice machines and fans were common issues. Work in dietary and in the dishwashing room was reported to be particularly uncomfortable. Women expressed that cooler temperatures on housing units would help ease some tensions.



**72% of Logan 2018
survey respondents reported
temperature was not
comfortable.**

**68% reported ventilation
was not adequate.**

At the time of the visit the facility was paying \$6,500 a month for a temporary air conditioning unit for the education building. JHA has observed a similar wasteful use of a temporary unit at Stateville's Health Care Unit. In draft review, IDOC officials reported that a project to fix this issue is funded and underway for Logan's Program building.



We were told that it was extremely hot in the Cosmetology classroom prior to staff brining in and air conditioning unit after being without for more than a year. We were also told that this vocational class sometimes runs out of needed supplies and relies on donations. This program had 10 participants and a waitlist of 230+.



Staff have also pitched in due to the lack of budget to improve their environment through holding a paint drive.



Women reported both that housing unit and industry laundry equipment was frequently broken. They also reported they had nowhere in their living areas to hang items (i.e. to dry) and that they were ticketed if they tried. Dirty clothing, hot temperatures, and crowded living areas lead to amplified tensions. In draft review IDOC officials indicated washer and dryer repairs were underway.



Broken, cracked, or stuck open, windows were observed in several locations. Some windows in the X-House had been observed to be cracked for years on prior JHA visits but the numbers are increasing. Again, IDOC reported that window projects have been funded.



Access to Information/Communications

Women in reception were observed to have been issued a two-year-old manual, hence did not have access to updated information.



Women reported the Departmental Rules and Administrative Directives and other materials (e.g. proposed laws) were not available in the library as required, as well as issues accessing the law library.²¹ They also requested up-to-date materials and new materials without pages torn out. Women were appreciative of services offered to them by JHA and Chicago Books to Women.²²

In draft review IDOC officials reported that Administrative and Institutional Directives are current and in the facility library and they are working on the institutional manuals becoming current since the JHA July visit.



People would like training on use of the electronic legal research kiosk, which is provided through the GTL contract, and reported there were issues with the screen freezing.



Likewise, people reported that there were issues with GTL video visitation functionality, as well as problems with the system being overly sensitive to disruptions, as may be caused by a young child.

In draft review IDOC officials responded that this has been a vendor issue along with facility infrastructural issues with wiring, and that they have met with the vendor to start addressing issues and appropriate contingency plans moving forward.

²¹ See also JHA's 2019 special report, *Prisoner Access to the Court and Adequate Law Library*, <https://www.thejha.org/special-reports/lawlibrary>.

²² See <https://chicagobwp.org/>.



Women reported they had paid for GTL products and not received them or refunds. For example, a woman purchased an MP3 player from the commissary for \$149 and an additional \$100 for a 6-month subscription, but had not received it or a refund or any indication of what would happen with her money as the Department now is contracting for GTL tablets and there are compatibility issues. Other women explained, “IDOC said they ran out but did not provide refunds.”

All of the above issues with GTL products are common throughout the system.



As elsewhere, access to phones was a reported issue and cause of conflict.²³ JHA visitors observed phones in use with long lines of women waiting. In one area there were reported to be four phones for 155 women, and people reported waiting hours for use. Women also reported that fights related to phones are common. Administrators acknowledged this issue and were reportedly trying to get contractor Securus to install more phones. Since our visit, IDOC has implemented some changes to phone practices in an attempt to alleviate some of the demand problems, JHA will continue to monitor for issues and improvements.



Some women reported that the counselor is only on their housing unit at times when they have classes, so they are unable to communicate with the counselor. Administrators report that they plan to move all correctional counselors onto housing units so that people have greater access. JHA will continue to monitor this issue and advocate for greater counselor education, access, and more reasonable caseloads.



Women reported being locked down for conduct not involving their housing unit, which meant visits didn't happen. Positively, at the time of the visit, administrators expressed that they had changed policy to require supervisor approval for any visitation denials and had relaxed some of the traditional dress code requirements recognizing the importance of visitation for women at the facility. This reportedly caused a significant drop in the number of visits denied; for example, if a grandmother who came to visit was not wearing a bra, entrance was not denied. JHA commends this family-centric, humane initiative, however, we worry about sustainability and ability of staff and visitors to understand shifting standards

²³ See also JHA's 2019 special report, *Communications Issues Update*, <https://www.thejha.org/special-reports/communications-issues>.

over time and at different facilities. Also, with changes in administration since JHA's visit, we are unsure what facility level policies will continue. IDOC administrators report that they plan to revise agency policies to be more detailed and uniform across facilities as currently many facilities set their own policies by institutional directive or memo, which do not conform across the Agency as JHA has long observed and commented upon.



Productive Activity

As of December 2019, 43% of the women at Logan are unassigned, meaning they are not engaged in any work, school, substance use disorder treatment, or other productive activities. In draft review IDOC officials reported that the number of women who are not currently participating in program is largely due to lengthy stays and their Mandatory Supervised Release (MSR or parole) dates, as IDOC prioritizes people who are closer to their release dates for many programs, including education. However, IDOC reports that with the hiring of more social workers (Logan now reportedly has five compared to two at the time of JHA's July visit) these numbers will continue to be reduced as more programs and groups are created.

During JHA's 2019 visit, Logan administrators noted that they were trying to move away from the traditional IDOC model of programming people based on behavior and outdate, as opposed to the best practice of offering programming based on need. JHA commends this shift as it does align with what is scientifically supported; however, we remain dubious that IDOC has yet been able to appropriately assess the needs of any significant portion of their population.

Critically the administration at the time of JHA's visit claimed to have data supporting that the facility's housing unit areas with programming have a fourth as many disciplinary tickets as other parts of the facility. As the non-programmed units make up the vast majority of Logan, JHA continues to encourage facilities to make such data available for use for advocacy for policy change and to aid in appropriately resourcing facilities.

At the time of the visit, we were told that the facility was using the proprietary "SPIN-W" assessment tool, which took two hours to administer and that 155 women (less than a tenth of the static population) had

been assessed for potential placement in Logan's Life Skills Reentry Center (LSRC).²⁴ IDOC as of November 2019 will be transitioning to a different risk assessment instrument.

Additionally, administrators in charge at the time of the visit stressed the need for people to be able to continue programming despite some issues that may come up for the, e.g. an interpersonal conflict with a teacher. JHA found this somewhat refreshing as disciplinary tickets while people are in school will at times completely derail people's chances at academic achievement; however, it was unclear whether the Department, staff, or even the women, were entirely on board with this philosophy. Some women opined that they did not like that others could continue in programming with tickets because it made them more crowded or did not appropriately sanction women. Others stated that allowing women who could not get sentencing credit contracts into programming took that opportunity away from others who could earn time and was an inefficiency, while women who were not contract eligible were appreciative of the opportunity.



Many women wanted substance use disorder treatment but did not have access.



Even some of the women engaged in programming did not feel that there was rehabilitative opportunity or reentry preparation for them at Logan. In 2019, 26% of Logan staff survey respondents reported that there was still inadequate rehabilitative programming for women at the facility.



Women expressed concerns regarding pay restrictions due to a low Test of Adult Basic Education (TABE) score being discriminatory against people with disabilities and Low English Proficiency (LEP).

JHA has long shared this concern and advocated for IDOC to reconsider this policy, particularly considering that waitlists for Mandatory Adult Basic Education (ABE) classes are prohibitively long. In Fiscal Year 2019, IDOC reported that there were 5,286 people waitlisted for ABE classes in IDOC, while of the limited number of people TABE tested at intake that year (12,685 people tested of 22,363 admissions), 6,549, more than 51%, scored below a 6.0. As noted above, people are prioritized for classes by closeness to their release date.

While administrators can waive the pay restriction on a case-by-case individual basis, it is unlikely that many people eligible for the waiver will self-advocate for this, making it still often unfair in application. JHA has urged IDOC to proactively case-manage people so that, for example, if they see that an

²⁴ See <https://orbispartners.com/assessment/gender-responsive-spin-w/>.

individual is working a job where they are pay restricted based on a low-TABE score but on the waitlist for classes, to have staff put them in for a waiver. We similarly encourage this staff proactivity for restoration of privileges, reduction of segregation, restoration of good time, etc. as we find many people do not have the ability to effectively self-advocate.



We were told the bakery program was “flourishing” and that the women had baked for Secretary of State Jesse White’s birthday.



Administrators lamented the lack of a chapel and band or music at Logan. There was some suggestion that an outside funder may be interested in donating this for the facility. JHA received a report that a woman was not able to fully practice her Wiccan faith.



Women wanted more programming and vocational training. The facility reportedly is getting a truck driving program, but again, often JHA hears of good ideas at facilities that do not come to fruition. Since our prior visit, Lake Land College now offers some classes. Additional information about educational offerings and participation, including in Life Skills Reentry Center (LSRC) programming, is available in IDOC Quarterly reports.²⁵ As of the most recently available report as of November 2019 (which was from January 2019), there were 240 enrollments in educational programs at Logan and 54 women in the LSRC.



Logan would benefit from engaging more volunteers, ideally volunteers offering skill-building programming. Volunteers may now be on a visiting list of another facility and volunteer at an IDOC facility where they are not a visitor; so for example, someone could theoretically have a son incarcerated at Lincoln and tutor women at Logan, which may not have been allowed in the past.



While Logan had started a Life Skills Reentry Program it did not appear to be yet formalized as in the male facilities and administrators stated they had to program with what they had, and they had not been properly allocated staff needed. JHA will revisit this program in the future when it has had a chance to

²⁵ See <https://www2.illinois.gov/idoc/reportsandstatistics/Pages/QuarterlyReports.aspx>.

be more appropriately resourced and implemented. In draft review IDOC officials reported they are working on enhancing the program by utilizing clinical staff, social workers, and partnerships.



Women reported that they would like to be able to earn partial days for contacts because they may be in one program (e.g. LSRC) and then get a bed in substance use disorder treatment, but have to choose to give up uncompleted contract sentencing credit days.



There were also reports that some processing or record office delays for vocational earned days may result in people possibly staying longer than necessary.



Women also expressed concerns that potential awards of sentencing credits confused the timing of applying for interstate compact and worried they may not have enough time to have their placements approved. Not knowing whether someone is getting out months earlier makes reentry planning difficult and is an issue with the current sentencing credit schema.



Pregnancy Unit

Recognizing that it was not good for pregnant women to be “*behind a steel door*” or being in a “*4-6 man cell with whomever*,” Logan opened a Pregnancy Unit in February 2019. This unit allows Logan to have a safer, better staffed area for some pregnant and postpartum women, where medical responses can be managed more easily than in general population. Better policy and protection for women who are pregnant in prison is widespread and overdue.²⁶

In Fiscal Year 2019, IDOC reported a monthly average of 17 pregnancies, with a monthly reported high of 30 and low of 11, with all but two pregnancies reported from Logan.²⁷ In the same annual period, 39 births were reported within IDOC, with all but two births reported from Logan.

²⁶ See the Prison Policy Initiative’s December 5, 2019 50-state survey of policies *Prisons neglect pregnant women in their healthcare policies*, by Roxanne Daniel, <https://www.prisonpolicy.org/blog/2019/12/05/pregnancy/>.

²⁷ See Pregnancy and Birth data as reported in monthly Operation and Management report excerpts, <https://www2.illinois.gov/idoc/reportsandstatistics/Pages/Operation-and-Management-reports.aspx>. In the

This initiative was a partnership with the Illinois Department of Health and Logan staff and the community contributed substantially, with reportedly only \$2,000 being spent from the facility budget, where startup costs were estimated at more than \$40,000. The unit has a doorbell for announcing when male visitors enter. The unit is painted in bright colors and there are lounging communal areas. JHA was told that the women are required to care for a plant. Exercise equipment is available on the unit. Bars and cell doors were removed from the unit which contains 17 cells with the capacity to house 24 women (if some were to be double-celled), including an office for the Women and Family Services (WFS) Coordinator, who acts as a “house mother.” The women on the unit use a communal bathroom that affords more privacy instead of the open toilets in the cells, which now do not have doors. The women also enjoy much better access to the phones than on normal housing units. They are given normal bedding and pillows, a luxury within this correctional setting, as well as body pillows.

Hygiene products are provided to women on the pregnancy unit;

8% of Logan 2018 survey respondents reported that enough state hygiene products were provided.

On this unit hygiene products are provided and shared. Meanwhile women in general population reported poor access to hygiene and that their extra mattress pads were being confiscated, which is an issue because of the poor condition of mattresses. In 2019, 53% of Logan staff survey respondents reported that adequate clothing and hygiene and clothing is provided to women while 25% reported these were not provided, compared to 71% and 11% of the cumulative 2018 staff responses to that question across facilities.

As the pregnancy unit is located within the same building as mental health housing, it has air conditioning, unlike the typical housing units, which are reportedly sometimes very hot. The women have access to a refrigerator with snacks and can freeze breast milk. Logan reportedly revised policy in summer 2019 to make clear that visitors and women who are incarcerated at the facility are permitted to breastfeed during visitation, with a semi-private area available.

Administrators discussed how every step of establishing this environment required negotiation around typical security measures, for example, allowing the women to have pushpins to display family photos in their room caused unease with staff who are accustomed to such items being a security risk and women

first four months of Fiscal Year 2020, IDOC has reported a monthly average of 11 pregnancies, and 9 births, all at Logan.

self-harming. JHA was informed to be eligible for the unit a woman could not be considered mentally unstable or aggressive, or have convictions for sex crimes or crimes against children, and that the women on the unit have to sign a contract. We did not receive written materials describing exclusion criteria or the contract signed by the women. In draft review IDOC officials stated that if there were available space this unit would be available to all pregnant women at Logan, and that pregnant women would no longer be placed in segregation. JHA will continue to monitor these issues.

At the time of the visit, administrators reported that they were in the process of extending substance abuse treatment to be available to women on the unit, however, with the change in leadership it was unclear if this occurred. Women on the unit reported they would like parenting classes, which we found confusing considering that we assumed this would be a natural location where this would be offered. There were concerns regarding the well-being of women who might have to transition from the unit back out into general population, but this had yet to occur. Women are reportedly allowed to stay on the unit eight weeks postpartum if no one is waiting for a bed.

This report was written by JHA staff. Media inquiries should be directed to JHA's Executive Director Jennifer Vollen-Katz at (312) 291-9183 x205 or jvollen@thejha.org

People who are incarcerated in Illinois jails and prisons may send privileged mail to
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Since 1901, JHA has provided public oversight of Illinois' juvenile and adult correctional facilities. Every year, JHA staff and trained volunteers inspect prisons, jails, and detention centers throughout the state.

Based on these inspections, JHA regularly issues reports that are instrumental in improving prison conditions. JHA humbly thanks everyone who graciously shared their experiences and insights with us.

www.thejha.org



The John Howard Association was the proud recipient of the
2015 MacArthur Award for Creative and Effective Institutions

IDOC Draft Review

JHA provided a draft of this report to IDOC on November 13, 2019 and conducted a teleconference draft review and received some additional written comments from the Department in early December 2019. IDOC's responses are incorporated herein. JHA's publication of IDOC's responses within our report should not be considered an endorsement or indicative of agreement by JHA of the information included.

JHA has always engaged in a review process with IDOC, providing the Department an opportunity to read, discuss, comment, respond, or act on JHA feedback from facility reviews as presented in our draft reports. For more information on our review process, please see JHA's 2017 publication, *How JHA's Prison Monitoring Works*, www.thejha.org/methodology.

We appreciate IDOC's participation in this process. JHA will continue to monitor these and other issues.

We look forward to continuing to work with all stakeholders to advance reforms needed to achieve a system that is fair, humane and effective.