

COVID-19 Survey: Report on Initial Results of Surveys Collected from People Who Work for IDOC

The John Howard Association (JHA) is an independent citizen correctional oversight organization that goes into prisons to monitor conditions of confinement and treatment of people who are incarcerated; we fight for a fair and humane system and for government transparency and accountability. For 119 years, we have been the eyes and ears of the public inside Illinois' prisons, reporting what we see, hear, and learn inside facilities and using this information to recommend policy and practice changes and advocate for system reform.

Correctional settings are unable to put in place many of the typical protective measures recommended by health experts during COVID-19 due to physical plant, resource and operational constraints. It is critical that we know and understand how people in prison are experiencing the COVID-19 health crisis and what the government must do to better meet the health needs of people in prison.

During these unprecedented times and circumstances, JHA launched a special system-wide COVID-19 survey to enable us to hear directly from those who are in prisons about what is being done, how they are being treated, if announced plans and protocols are being implemented, and what their actual lived experiences have been. JHA also launched an online survey for people who work in prisons to gather their perspectives. Taken with Departmental administrative information, this information will convey the views of the people who are most directly impacted, and JHA will continue to use this as a basis for feedback and recommendations to improve the response of the Illinois Department of Corrections (IDOC), in order to improve and possibly save lives.

The survey data contained in this report sheds light on how the COVID-19 pandemic is impacting the people who work for IDOC, and their views on how the pandemic is impacting people who are incarcerated. It is critical that we know and understand what IDOC has done to minimize exposure, reduce contagion and manage the pandemic inside facilities. Without this information it is very difficult to hold the Agency accountable for implementation of policies that affect the lives of people who live and work in IDOC. Sharing the views of people who work for IDOC in regard to the Agency's response to the pandemic is a critical element of unbiased correctional oversight.

JHA's survey results not only provide a unique understanding about the impact of the current pandemic within IDOC but also provide information useful for the better management of this and future health crises that carceral settings will inevitably face. Of the utmost importance, the information from these surveys will bring the actual experiences of people who live and work in prisons into the conversation to be used to improve and advocate for the health and safety of all impacted people. This report of data from surveys received from people who work for IDOC is one of the first products of this initiative. We will be sharing more information from this singular undertaking in the coming weeks and months

Contents:

	Key Findings	3
Section 1:	Description of the Sample of People Who Work for IDOC	5
Section 2:	Aggregate Results of COVID-19 Surveys Collected from People Who Work for IDOC	7
	Staff Specific Survey Questions	7
	Inmate Specific Survey Questions	15
	General Likert Scale Items	19
Section 3:	Survey Response by Position Comparison Graphs	22
	Staff Specific Survey Questions	23
	Inmate Specific Survey Questions	33
	General Likert Scale Items	37
Section 4:	Staff Comments	40
	Endnotes	50

Key findings:

Key Finding #1: The reported testing rate for people who work for IDOC was notably low.

An overwhelming majority of the 261 survey respondents (98.1%) indicated they were not tested for COVID-19 the week prior to completing the survey. Of the relatively few people who indicated they were tested, most (80%) stated that IDOC did not provide the test. Additionally, most survey respondents (88.8%) indicated they had not been tested for COVID-19 at any time prior to May 2020. Only 32% of survey respondents reported enough testing had been made available. One person stated that, "Some inmates and/or staff may be carriers of this virus and not know it due to non-testing. All need to be tested. If not, when this pandemic is supposedly over and lifted, we just may start all over due to those carriers passing the virus on."

Key Finding #2: Many people in health care positions reported that they were not adequately supplied to safely do their jobs.

Of the 48 people who work in prisons and identified themselves as "Health/mental health care" staff in the COVID-19 survey, 20% indicated they did not have enough soap to regularly wash their hands, 48.9% indicated they did not have unlimited access to hand sanitizer, and 31.1% indicated they did not have enough face masks as Personal Protective Equipment (PPE) to change them as needed. This is troubling as the majority of these people (89.5%) also indicated that they work directly with people who are incarcerated on a regular basis. One person described the situation as dire, stating that, "The big problem we have statewide is [medical vendor] Wexford not doing anything to protect their employees. Wexford has not provided their employees with any PPE's and they have excluded their employees from the benefits that the state has received." Another person reported that, "a nurse has tested positive... who by the way was symptomatic but was unable to take the time off long enough before getting docked by the employer..."

Key Finding #3: People who work for IDOC reported increased stress from working in a prison during a public health crisis.

The majority of people who completed a survey (79.8%) indicated that their job causes them more stress than usual due to the COVID-19 pandemic. Also, most people (68.5%) expressed a fear of bringing COVID-19 home to their family and friends. This is problematic, as positive employee morale is essential for IDOC to emerge from the pandemic and be able to create safe, humane, and rehabilitative correctional environments. One person expressed that "I feel my position with IDOC is forcing me to choose between my paycheck and my family's wellbeing." No person who works for the state should be forced to choose between providing for their family and putting themselves and the people around them at unnecessary risk of contracting a novel virus.

Key Finding #4: Responses differed between people who work in and people who are incarcerated in IDOC prisons regarding some prison condition-related survey items.

For example, 62% of staff respondents indicated that incarcerated persons were provided with chemicals to clean their living area daily. In contrast, 46% of incarcerated persons who responded to a similar question indicated that they received no cleaning chemicals in the last week, and 25.7% indicated that they received cleaning chemicals once in the last week.

Section 1: Description of the Sample of People Who Work for IDOC

The survey results reported herein are based on a sample of 261 surveys completed by people who work for IDOC between May 1st and May 27th 2020.ⁱ Most of these surveys, (79.3%) were completed between May 1st and May 6th. Everyone who is employed by IDOC was afforded the opportunity to complete a survey online using a secure survey platform. JHA provided information about the survey to IDOC administrators and additionally to AFSCME union representatives to distribute, as JHA has no way to directly contact everyone who works for IDOC.

The COVID-19 survey for people who work for IDOC was digital, whereas the corresponding survey for people who are incarcerated was paper-based. Use of the digital medium for surveys allowed JHA to better collect information from people who work in prisons in a way that was not possible with the paper-based survey. JHA hopes that in the future IDOC will permit digital versions of JHA surveys to be available to people who are incarcerated to increase the specificity and depth of information collected.

Tables of Characteristics of Sample of Survey Respondents:

Table 1

Position	Count	% of Sample ⁱⁱ
Administrative	72	27.6%
Education/other programming	44	16.9%
Health/mental health care ⁱⁱⁱ	48	18.4%
Other	33	12.6%
Security	62	23.8%
Unknown ^{iv}	2	0.8%
Total	261	100%

Table 2

Works Directly with Inmates	Count	% of Sample
No	94	36.0%
Yes	162	62.1%
Unknown	5	1.9%
Total	261	100%

Table 3

Primary Shift	Count	% of Sample
First	209	80.1%
Second	31	11.9%
Third	14	5.4%
Unknown	7	2.7%
Total	261	100%

Table 4

Work Setting*	Count	% of Sample
Administrative-not in a prison	10	3.8%
Parole Division	13	5.0%
Adult Transition Center (ATC)	8	3.1%
Prison	212	81.2%
Other-Unknown	18	6.9%
Total	261	100%

* Work setting was not an item on the staff survey. This categorical variable was created by JHA staff based upon our expertise regarding the IDOC staff responses to the survey question asking them to identify the facility they worked at as reported in Table 5. The “prison” category includes all traditional prisons, Life Skills Reentry Centers, and the Joliet Treatment Center. The “other-unknown” category includes one person who indicated that they work at Elgin, and the 17 people who submitted a survey but did not indicate which prison they work at.

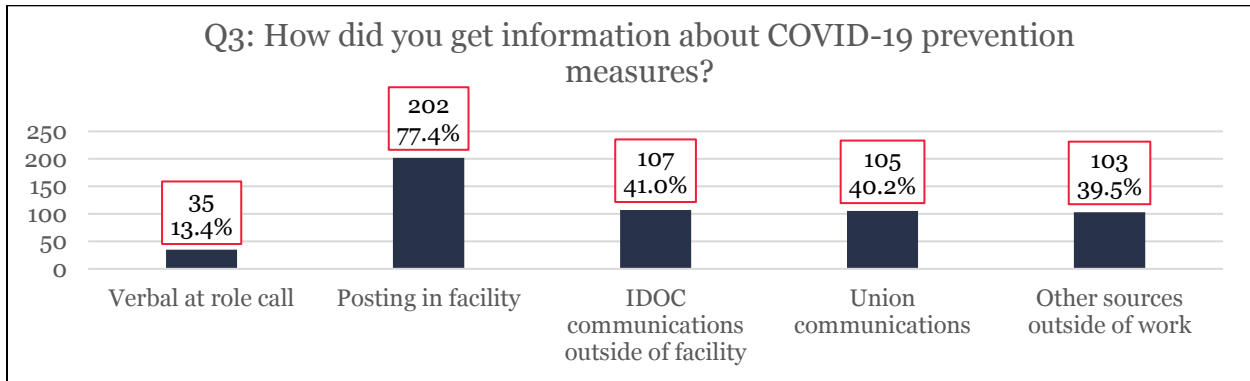
Table 5

Facility ^v	Count	% of Sample
IDOC Administration (Concordia, Thompson, etc.)	10	3.8%
Big Muddy	5	1.9%
Centralia	5	1.9%
Crossroads ATC	1	0.4%
Danville	6	2.3%
Decatur	9	3.4%
Dixon	8	3.1%
East Moline	4	1.5%
Elgin	1	0.4%
Graham	8	3.1%
Hill	5	1.9%
Illinois River	3	1.1%
Jacksonville	2	0.8%
Joliet Treatment Center	5	1.9%
Kewanee	6	2.3%
Lawrence	11	4.2%
Lincoln	8	3.1

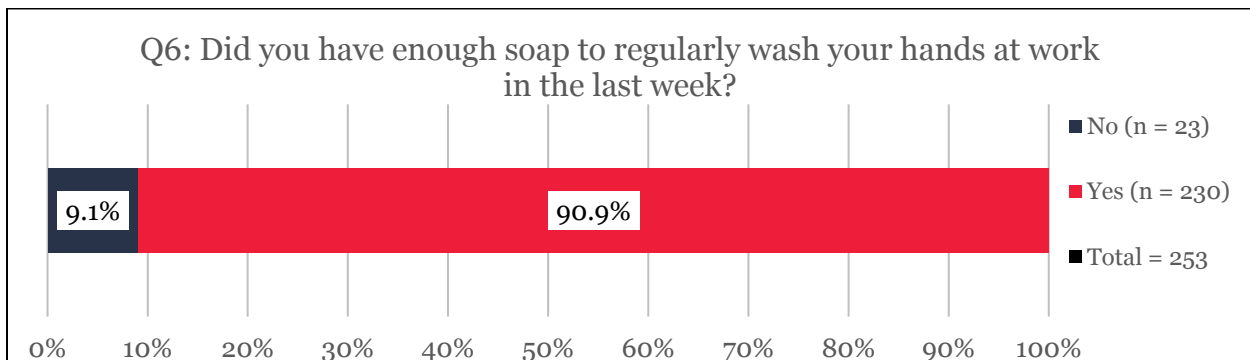
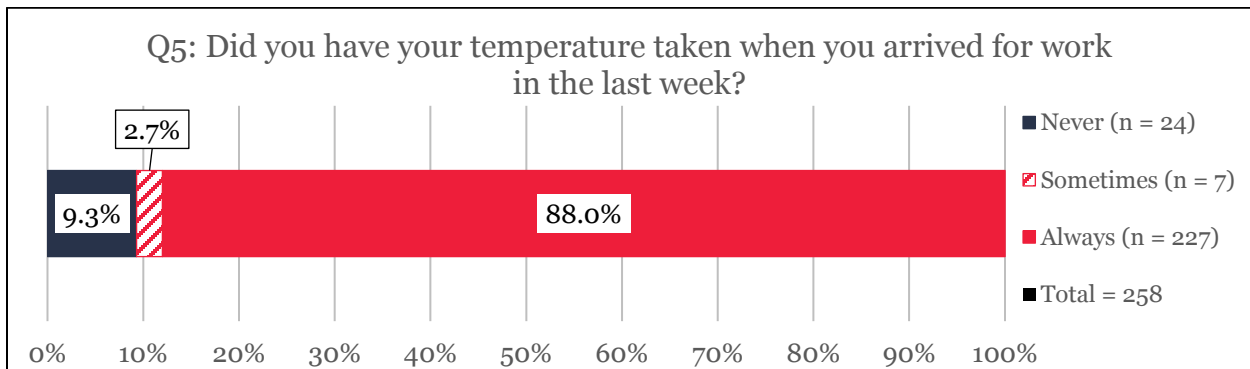
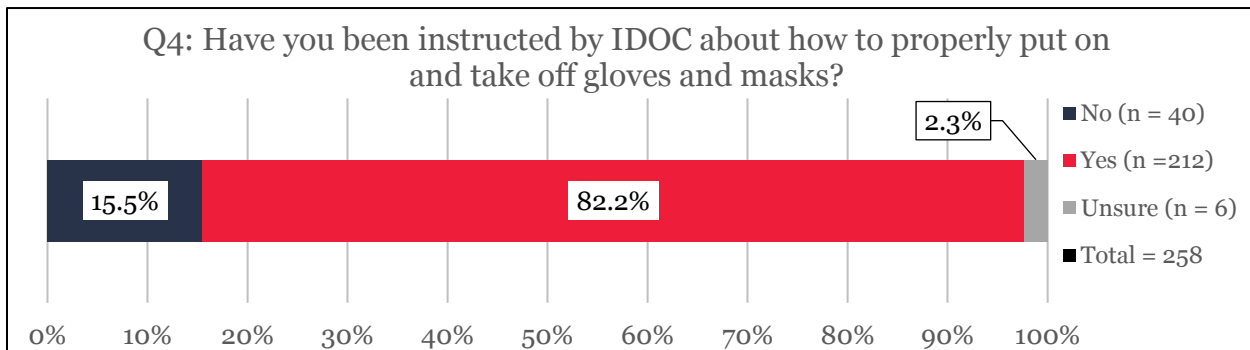
Logan	17	6.5%
Menard	15	5.7%
Murphysboro	2	0.8%
North Lawndale ATC	4	1.5%
Northern Receiving and Classification	5	1.9%
Parole Division	13	5.0%
Peoria ATC	3	1.1%
Pinckneyville	8	3.1%
Pontiac	12	4.6%
Pontiac Medium	1	0.4%
Robinson	5	1.9%
Shawnee	2	0.8%
Sheridan	6	2.3%
Southwestern	5	1.9%
Stateville	18	6.9%
Taylorville	5	1.9%
Vandalia	12	4.6%
Vienna	7	2.7%
Western	7	2.7%
Unknown IDOC	17	6.5%
Total	261	100%

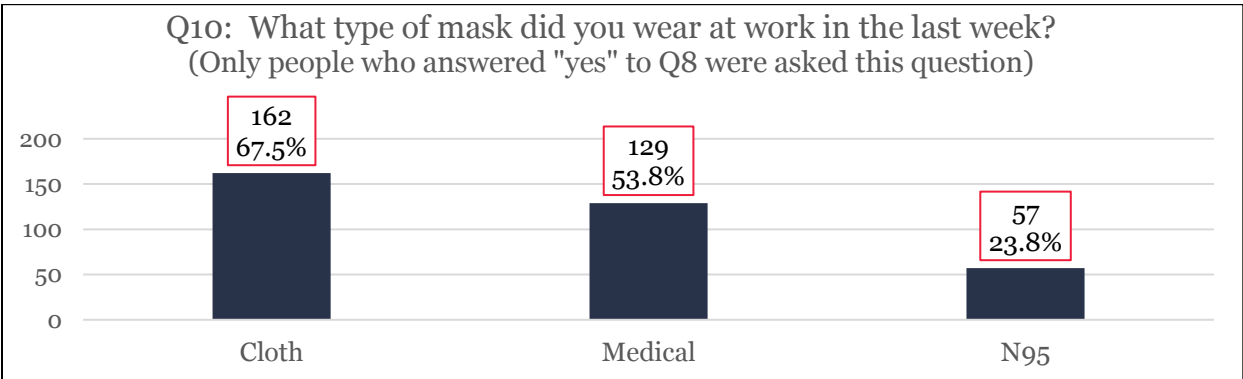
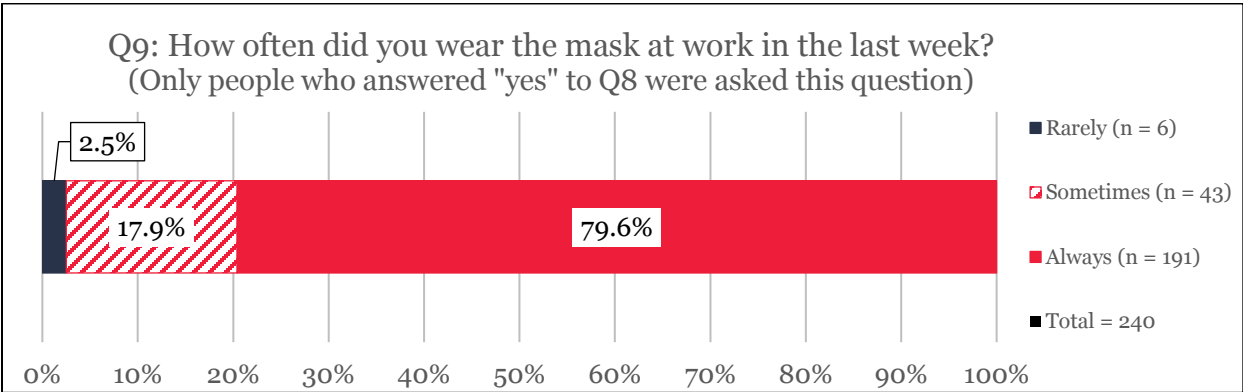
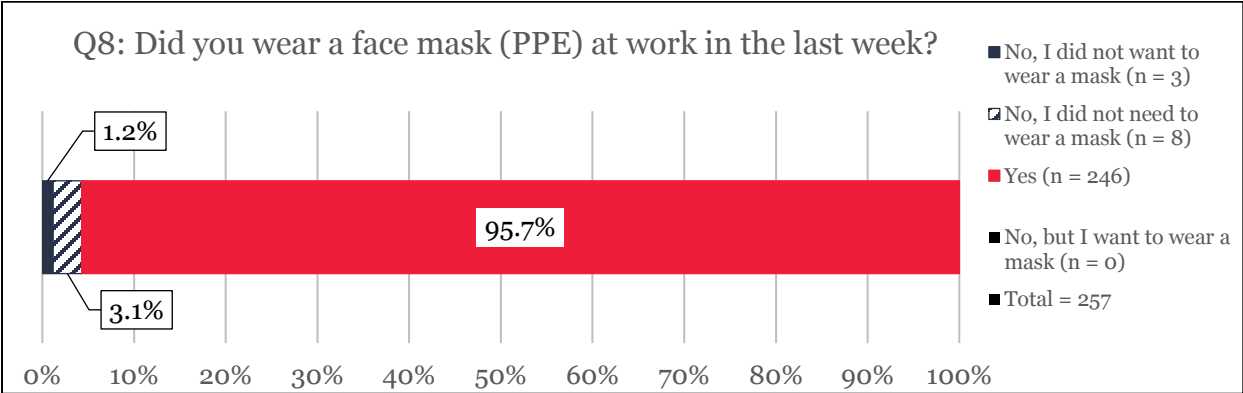
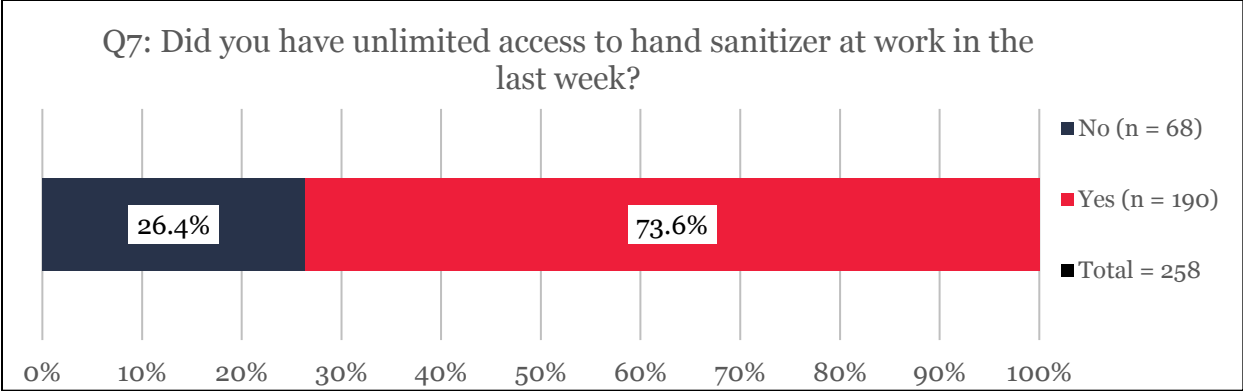
Section 2: Aggregate Results of COVID-19 Surveys Collected from People Who Work for IDOC

Staff Specific Survey Questions:

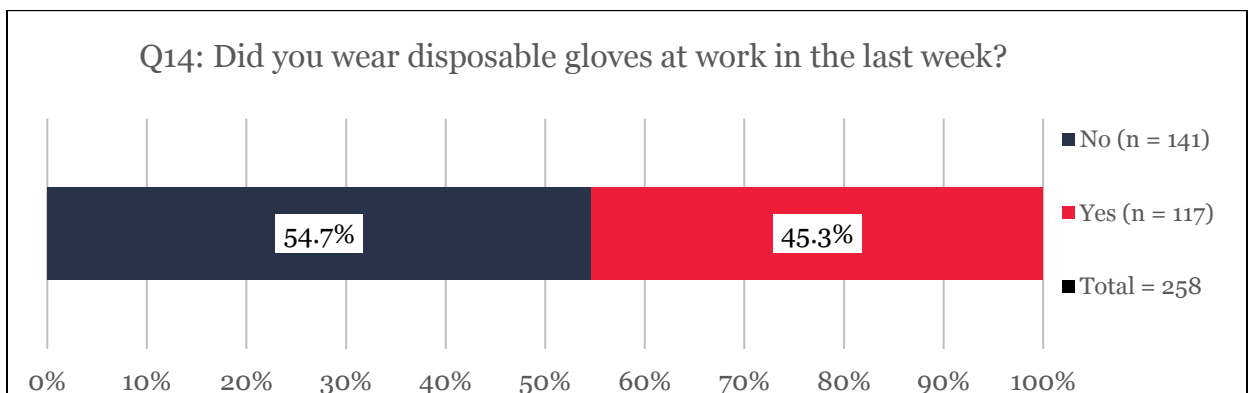
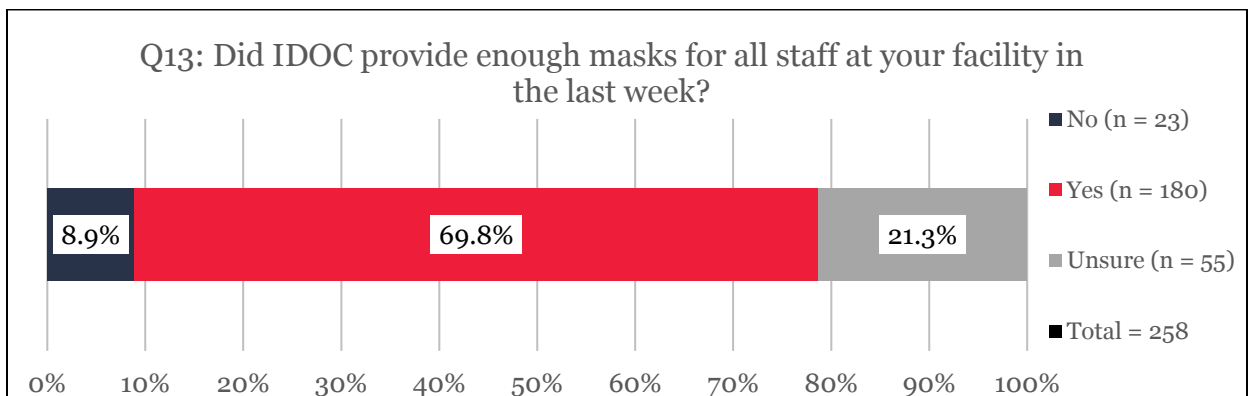
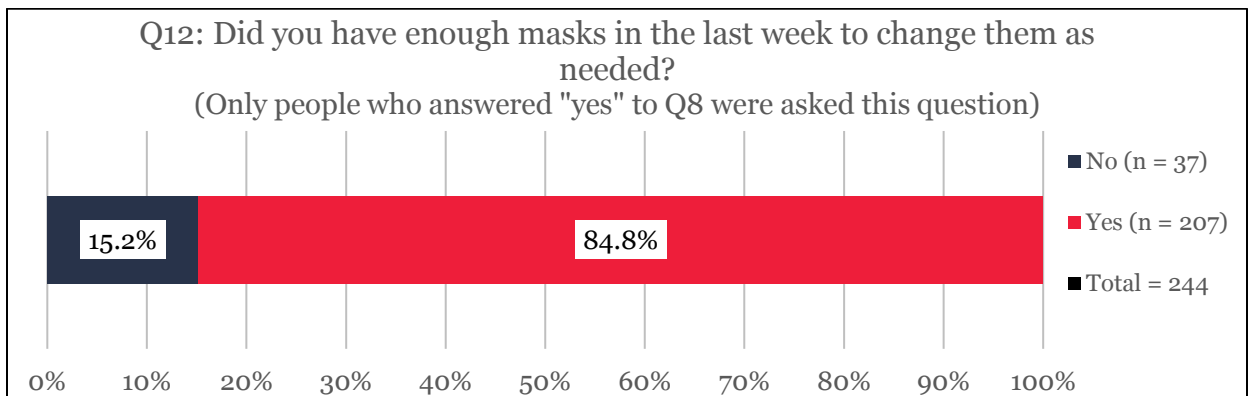
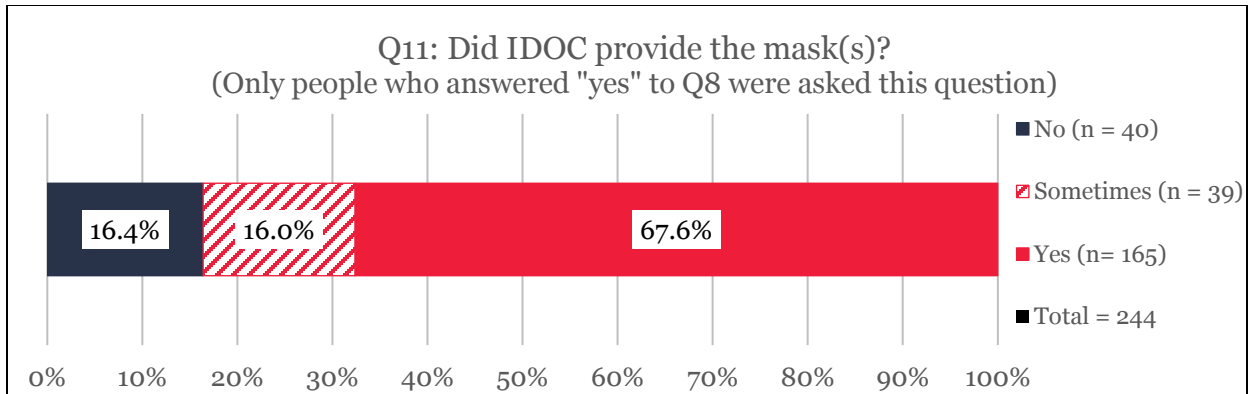


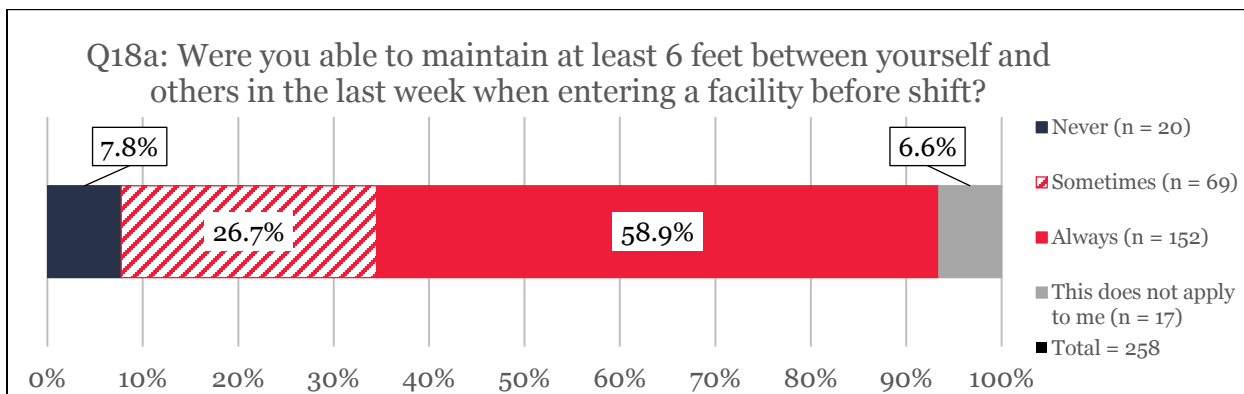
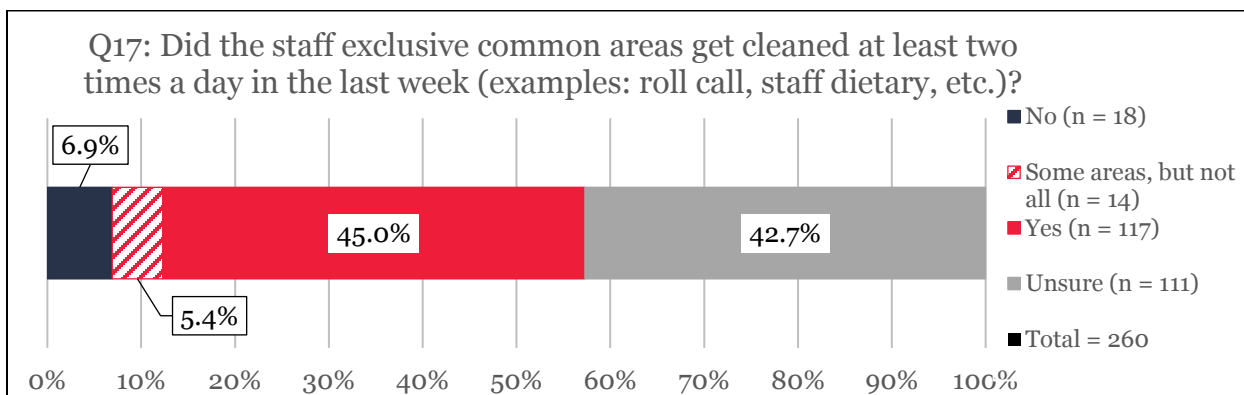
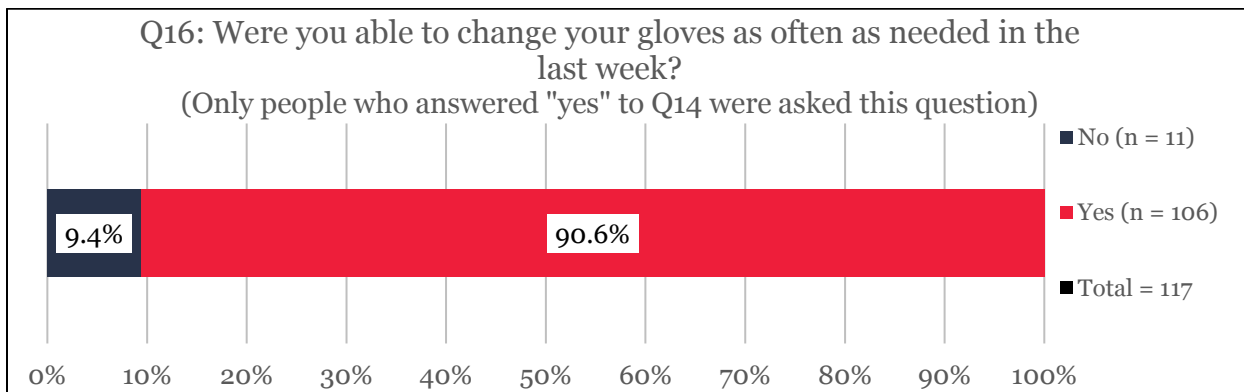
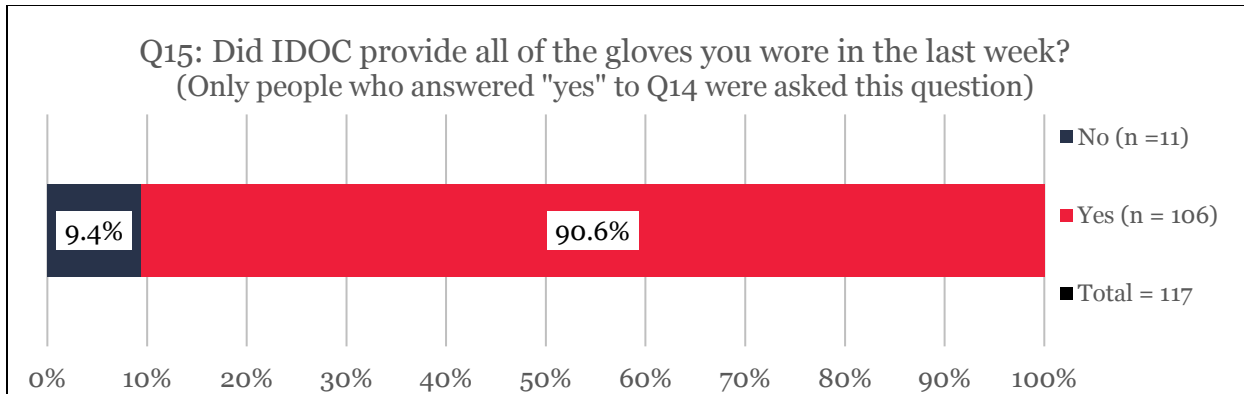
- Percentages total to over 100% in table above because multiple answers could be selected

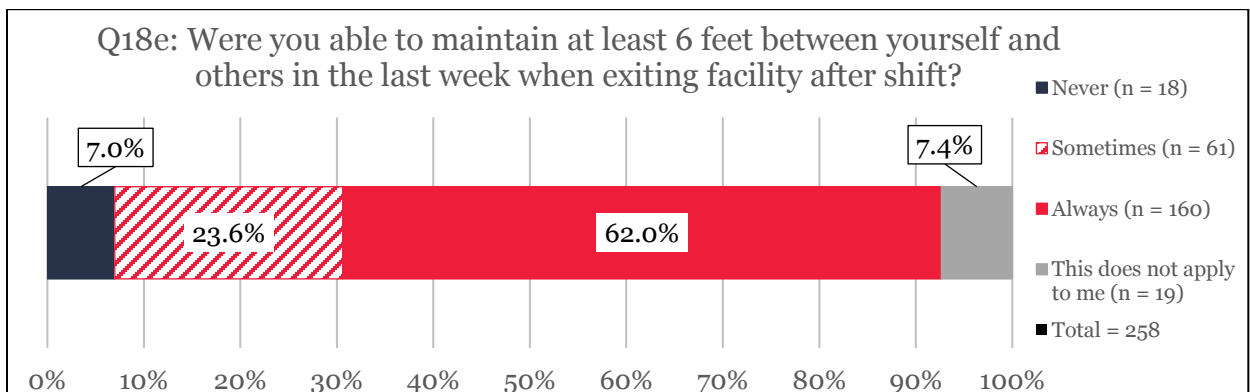
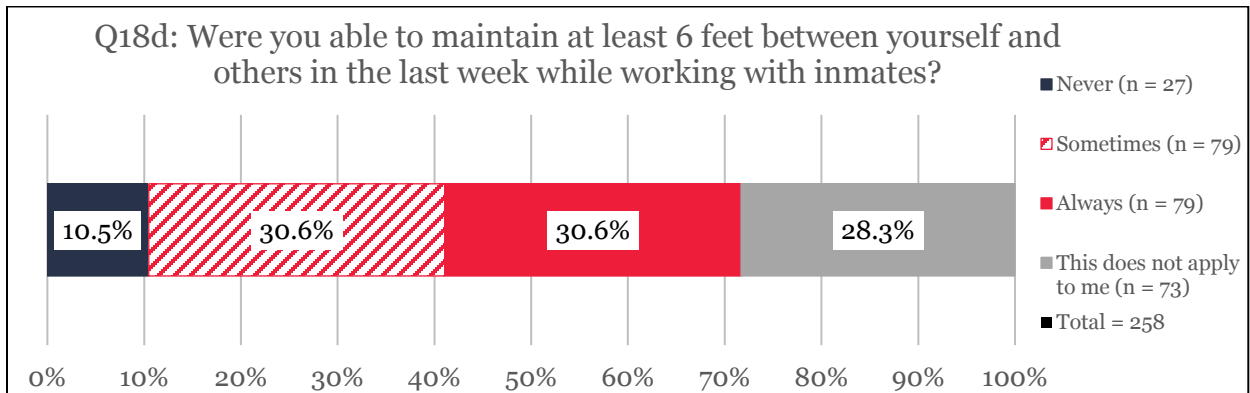
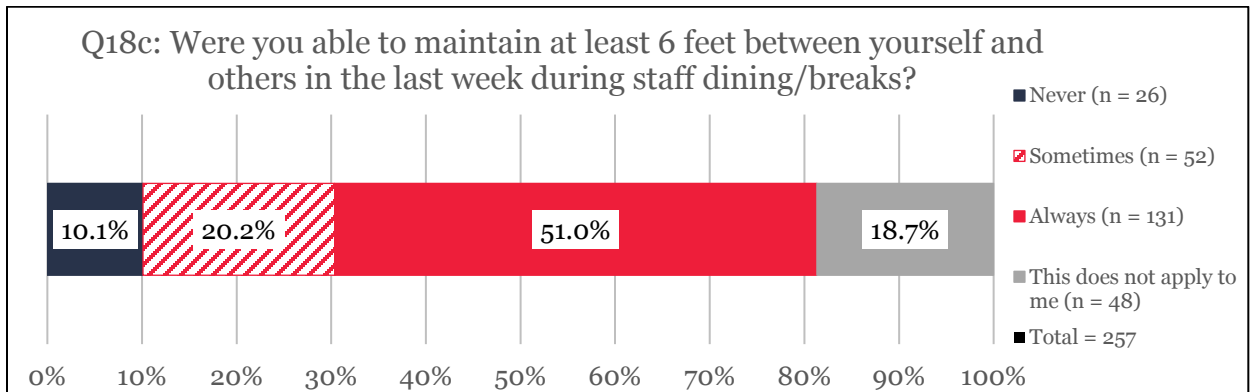
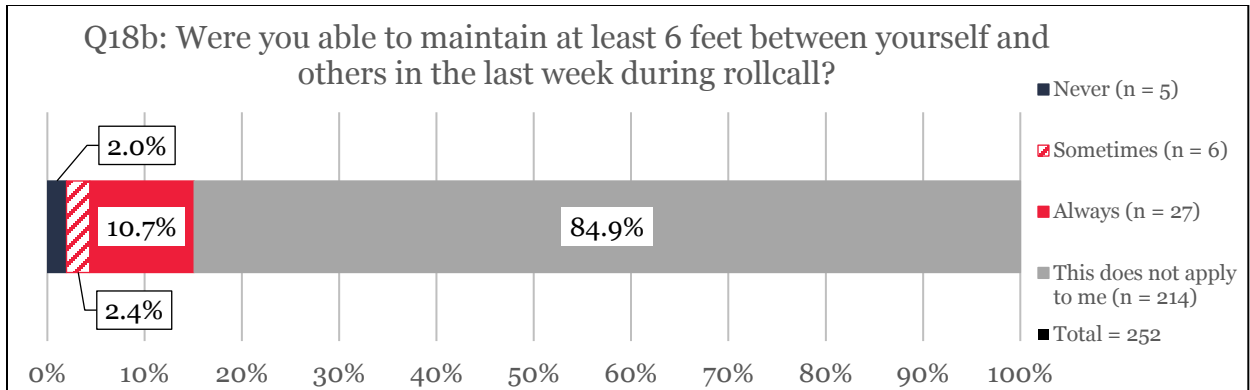


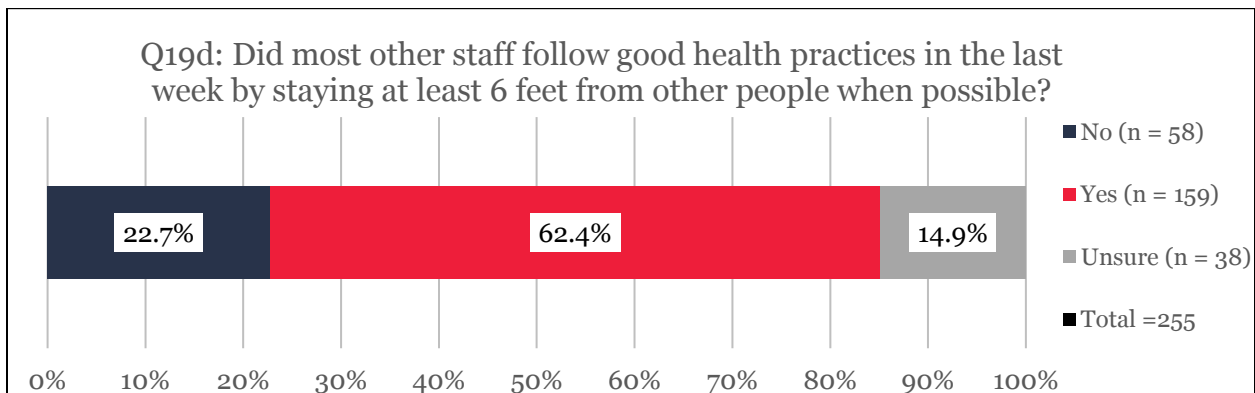
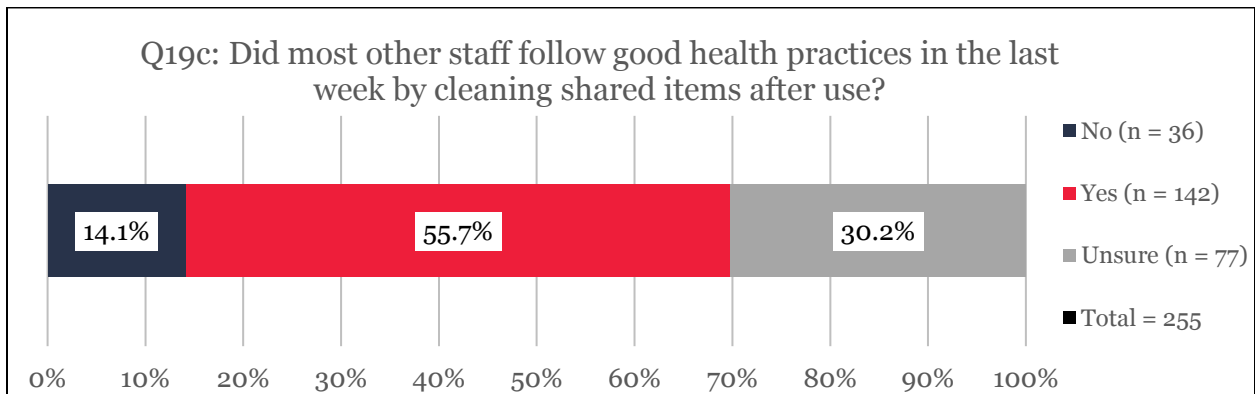
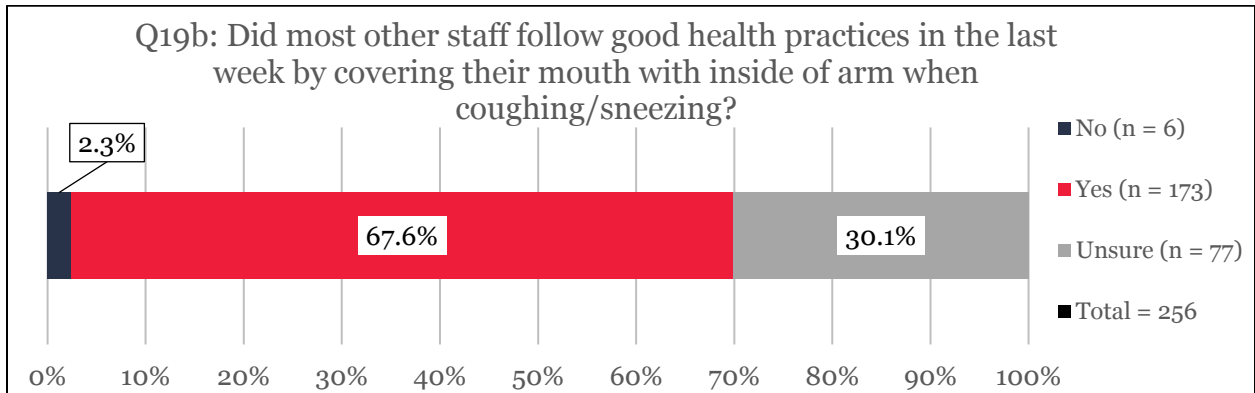
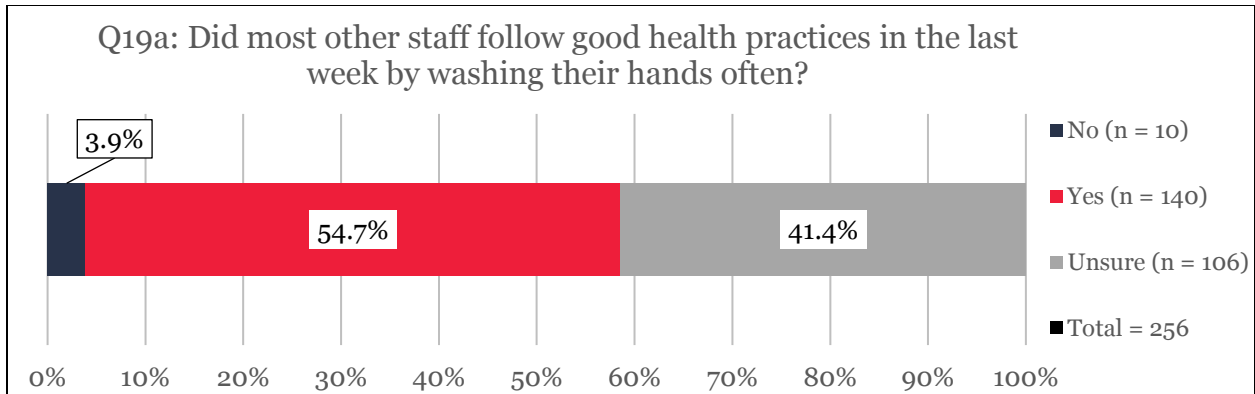


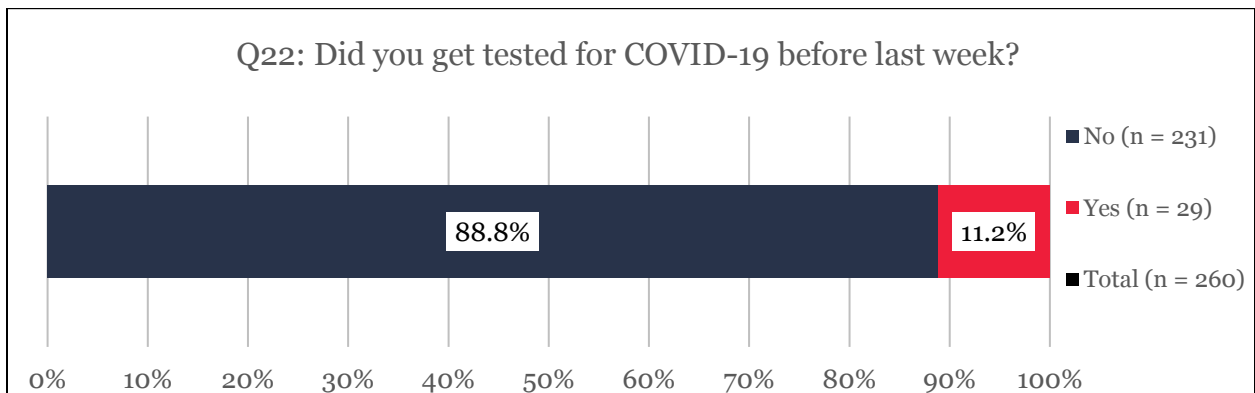
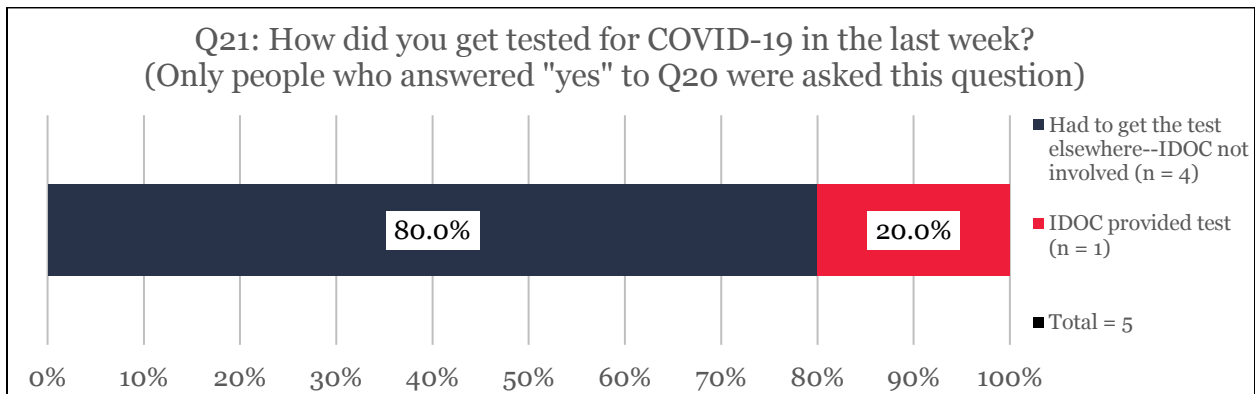
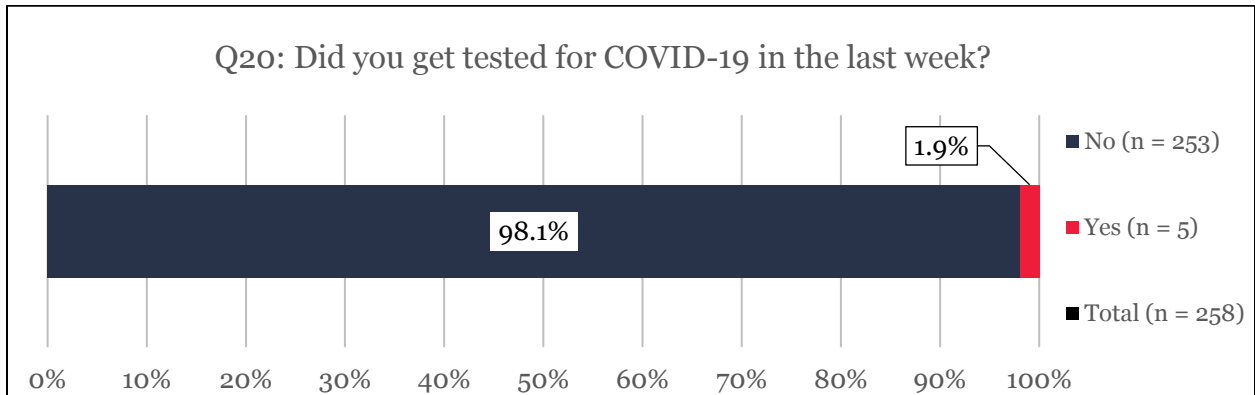
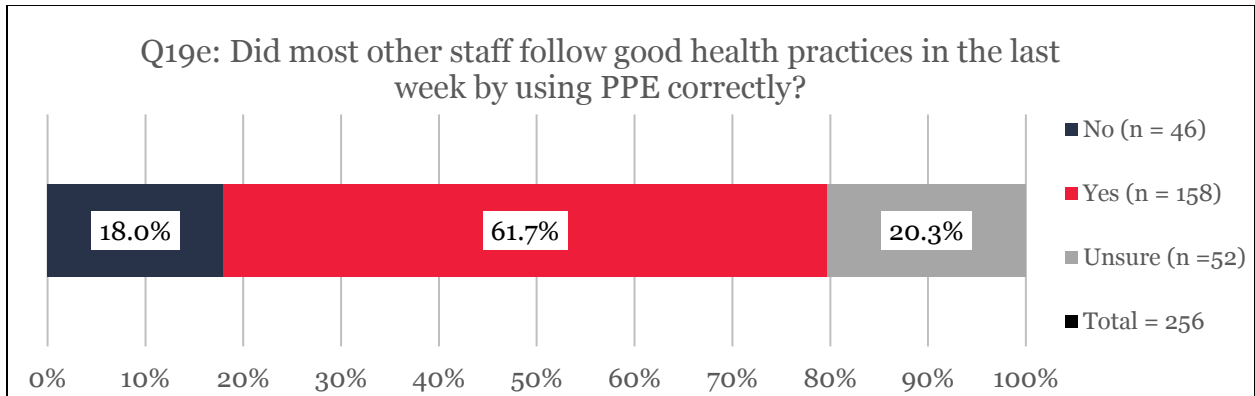
• Percentages total to over 100% in table above because multiple answers could be selected

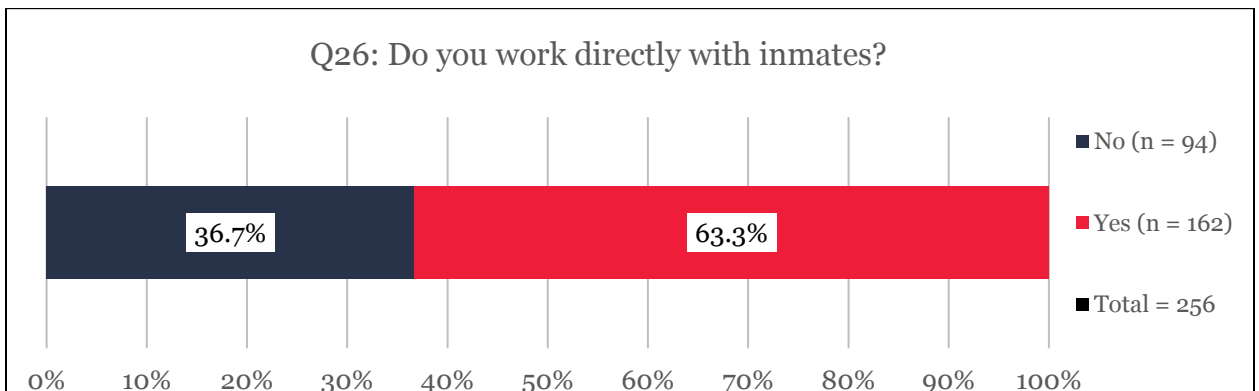
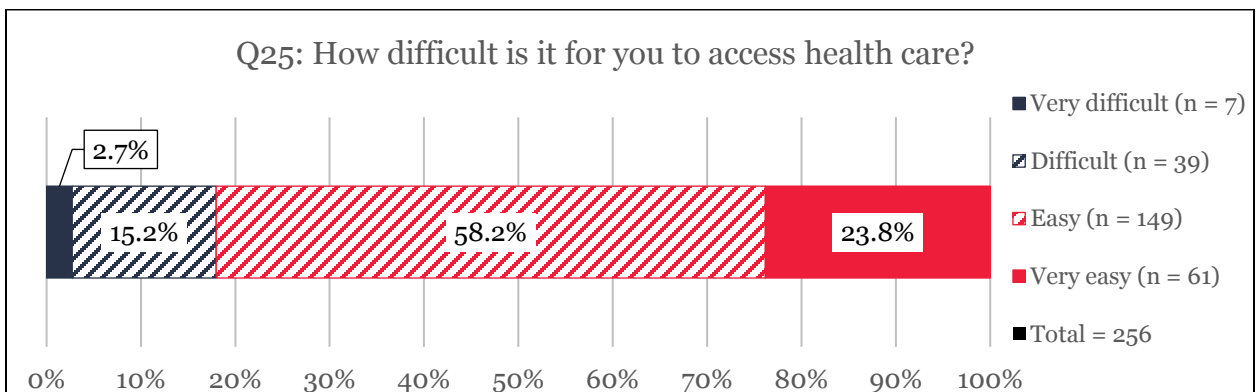
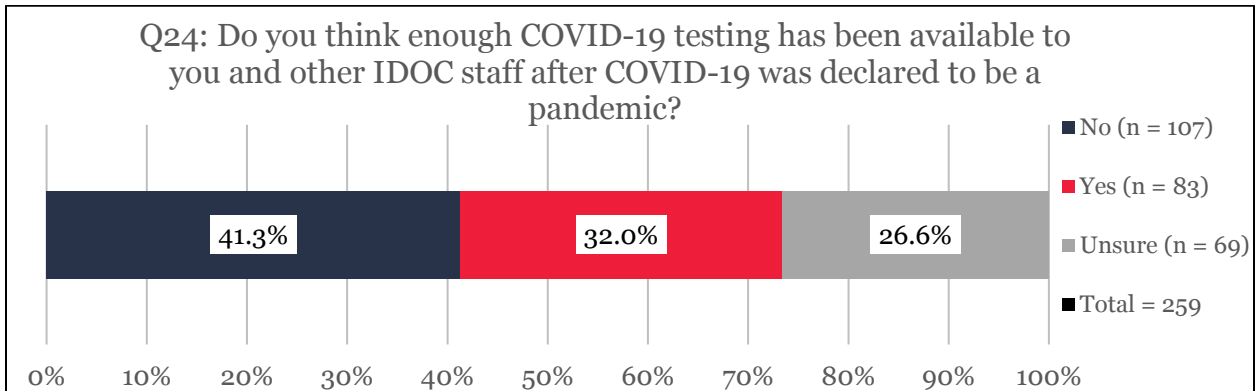
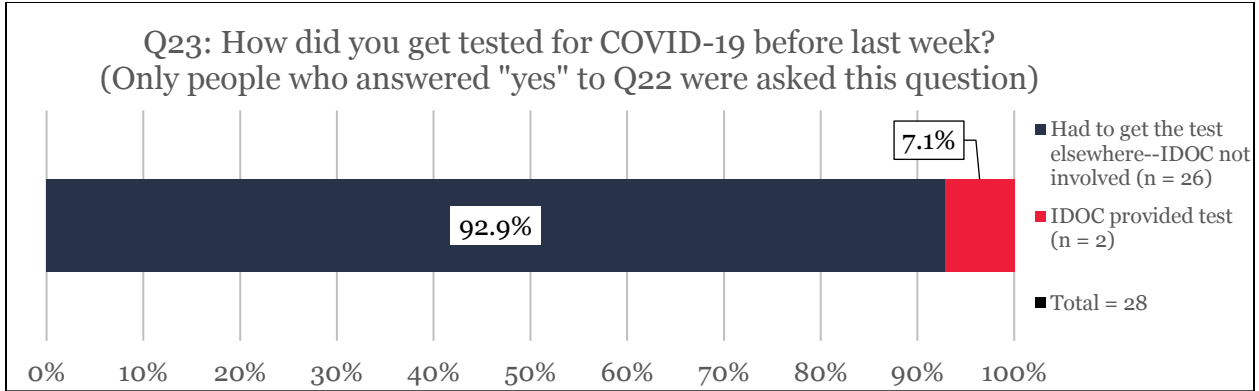


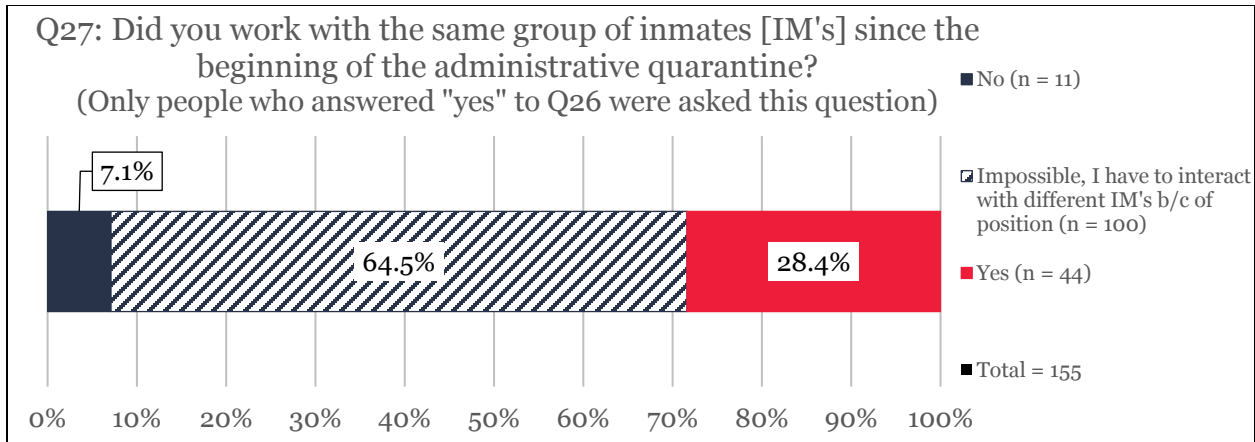




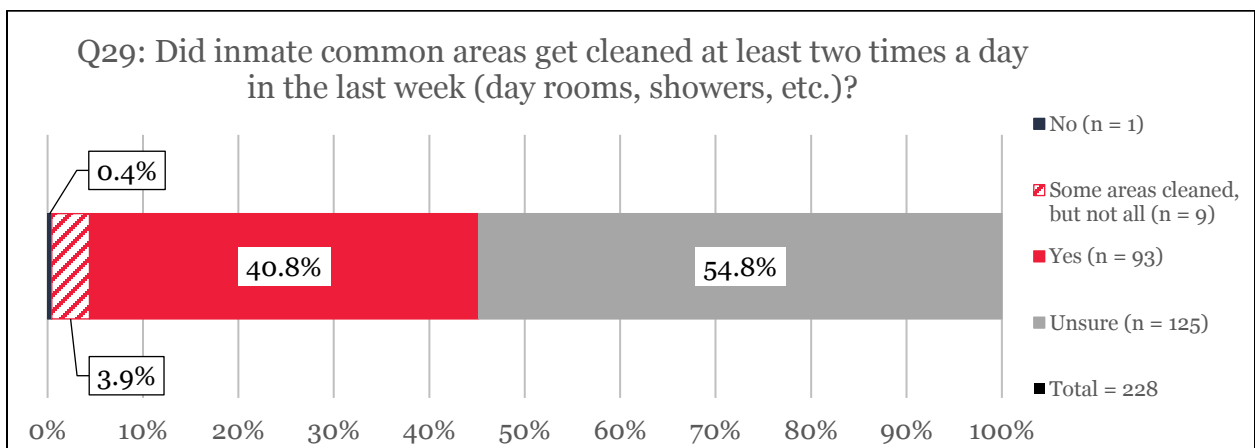
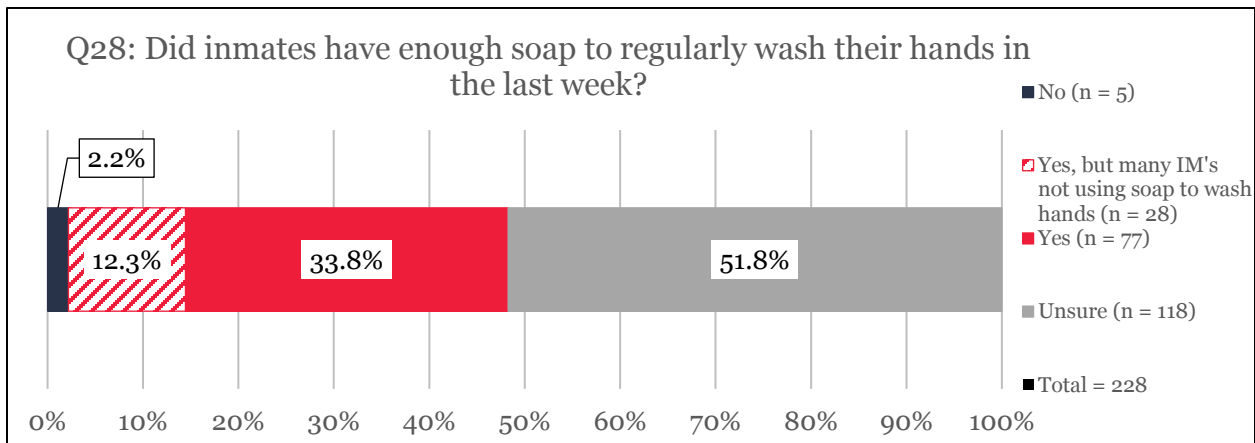


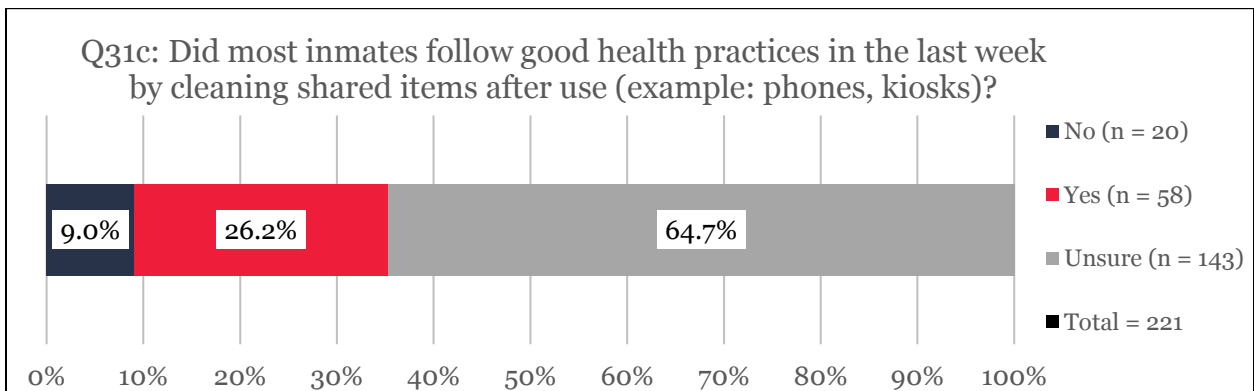
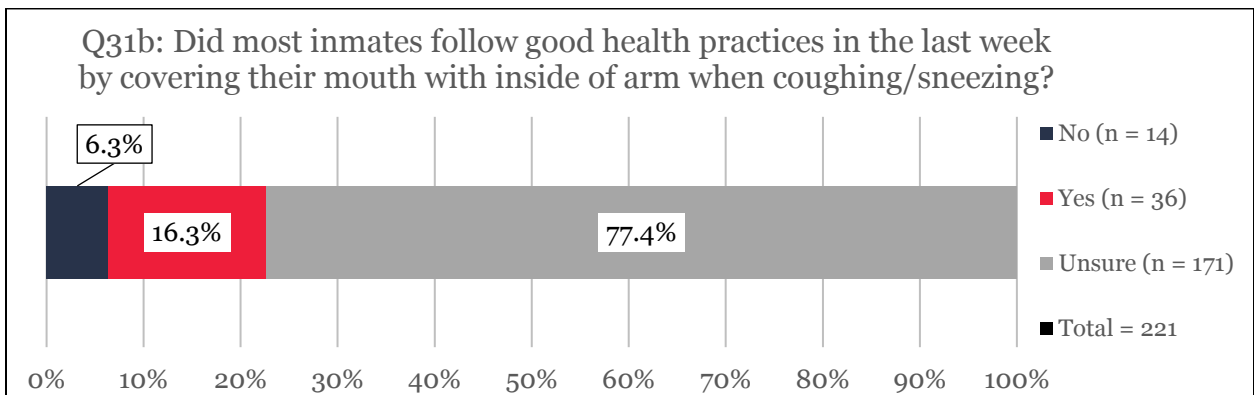
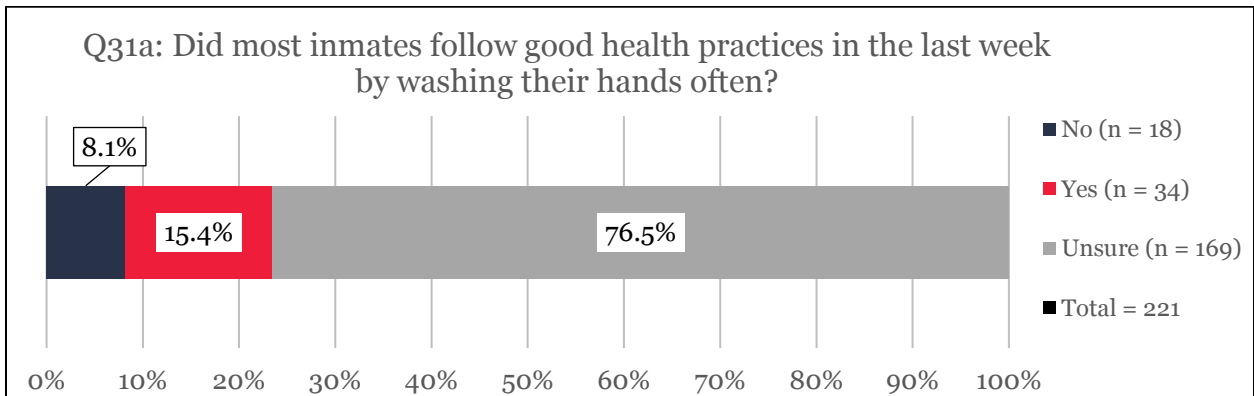
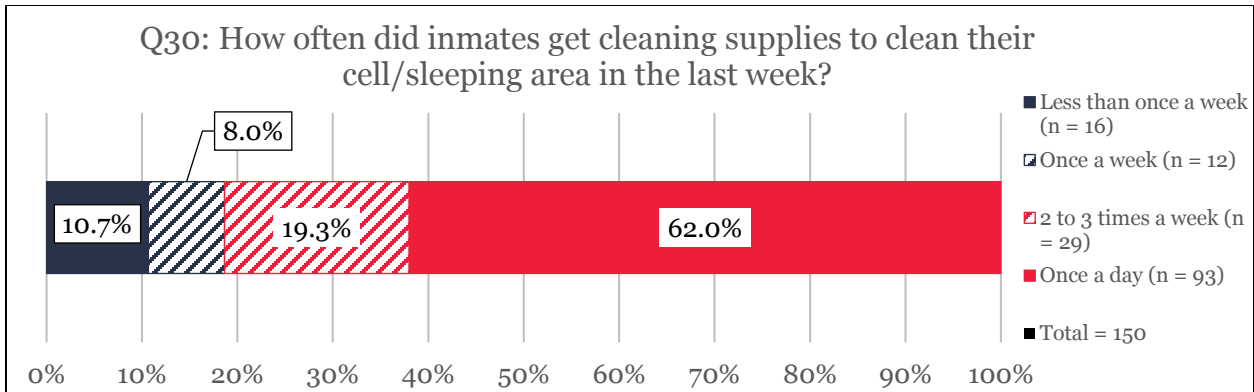


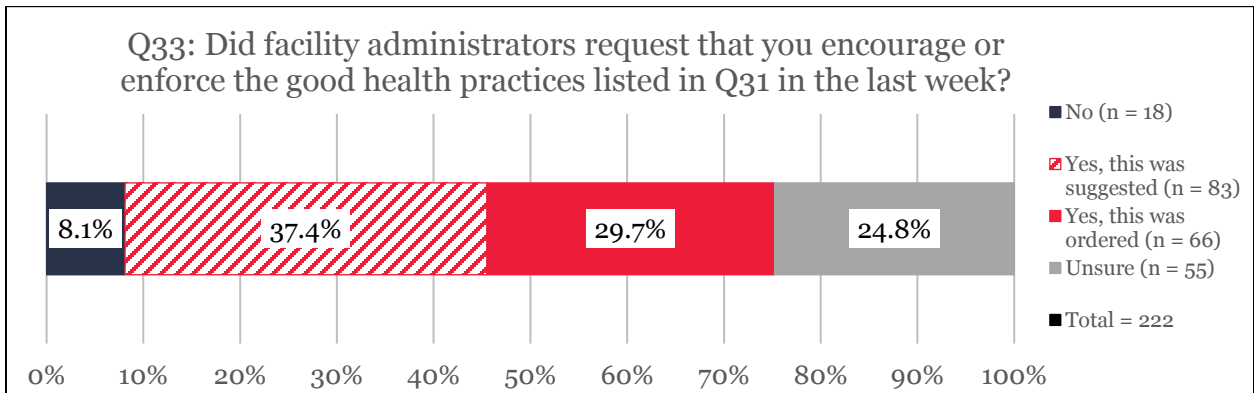
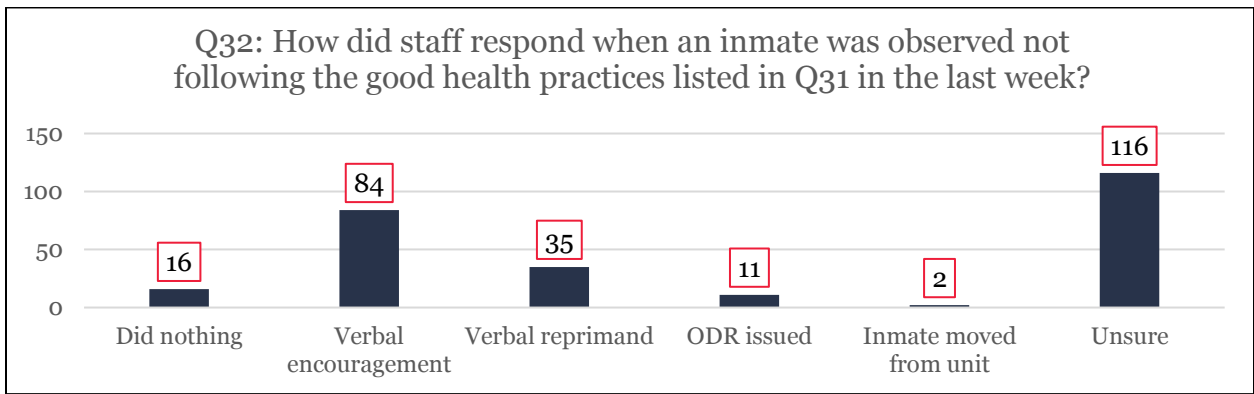
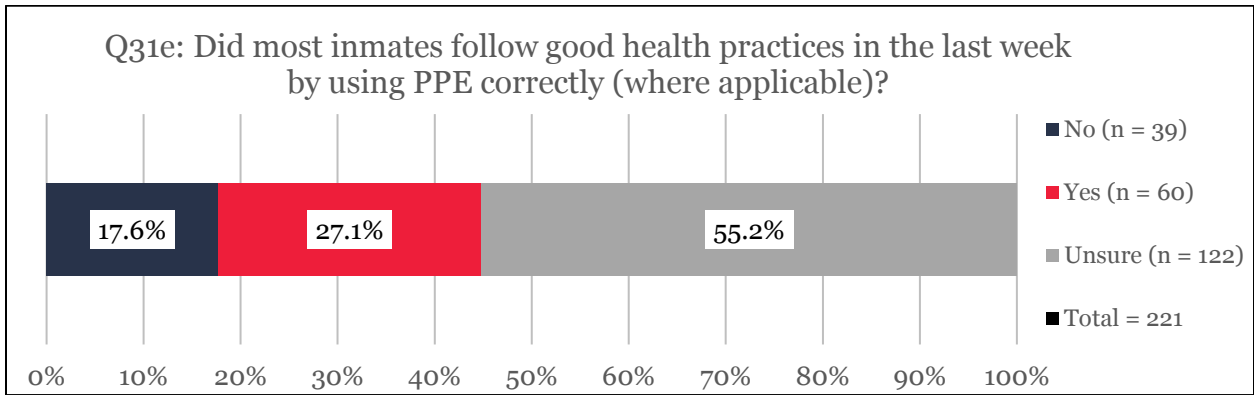
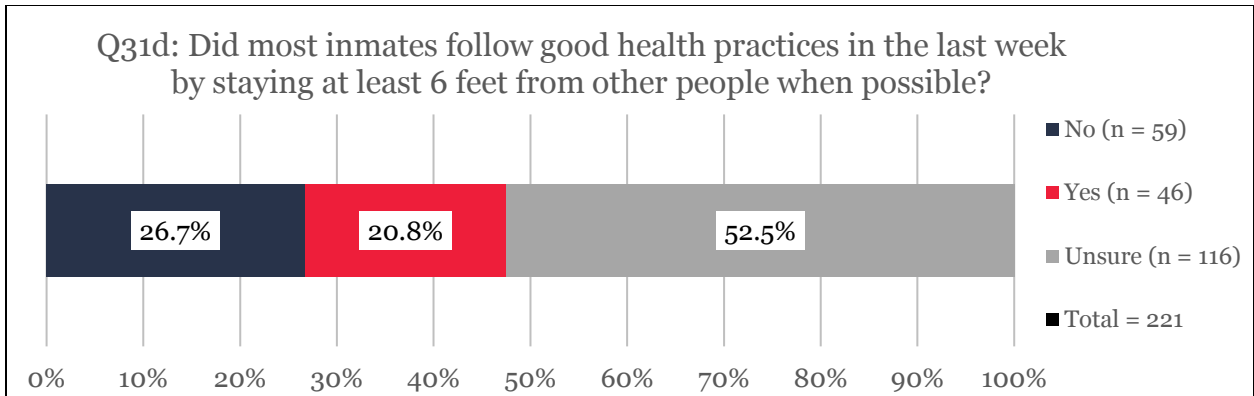


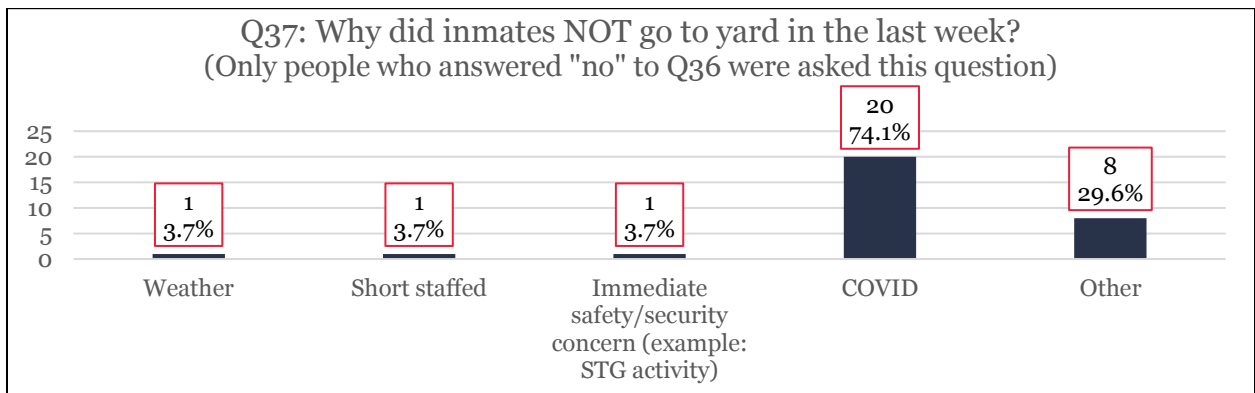
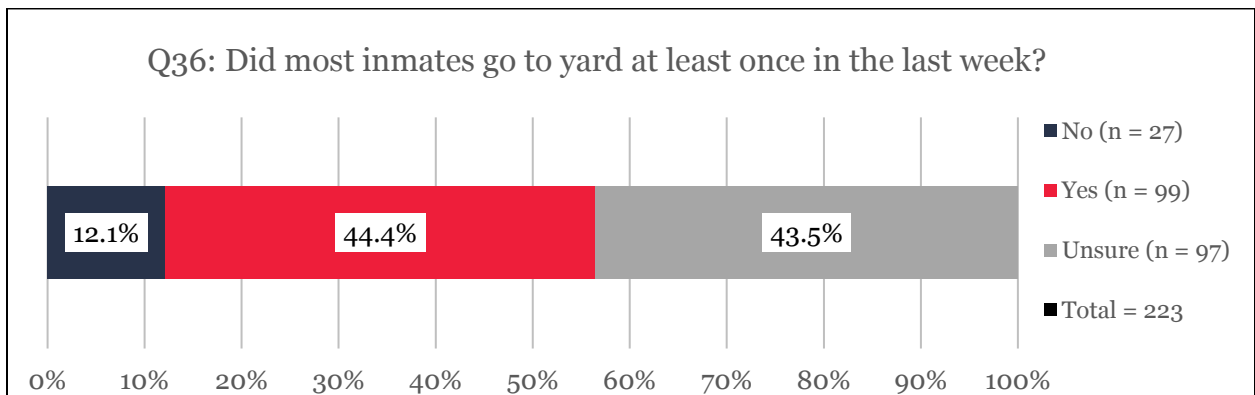
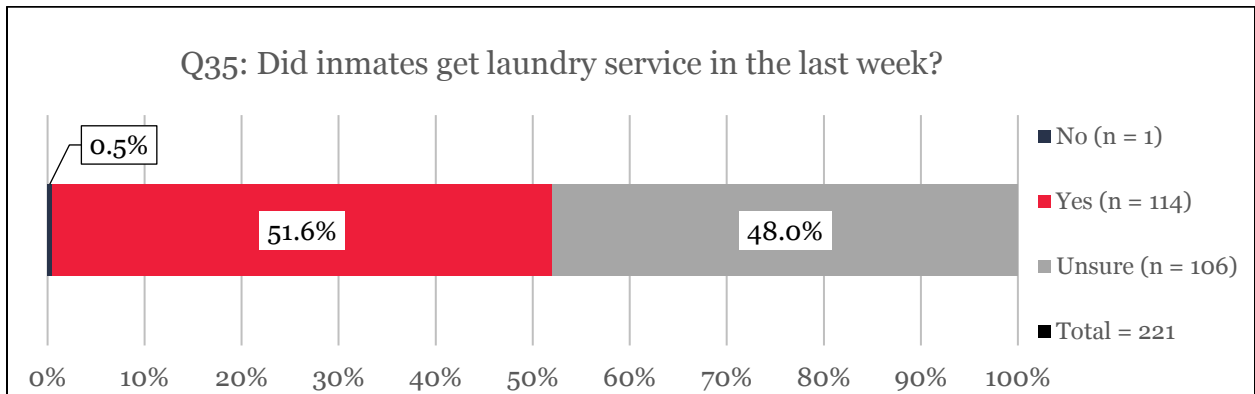
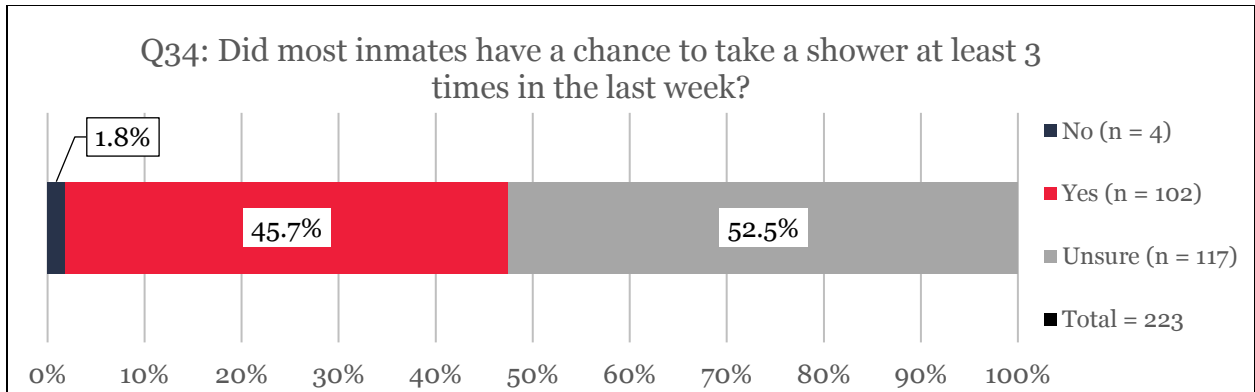


Inmate Specific Survey Questions:



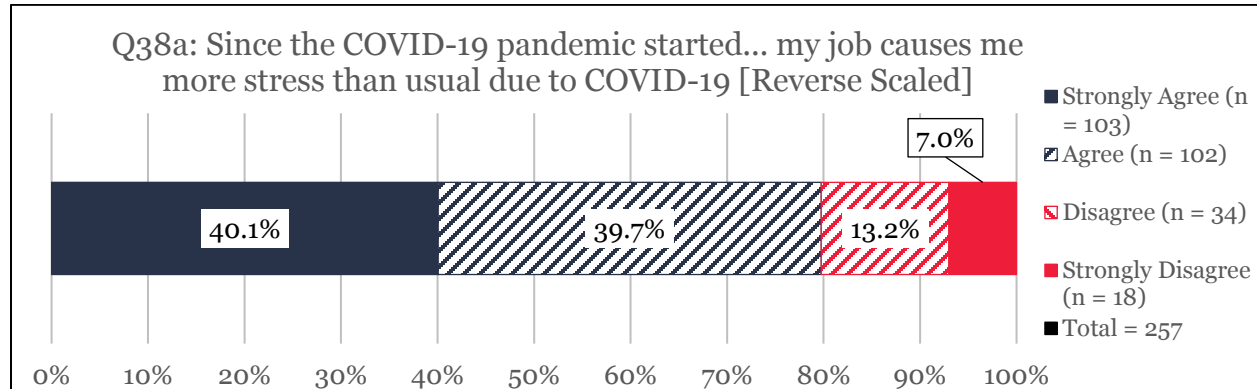




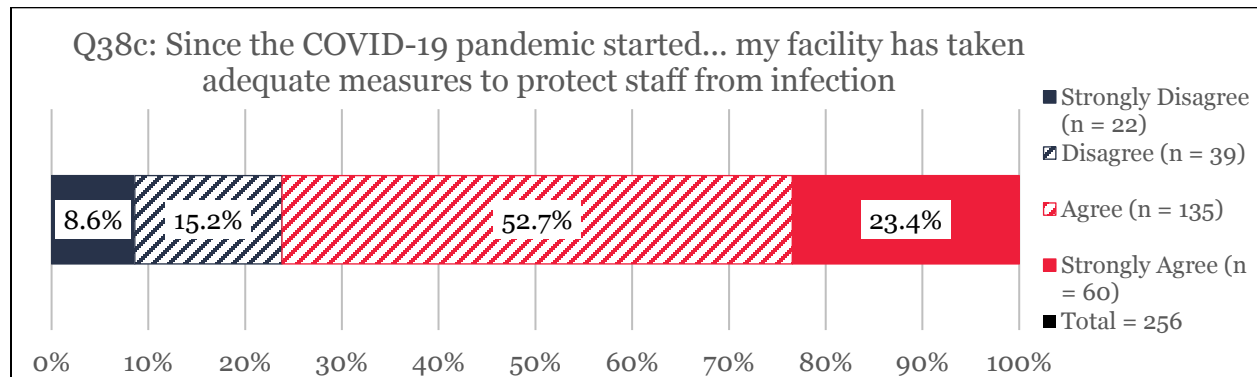
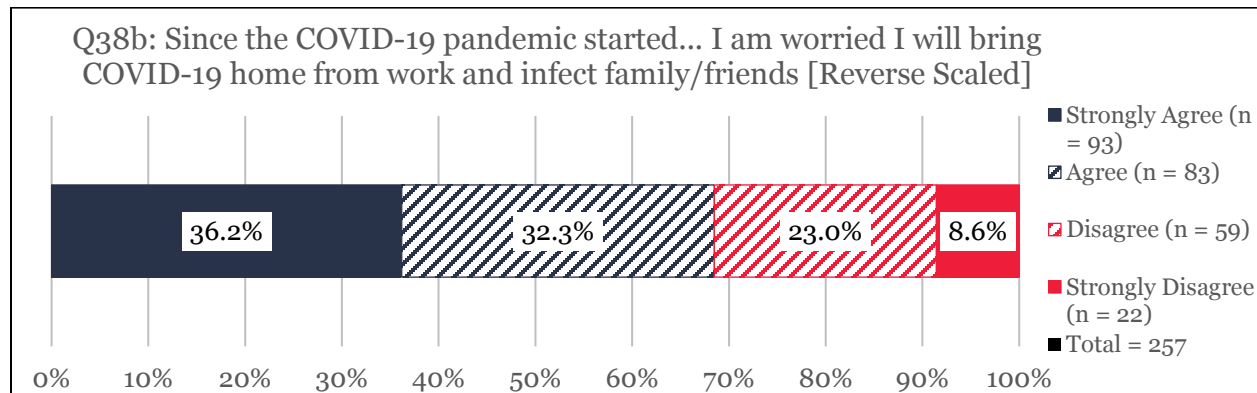


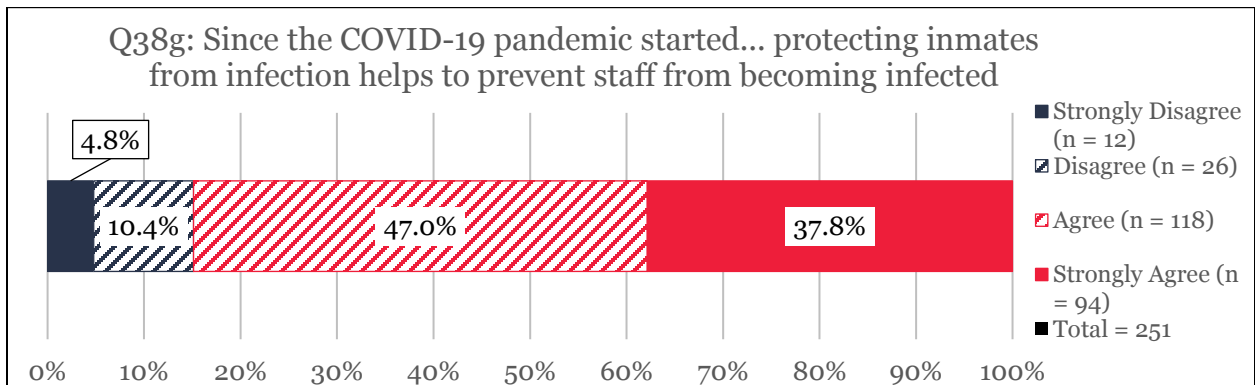
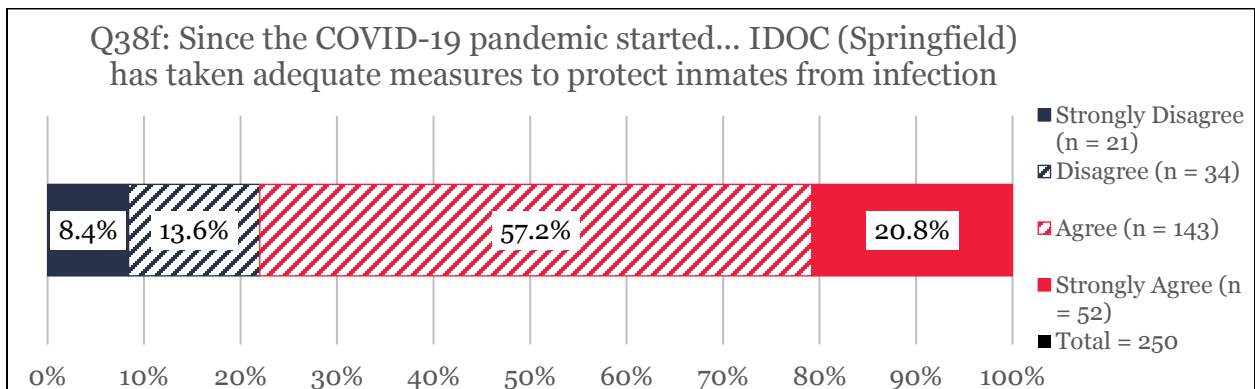
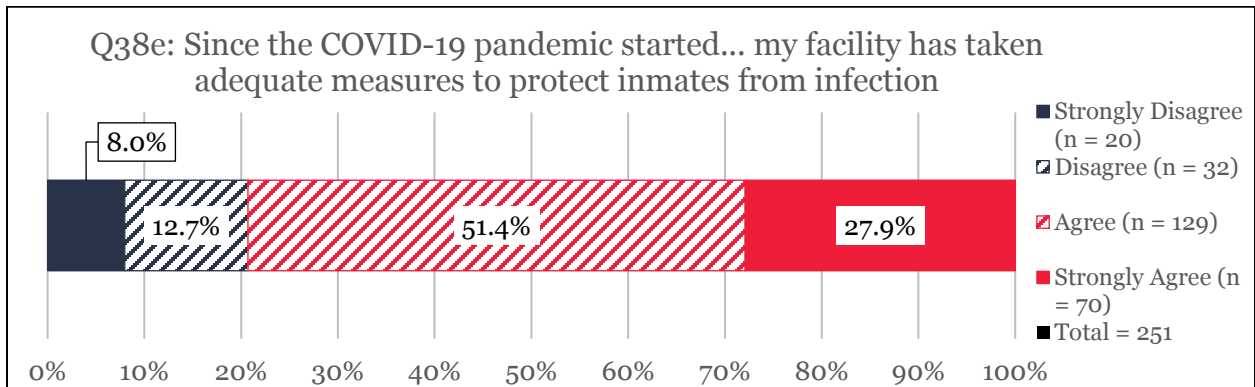
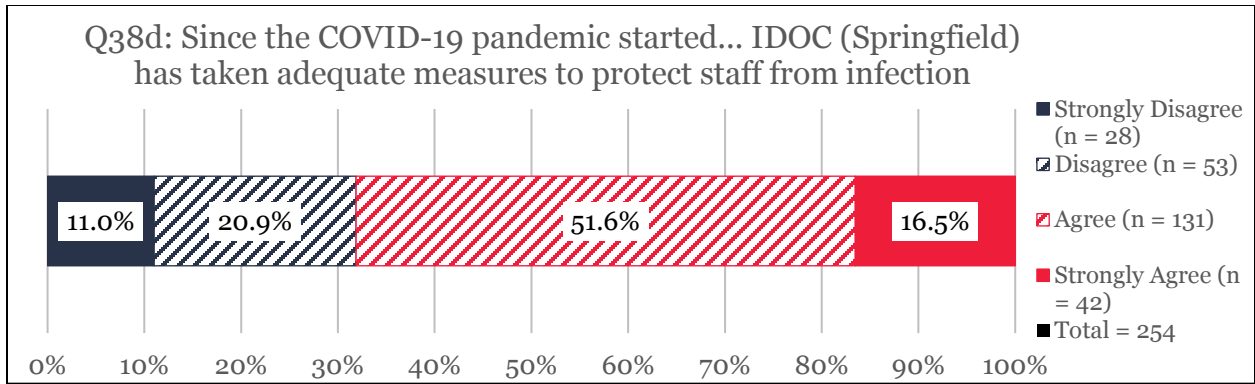
• Percentages total to over 100% in table above because multiple answers could be selected

General Likert Scale Statements:

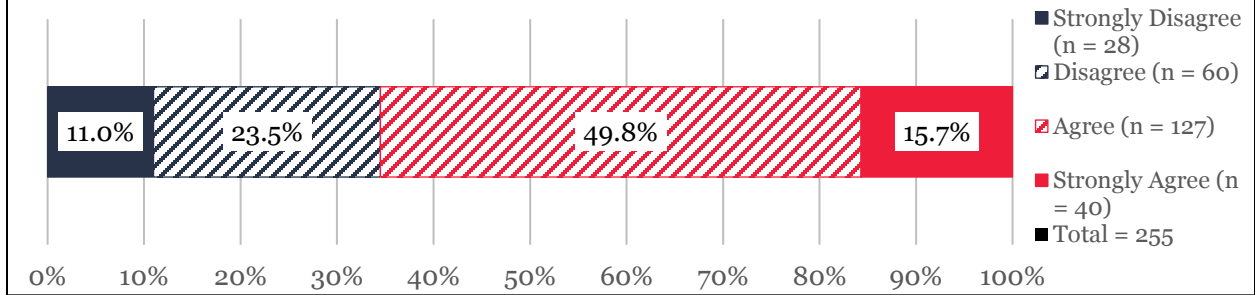


vi





Q38h: Since the COVID-19 pandemic started... overall, IDOC's response to the COVID-19 pandemic has been timely and effective



Section 3: Survey Response by Position Comparison Graphs

The graphs contained within this section represent how people who work within IDOC prisons responded to survey questions by position. Of the 261 people who completed a COVID-19 survey, 211 indicated their position and that they work in a prison. Tables providing a description of this subset of 211 people is provided below, followed by the comparison graphs. JHA considers all responses provided by people who work for IDOC to be of equal value. Distilling the survey respondents down to those who work within prisons was done so results can be contextualized according to the setting in which the people work, and so results of the surveys completed by people who work in prisons can be compared to the results of the surveys completed by people who are incarcerated in prisons. Ideally, the results of the surveys collected from people who work in prisons would have been parsed according to prisons as well. The number of people who participated in this survey, however, did not allow for a meaningful comparison of survey results across IDOC prisons.

Tables of Characteristics of Subset of Survey Respondents (Limited to Those Who Work in Prisons):

Table 6

Position	Count	% of Subset ^{vii}
Administrative	54	25.6%
Education/other programming	37	17.5%
Health/mental health care	46	21.8%
Other	30	14.2%
Security	44	20.9%
Total	211	100%

Table 7

Primary Shift	Count	% of Subset
First	172	83.9%
Second	21	10.2%
Third	12	5.9%
Total	205	100%

Table 8

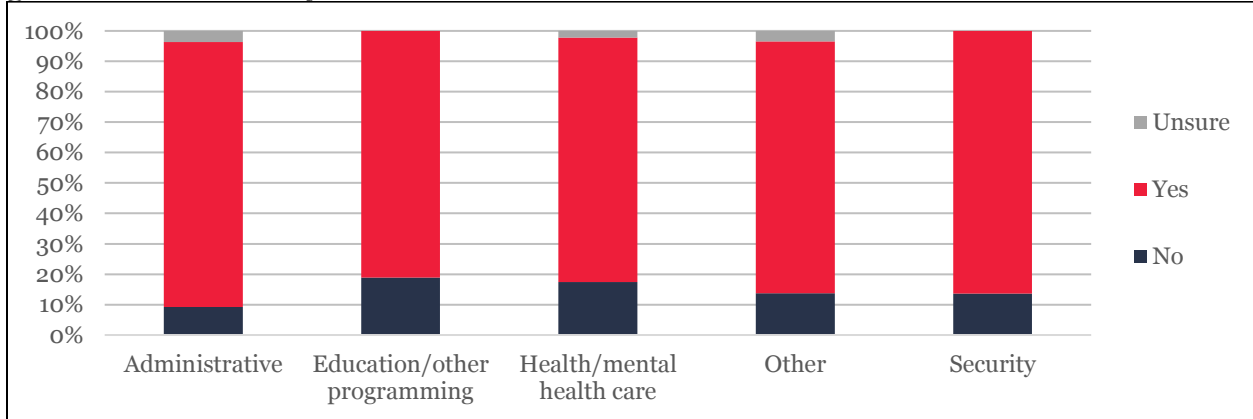
Security-Level of Prison ^{viii}	Count	% of Subset
Maximum	44	20.9%
Medium	67	31.8%
Minimum-LSRC	65	30.8%
Mixed	35	16.6%
Total	211	100%

Table 9

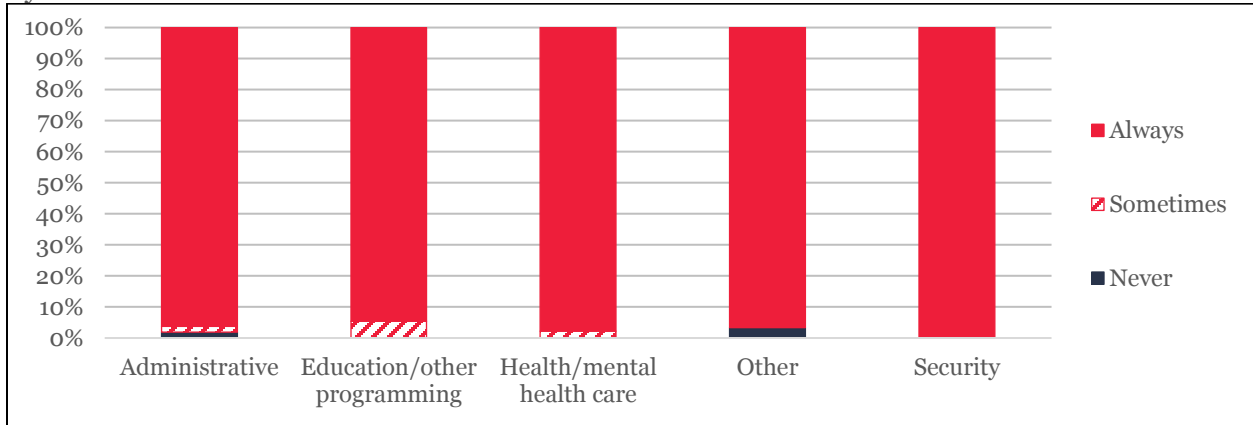
Prison	Count	% of Subset
Big Muddy	5	2.4%
Centralia	5	2.4%
Danville	6	2.8%
Decatur	9	4.3%
Dixon	8	3.8%
East Moline	4	1.9%
Graham	8	3.8%
Hill	5	2.4%
Illinois River	3	1.4%
Jacksonville	2	0.9%
Joliet TX Center ^{ix}	5	2.4%
Kewanee	6	2.8%
Lawrence	11	5.2%
Lincoln	8	3.8%
Logan	17	8.1%
Menard	14	6.6%
Murphysboro	2	0.9%
NRC--STA MSU ^x	5	2.4%
Pinckneyville	8	3.8%
Pontiac	12	5.7%
Pontiac Medium	1	0.5%
Robinson	5	2.4%
Shawnee	2	0.9%
Sheridan	6	2.8%
Southwestern	5	2.4%
Stateville	18	8.5%
Taylorville	5	2.4%
Vandalia	12	5.7%
Vienna	7	3.3%
Western	7	3.3%
Total	211	100%

Comparison Graphs by Position—Staff Specific Survey Questions^{xi}:

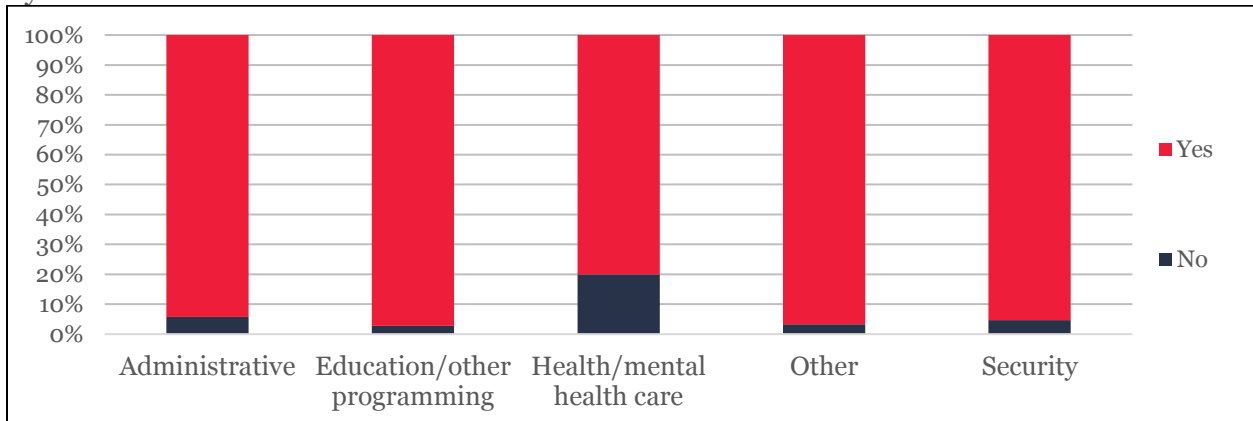
Q4: “Have you been instructed by IDOC about how to properly put on and take off gloves and masks?” by Position



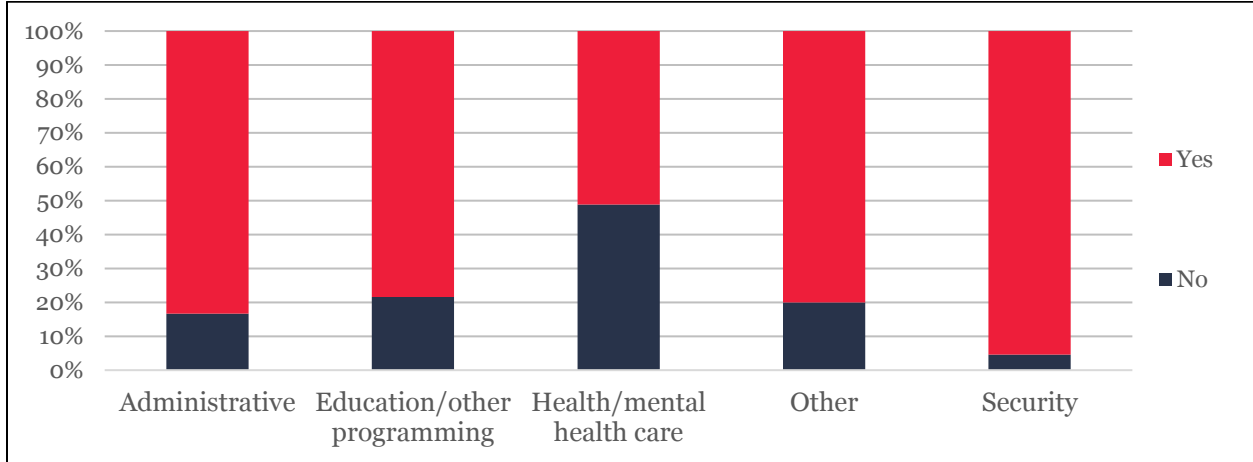
Q5: “Did you have your temperature taken when you arrived for work in the last week?” by Position



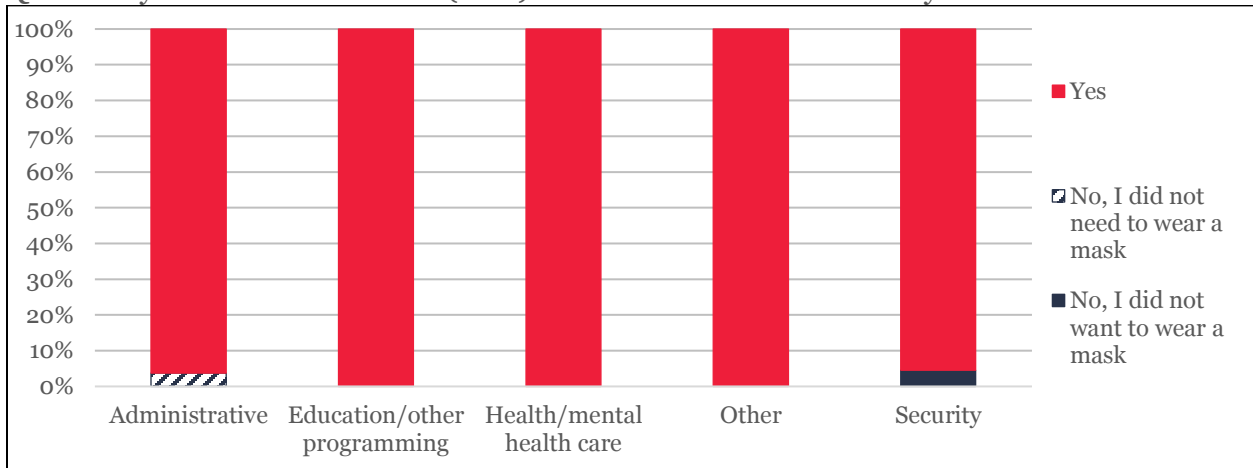
Q6: “Did you have enough soap to regularly wash your hands at work in the last week?” by Position



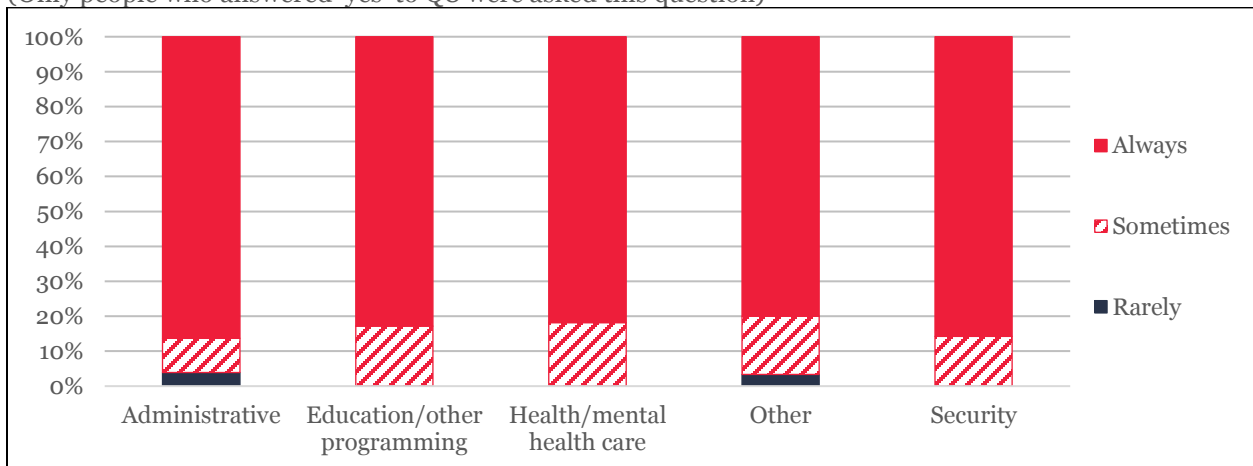
Q7: “Did you have unlimited access to hand sanitizer at work in the last week?” by Position



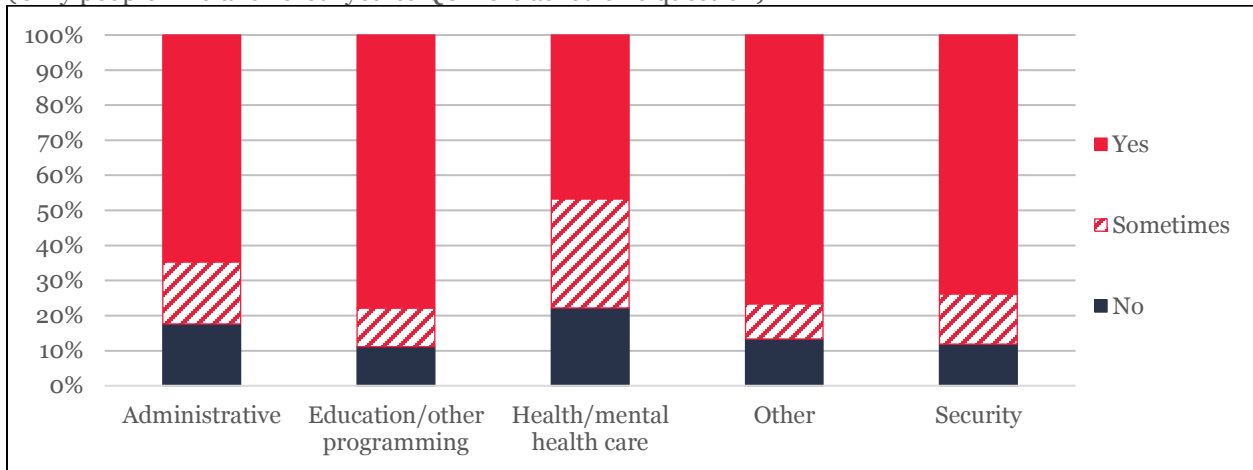
Q8: “Did you wear a face mask (PPE) at work in the last week?” by Position



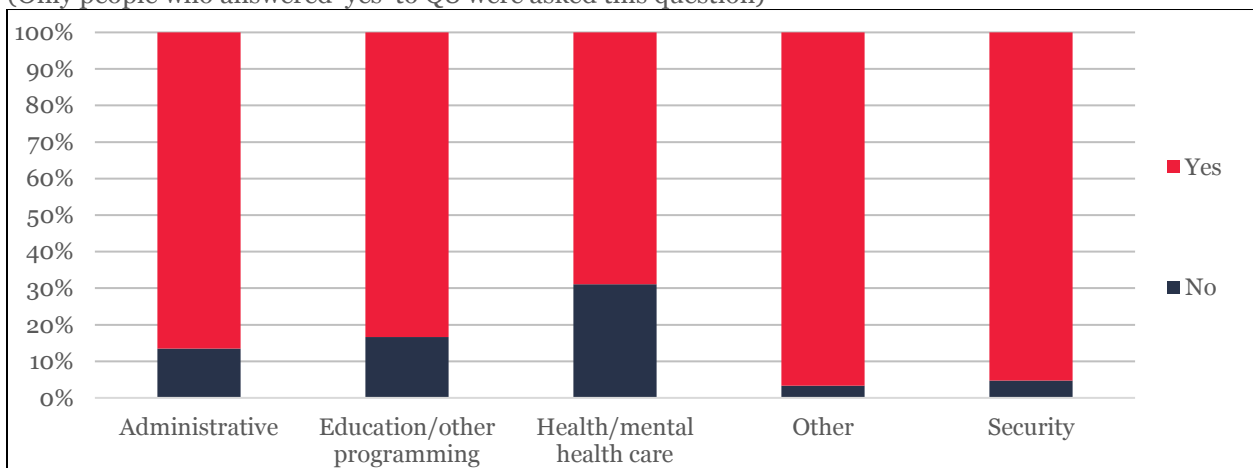
Q9: “How often did you wear the mask at work in the last week?” by Position
(Only people who answered ‘yes’ to Q8 were asked this question)



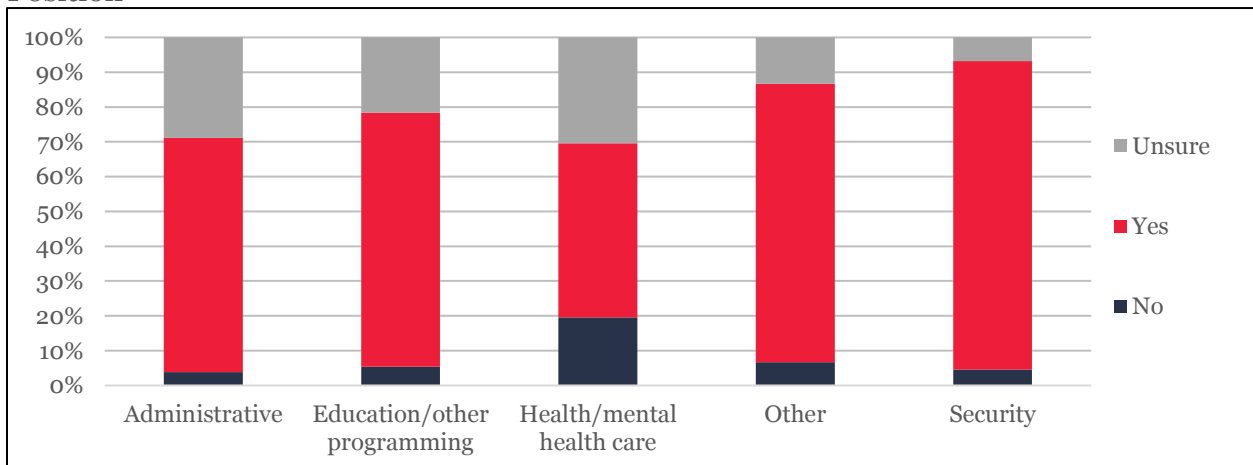
Q11: “Did IDOC provide the mask(s)?” by Position
 (Only people who answered ‘yes’ to Q8 were asked this question)



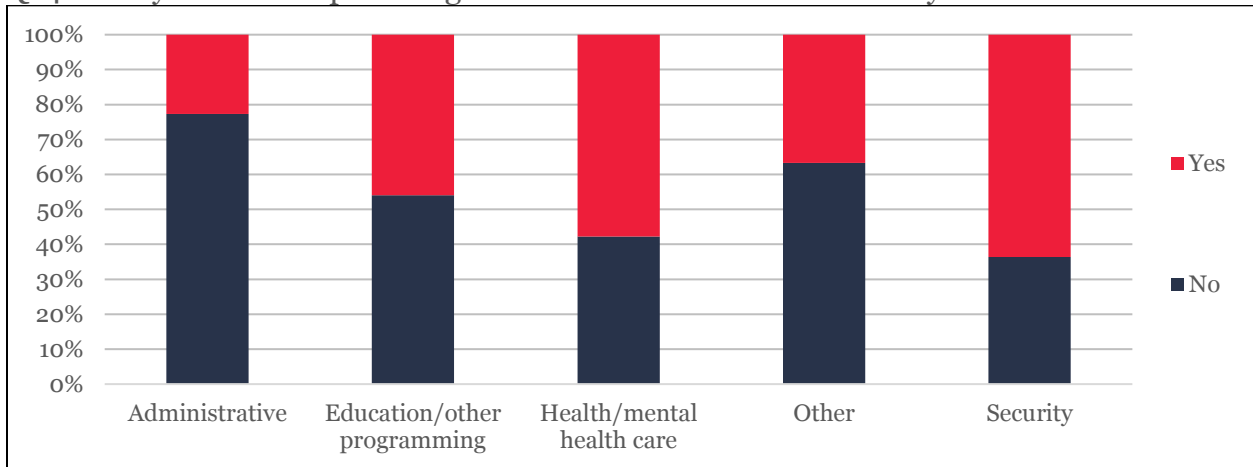
Q12: “Did you have enough masks in the last week to change them as needed?” by Position
 (Only people who answered ‘yes’ to Q8 were asked this question)



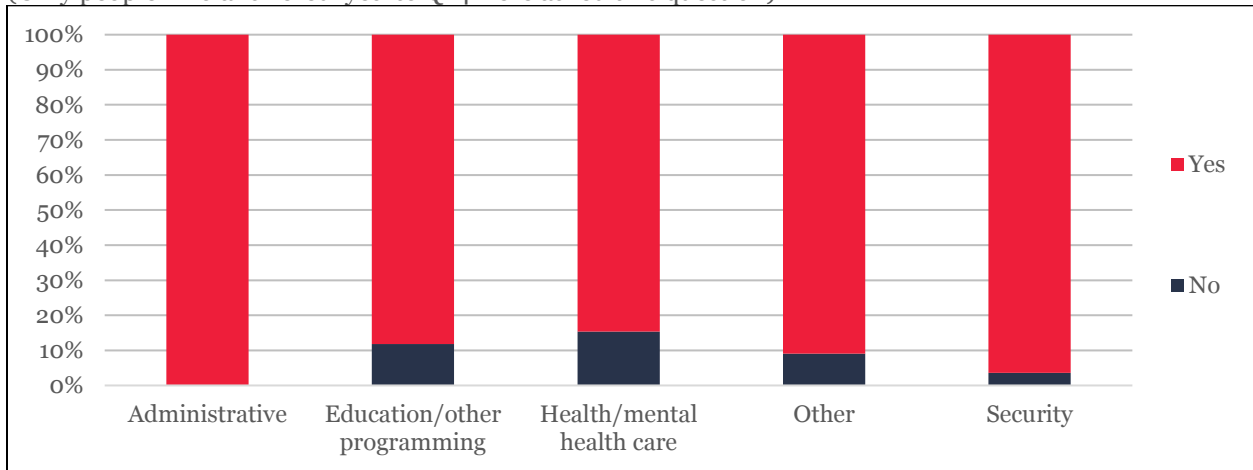
Q13: “Did IDOC provide enough masks for all staff at your facility in the last week?” by Position



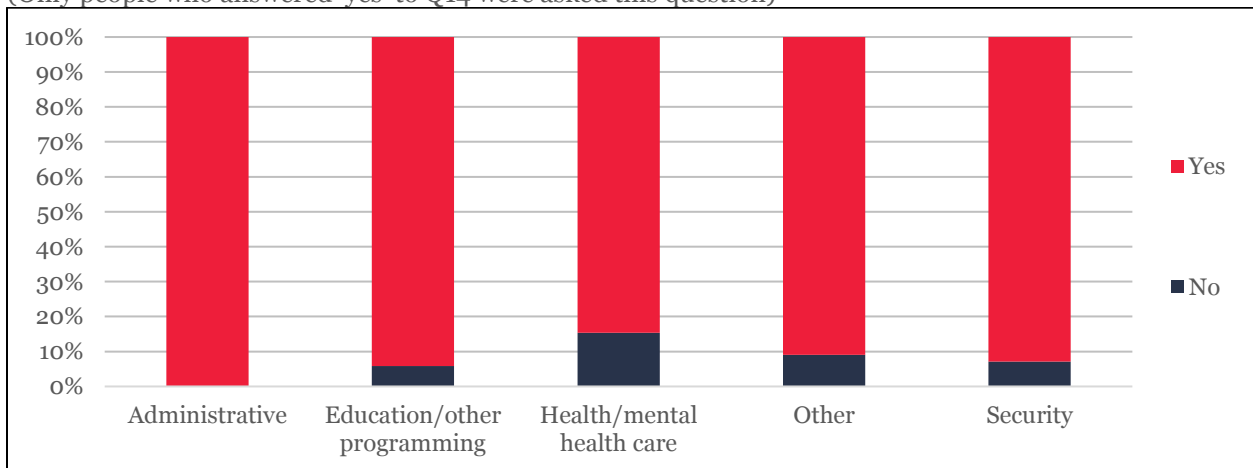
Q14: “Did you wear disposable gloves at work in the last week?” by Position



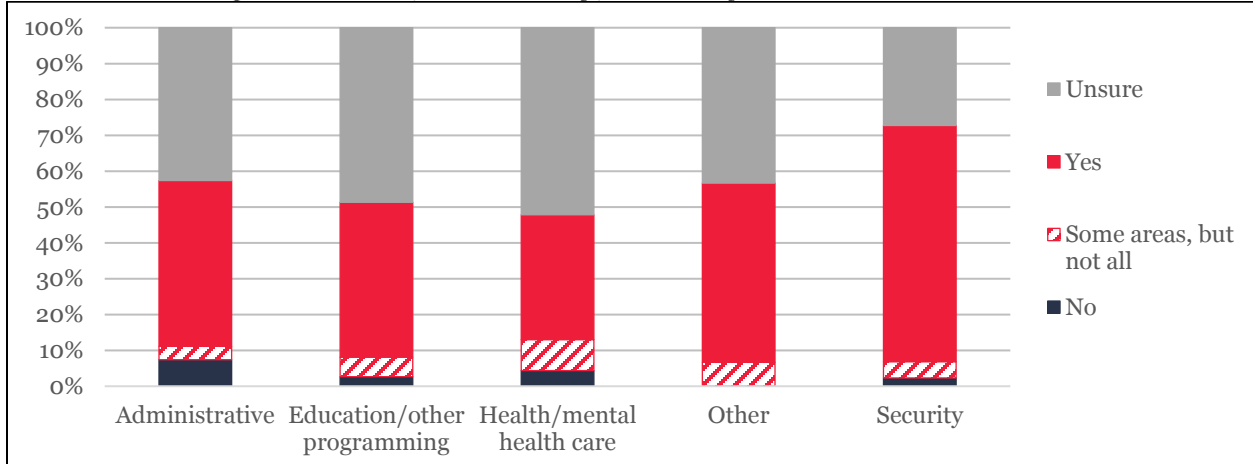
Q15: “Did IDOC provide all of the gloves you wore in the last week?” by Position
(Only people who answered ‘yes’ to Q14 were asked this question)



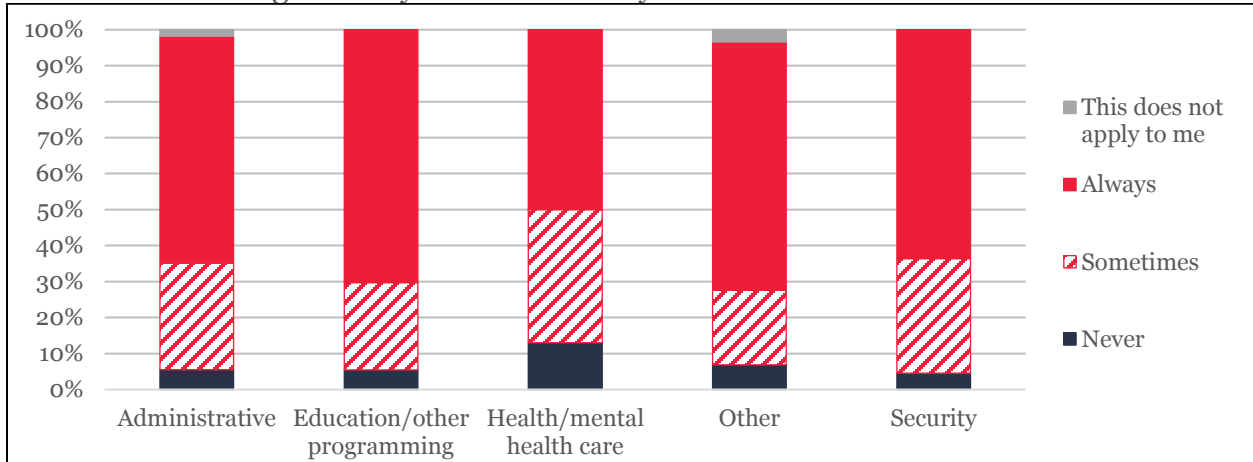
Q16: “Were you able to change your gloves as often as needed in the last week?” by Position
(Only people who answered ‘yes’ to Q14 were asked this question)



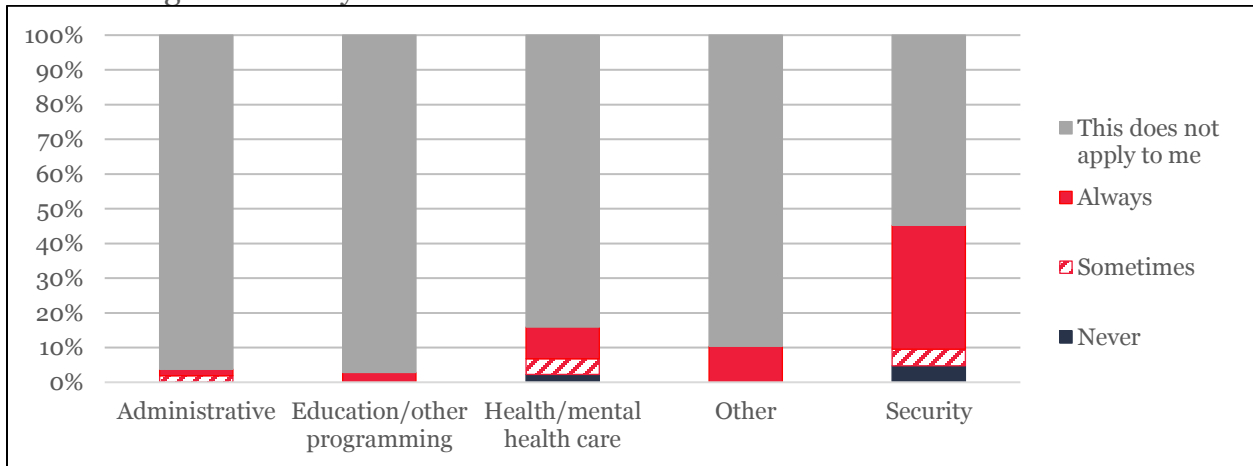
Q17: “Did the staff exclusive common areas get cleaned at least two times a day in the last week (examples: roll call, staff dietary, etc.)?” by Position



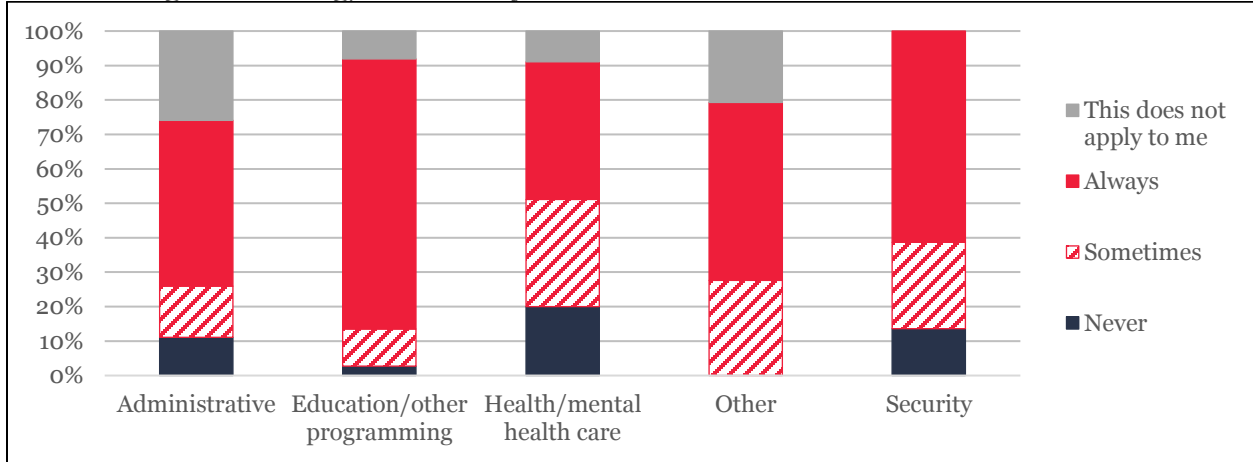
Q18a: “Were you able to maintain at least 6 feet between yourself and others in the last week when entering a facility before shift?” by Position



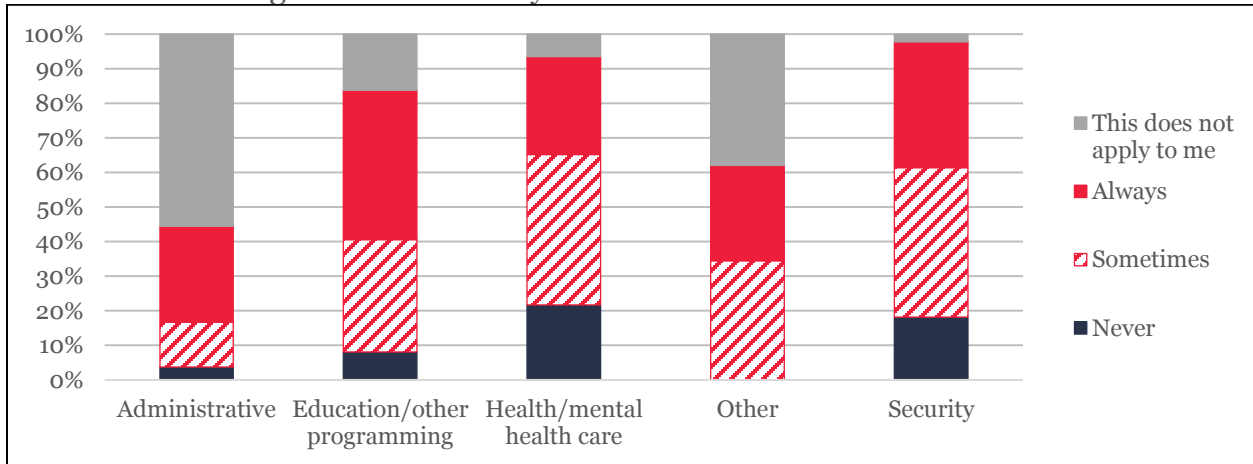
Q18b: “Were you able to maintain at least 6 feet between yourself and others in the last week during rollcall?” by Position



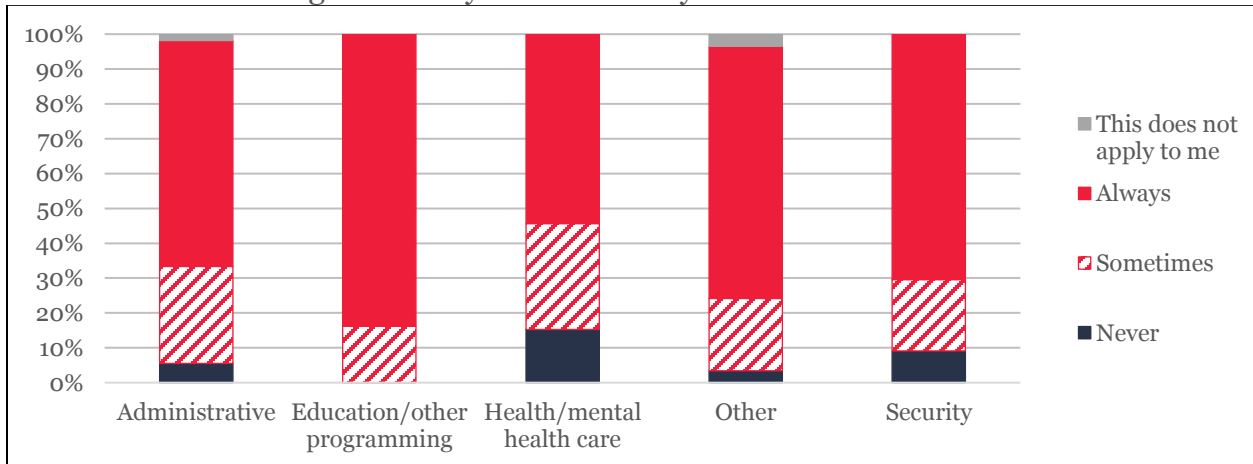
Q18c: “Were you able to maintain at least 6 feet between yourself and others in the last week during staff dining/breaks?” by Position



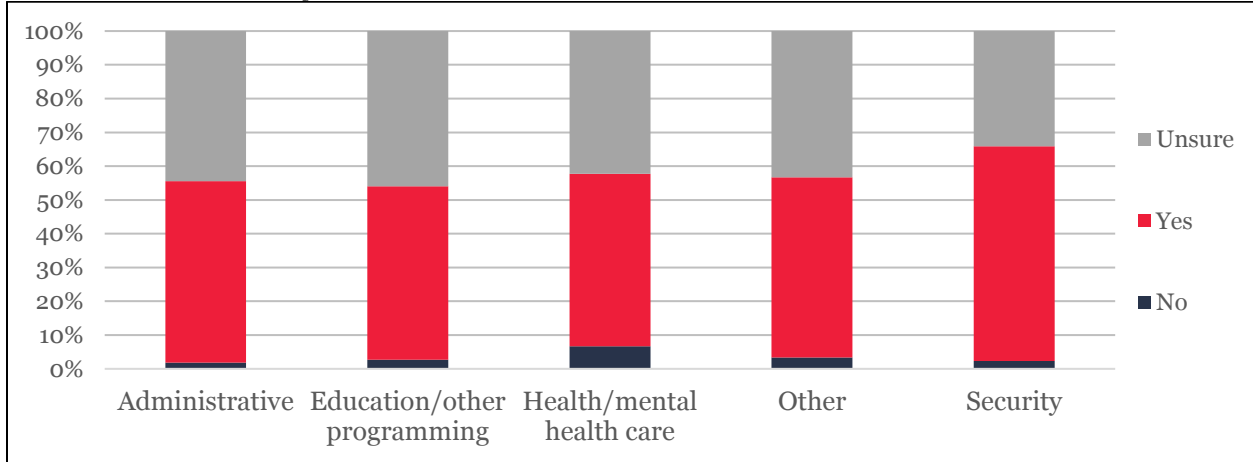
Q18d: “Were you able to maintain at least 6 feet between yourself and others in the last week while working with inmates?” by Position



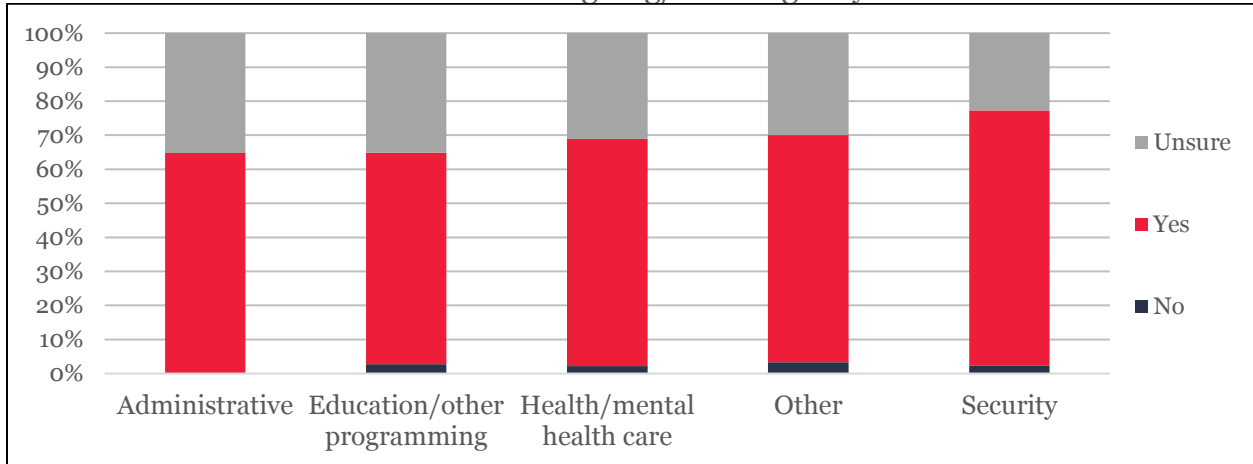
Q18e: “Were you able to maintain at least 6 feet of between yourself and others in the last week when exiting the facility after shift?” by Position



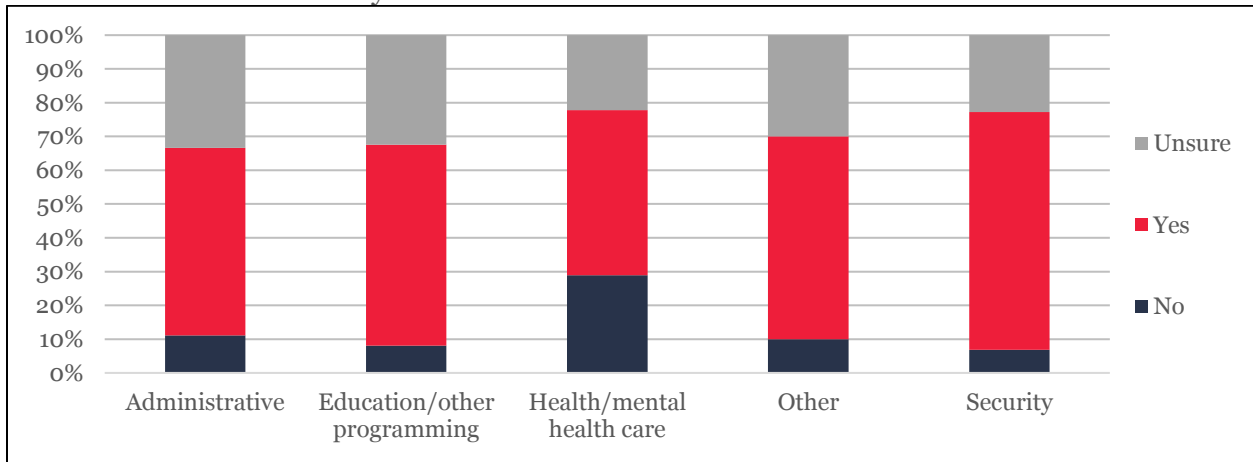
Q19a: “Did most other staff follow good health practices in the last week by washing their hands often?” by Position



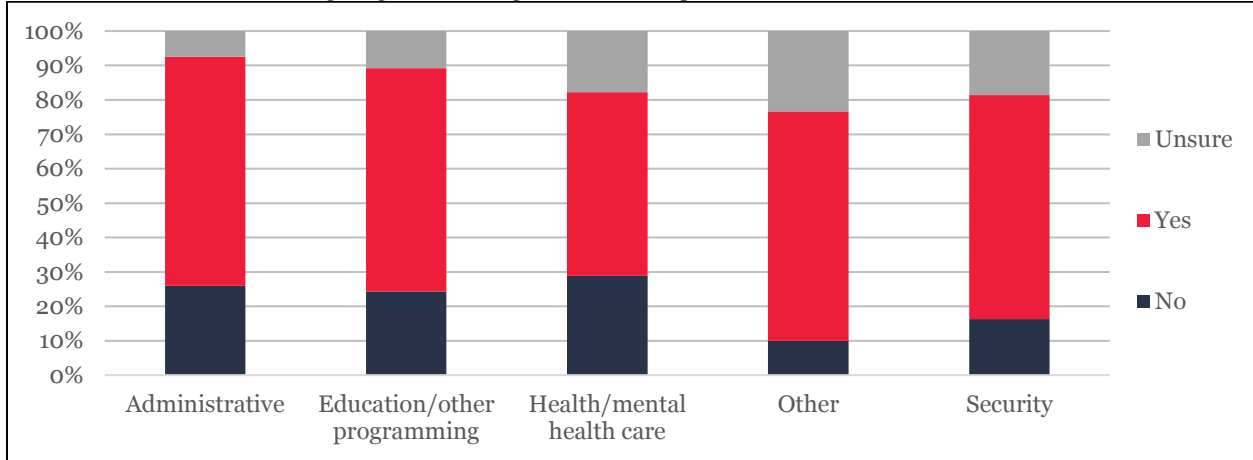
Q19b: “Did most other staff follow good health practices in the last week by covering their mouth with inside of arm when coughing/sneezing?” by Position



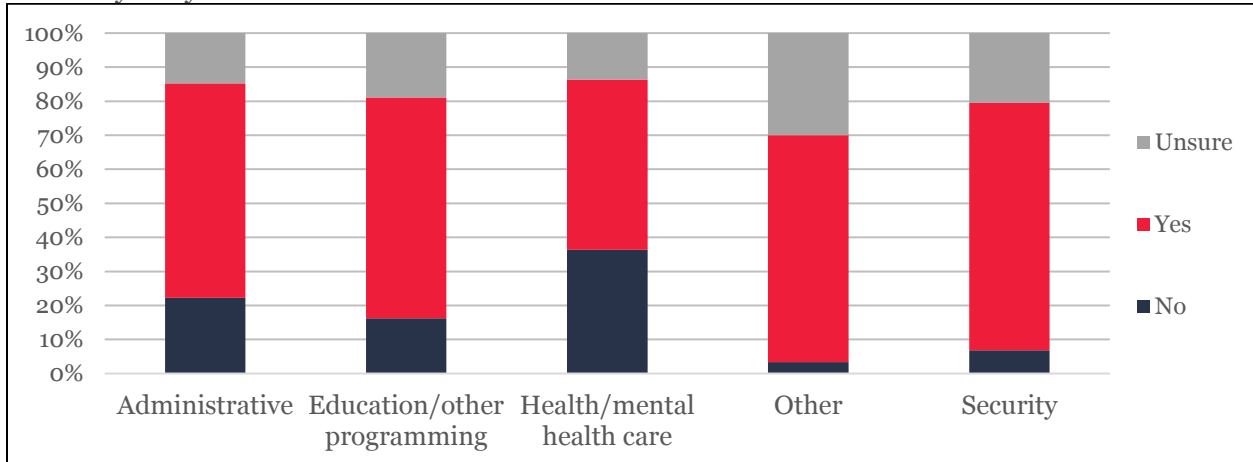
Q19c: “Did most other staff follow good health practices in the last week by cleaning shared items after use?” by Position



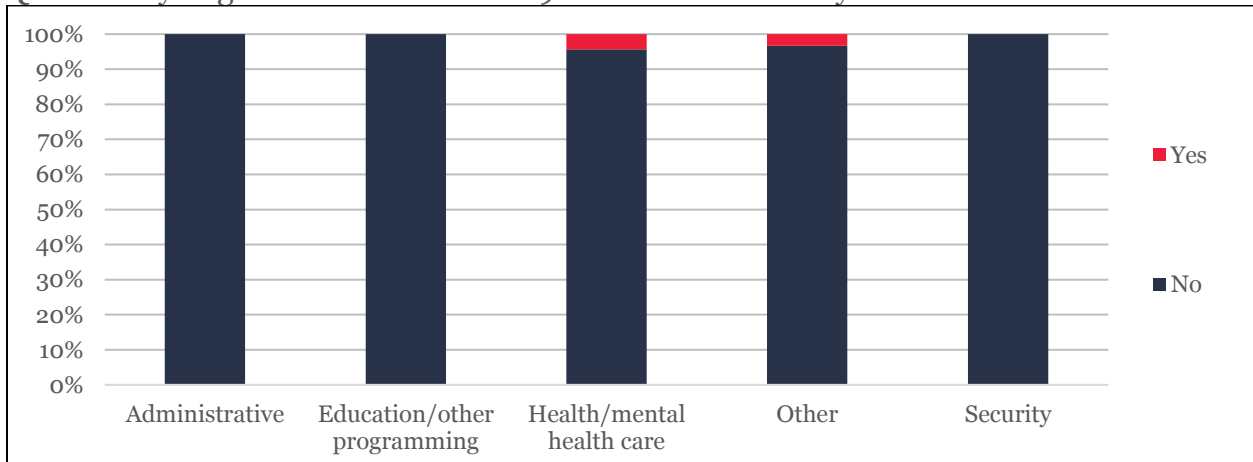
Q19d: “Did most other staff follow good health practices in the last week by staying at least 6 feet from other people when possible?” by Position



Q19e: “Did most other staff follow good health practices in the last week by using PPE correctly?” by Position



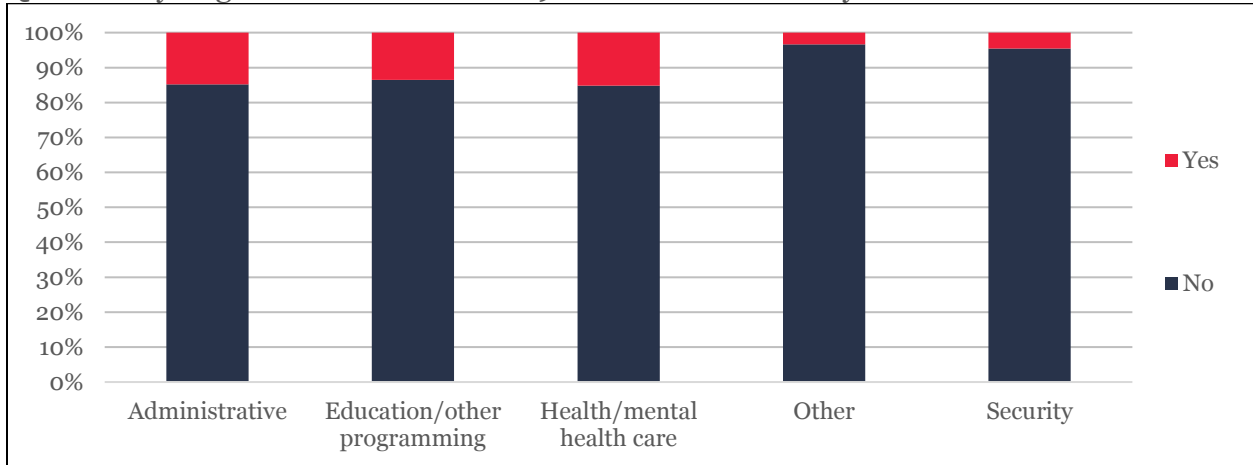
Q20: “Did you get tested for COVID-19 in the last week?” by Position



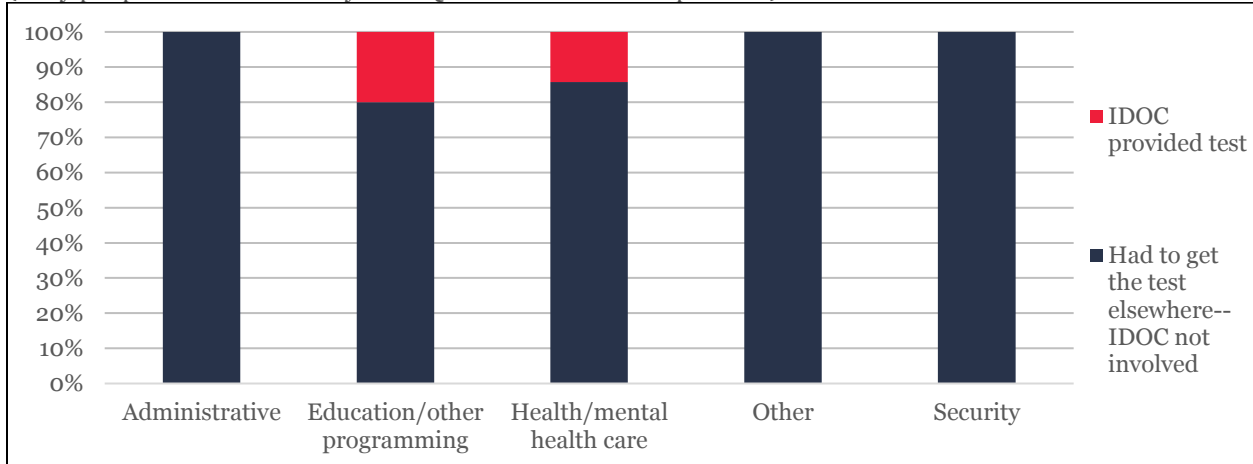
Q21: “How did you get tested for COVID-19 in the last week?” by Position
 (Only people who answered ‘yes’ to Q20 were asked this question)

All of the people (n = 3) who indicated that they were tested for COVID-19 in last week (Q20) reported that the test was not provided by IDOC. “Had to get the test elsewhere—IDOC not involved” was their response to this question. Of these three people, two occupied a “Health/mental health care” position, and one occupied the “other” position.

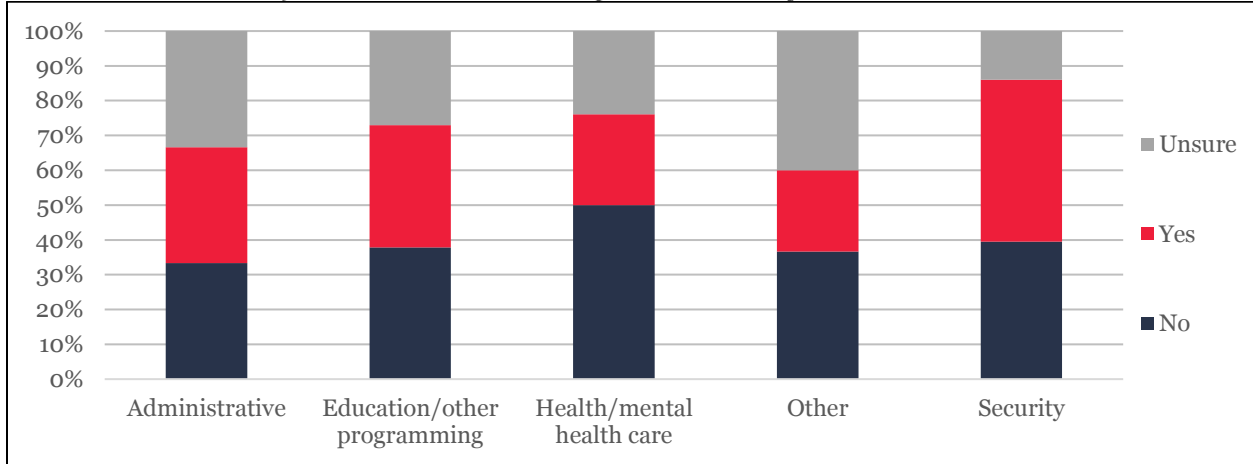
Q22: “Did you get tested for COVID-19 before last week?” by Position



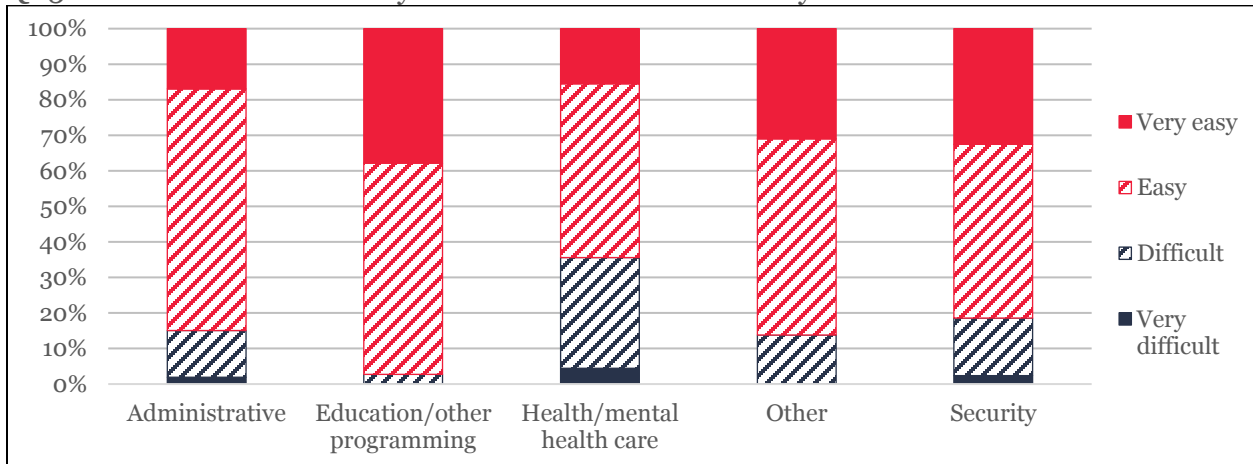
Q23: “How did you get tested for COVID-19 before last week?” by Position
 (Only people who answered ‘yes’ to Q22 were asked this question)



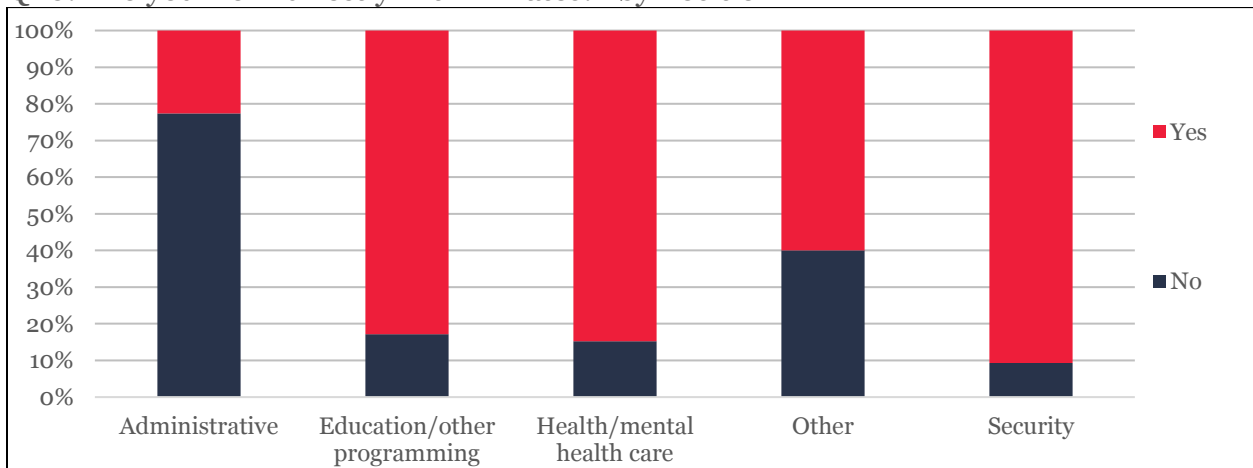
Q24: “Do you think enough COVID-19 testing has been available to you and other IDOC staff after COVID-19 was declared to be a pandemic?” by Position



Q25: “How difficult is it for you to access health care?” by Position

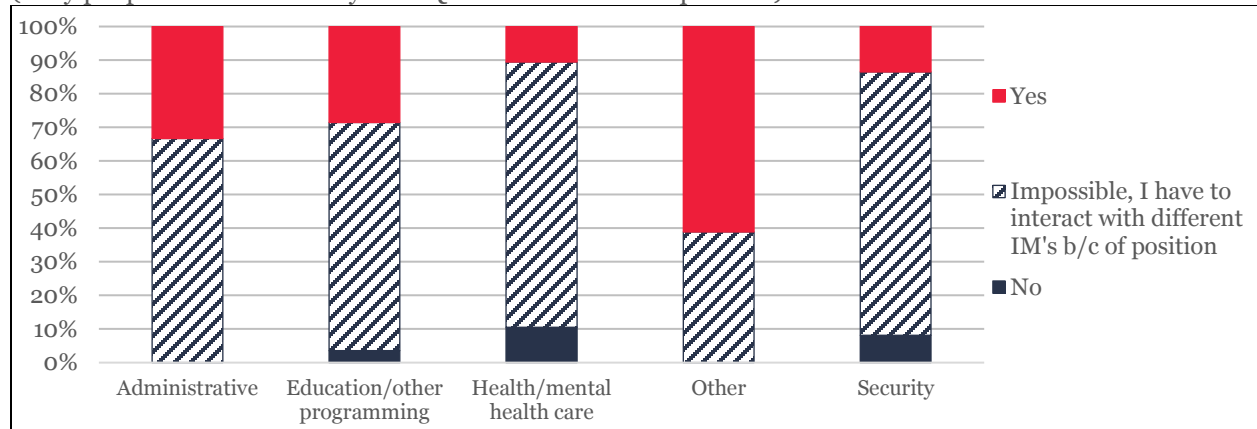


Q26: “Do you work directly with inmates?” by Position



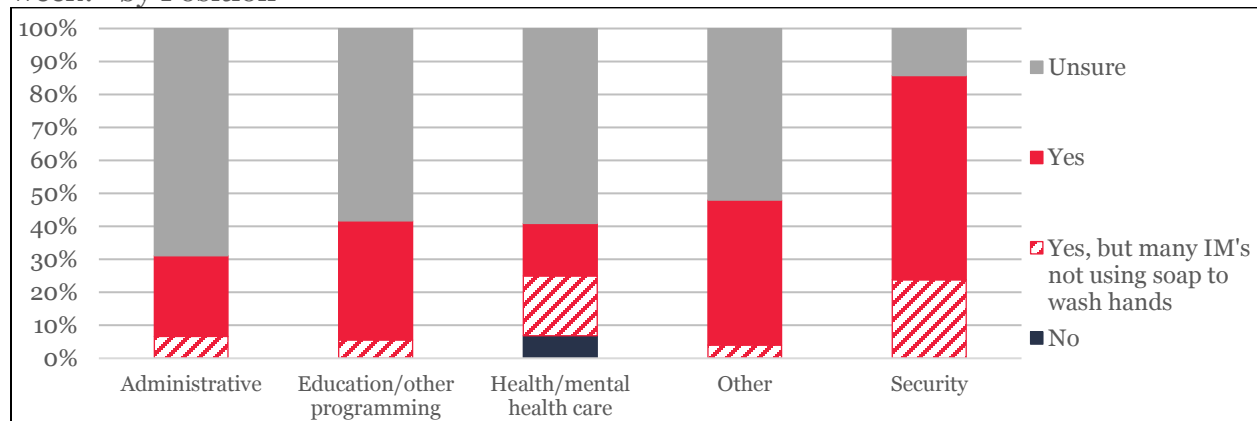
Q27: “Did you work with the same group of inmates [IM’s] since the beginning of the administrative quarantine?” by Position

(Only people who answered ‘yes’ to Q26 were asked this question)

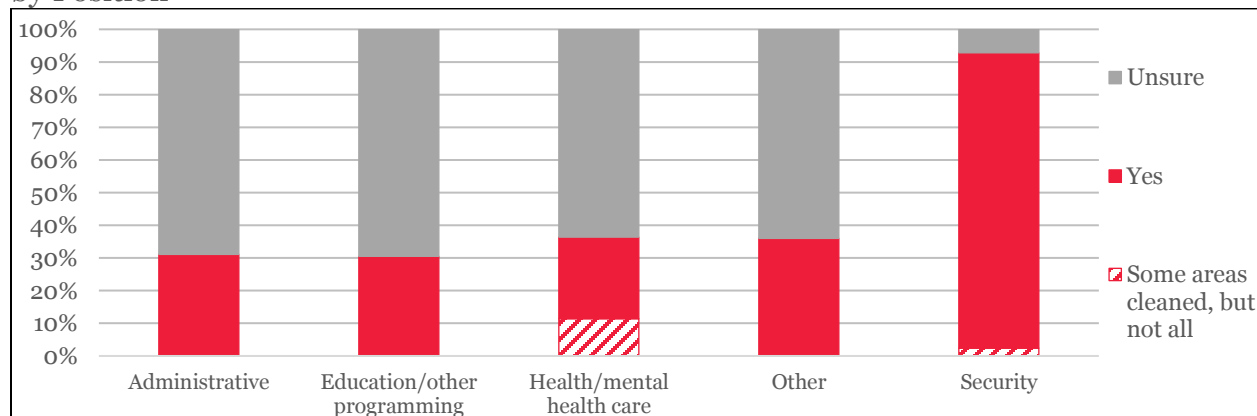


Comparison Graphs by Position—Inmate Specific Survey Questions:

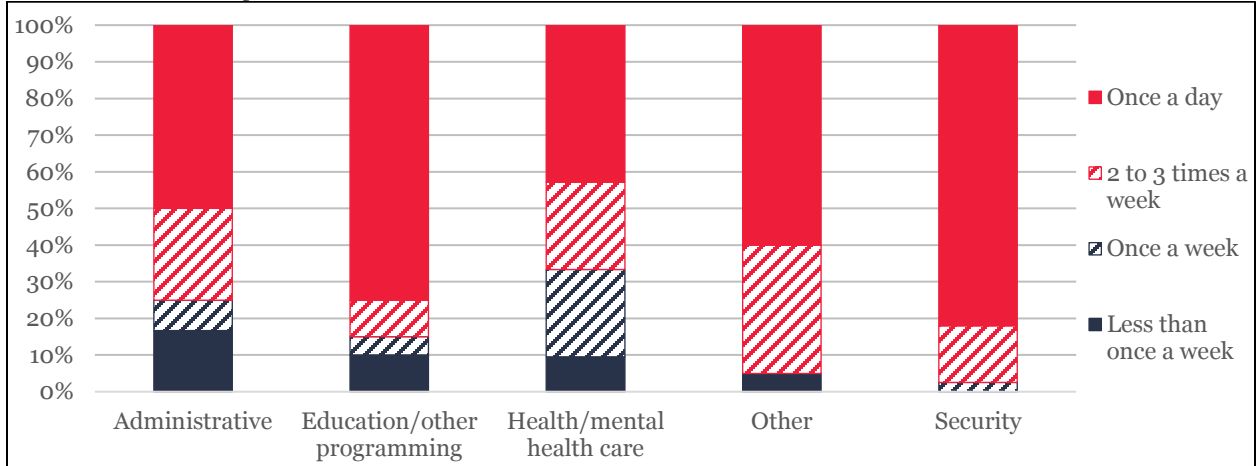
Q28: “Did inmates [IM’s] have enough soap to regularly wash their hands in the last week?” by Position



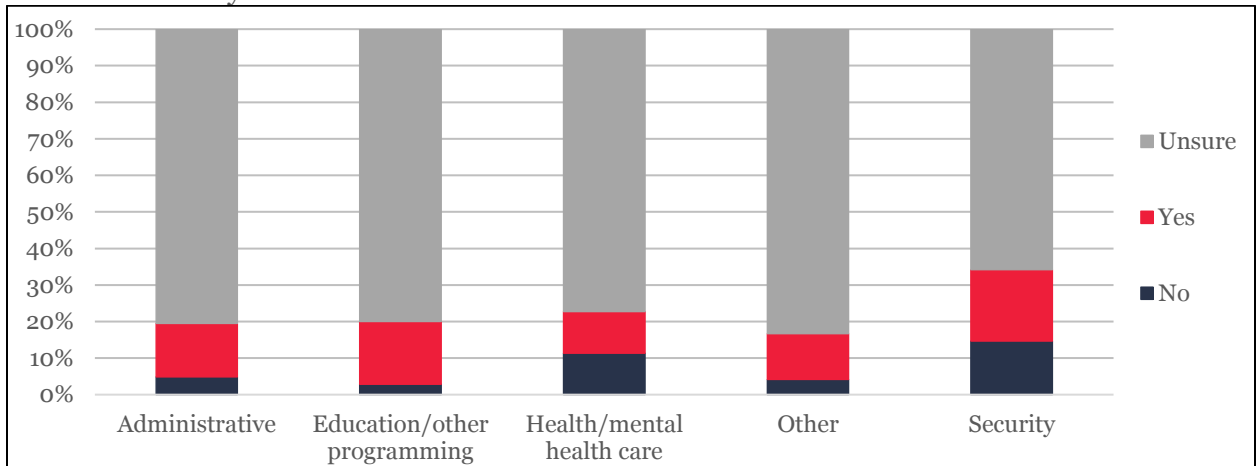
Q29: “Did inmate common areas get cleaned at least two times a day in the last week?” by Position^{xii}



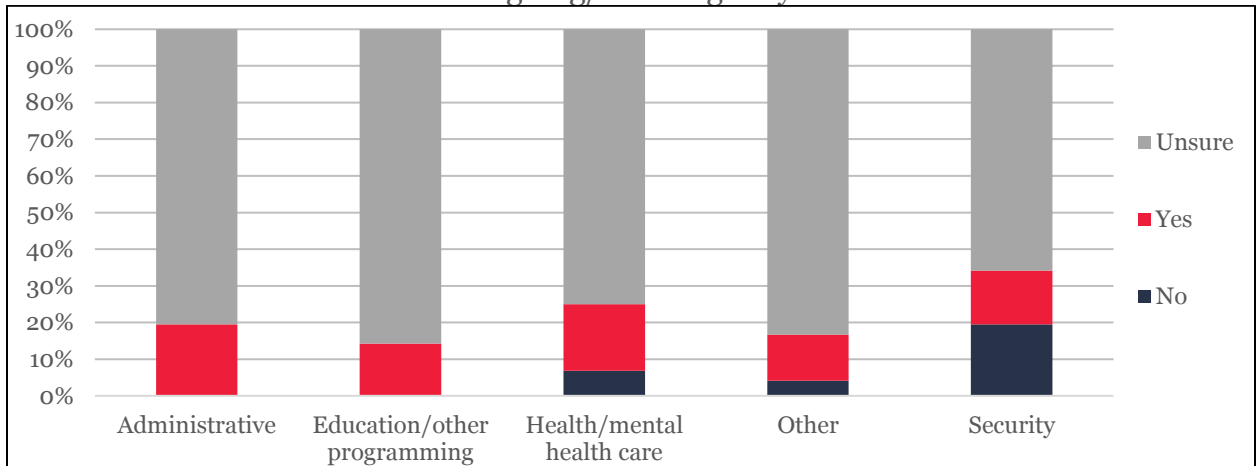
Q30: “How often did inmates get cleaning supplies to clean their cell/sleeping area in the last week?” by Position



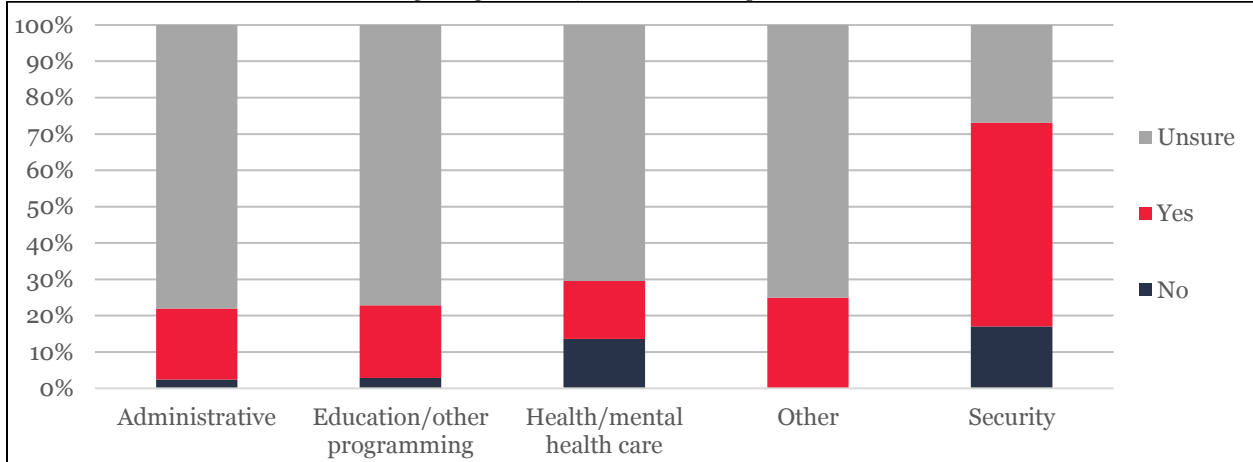
Q31a: “Did most inmates follow good health practices in the last week by washing their hands often?” by Position



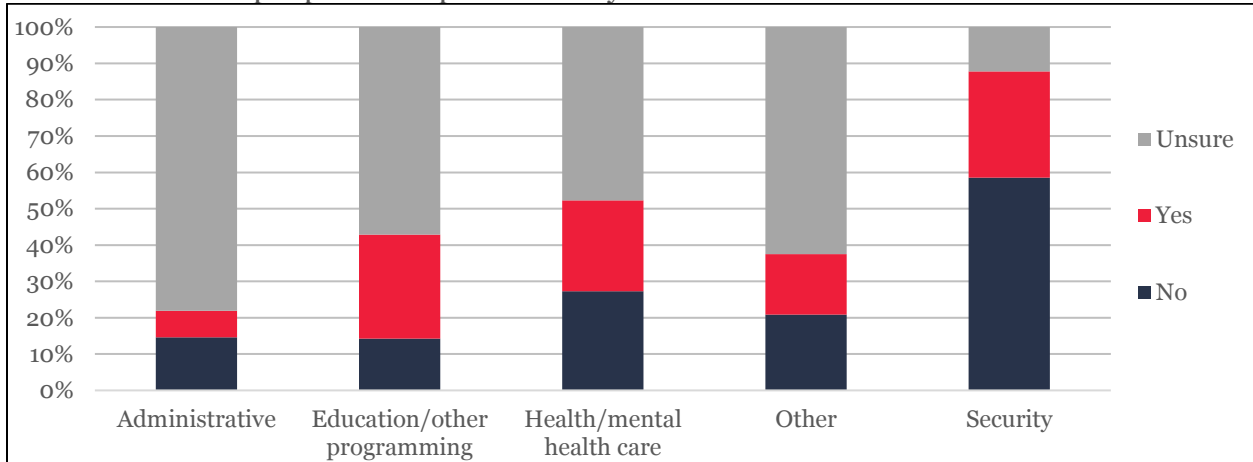
Q31b: “Did most inmates follow good health practices in the last week by covering their mouth with inside of arm when coughing/sneezing?” by Position



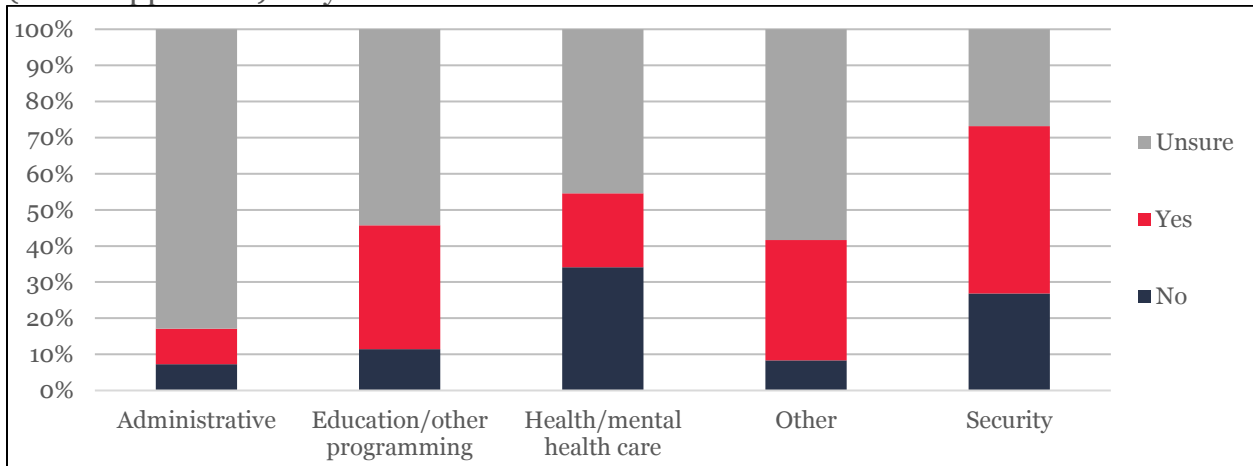
Q31c: “Did most inmates follow good health practices in the last week by cleaning shared items after use (example: phones, kiosks)?” by Position



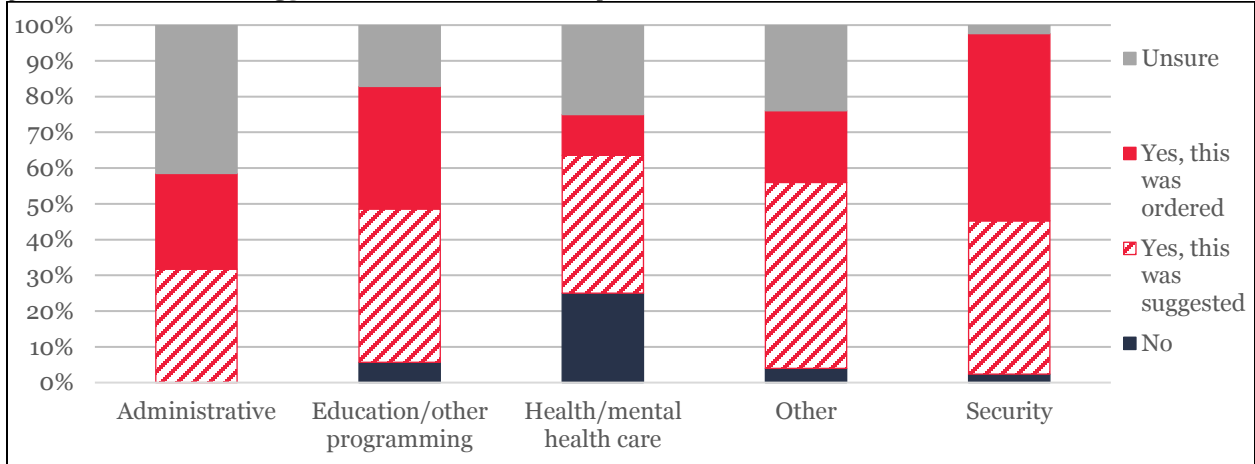
Q31d: “Did most inmates follow good health practices in the last week by staying at least 6 feet from other people when possible?” by Position



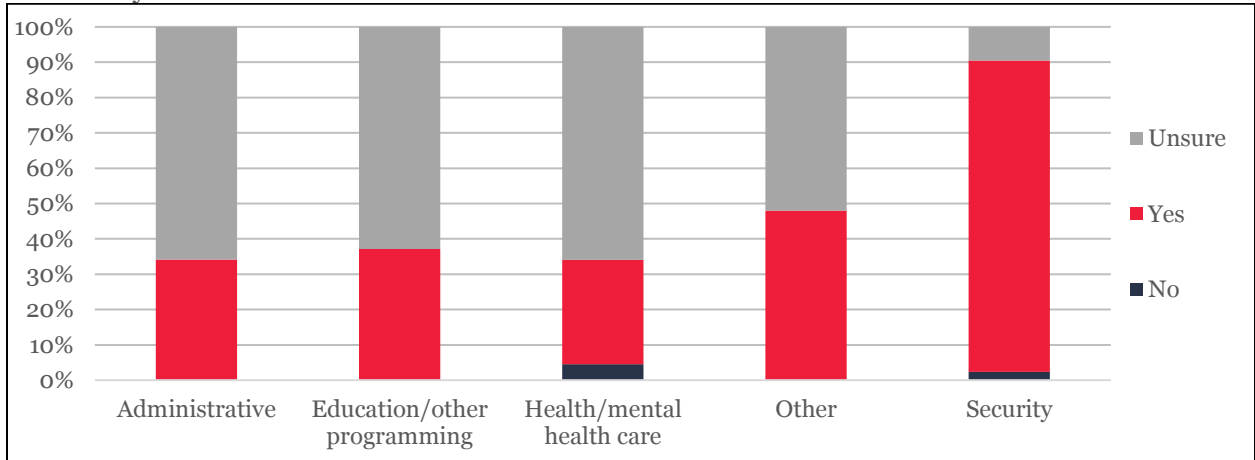
Q31e: “Did most inmates follow good health practices in the week by using PPE correctly (where applicable)?” by Position



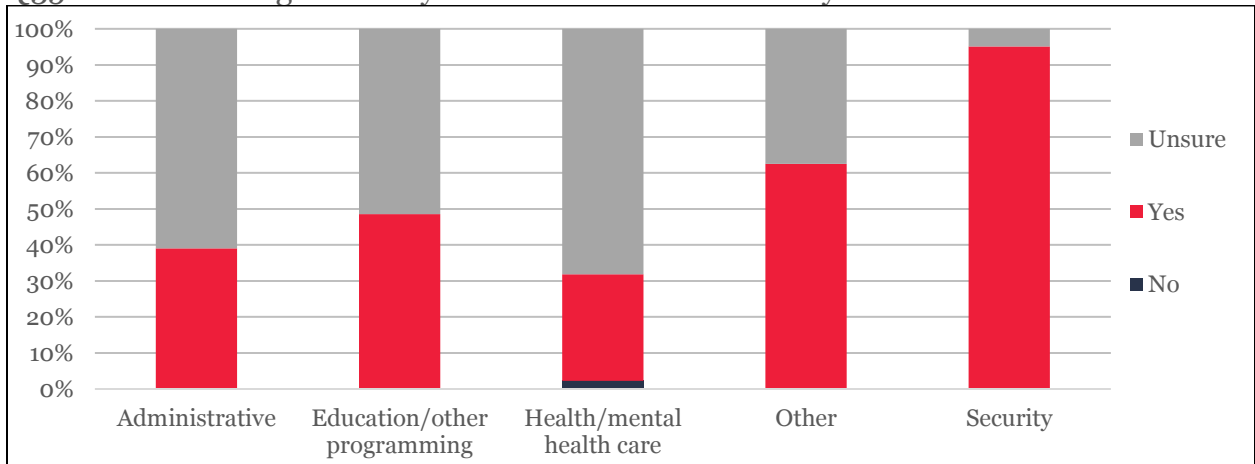
Q33: “Did facility administrators request that you encourage or enforce the good health practices listed in Q31 in the last week?” by Position



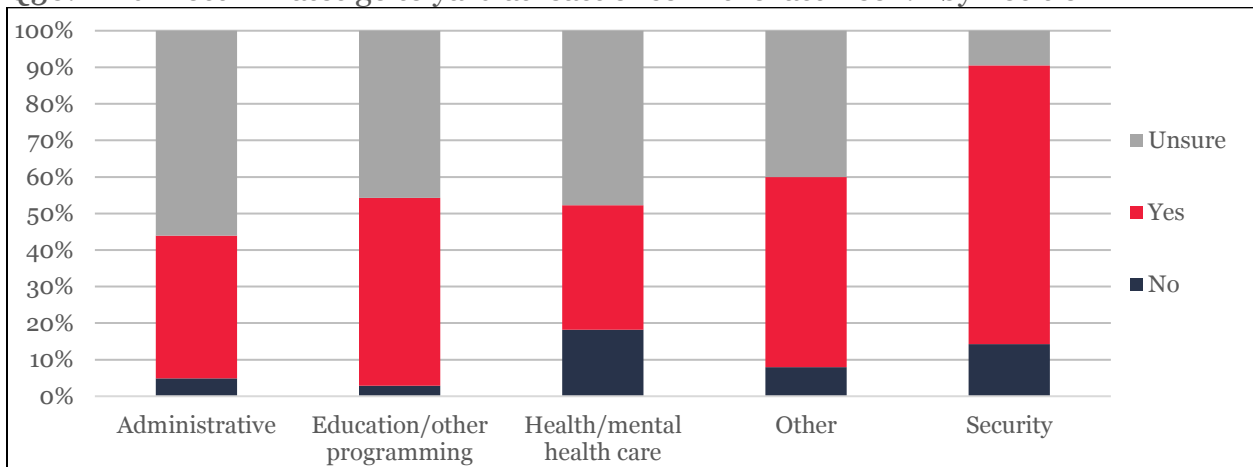
Q34: “Did most inmates have a chance to take a shower at least 3 times in the last week?” by Position



Q35: “Did inmates get laundry service in the last week?” by Position

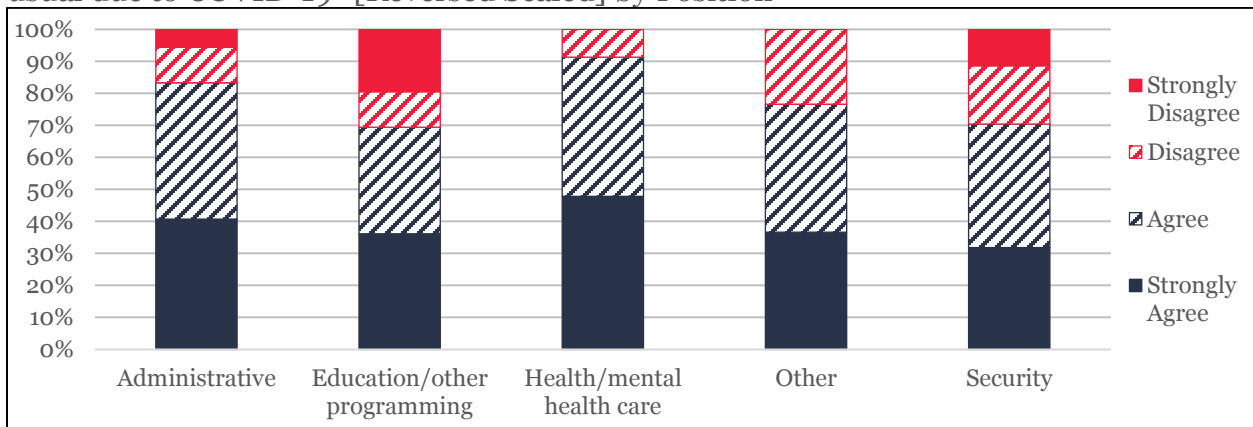


Q36: “Did most inmates go to yard at least once in the last week?” by Position

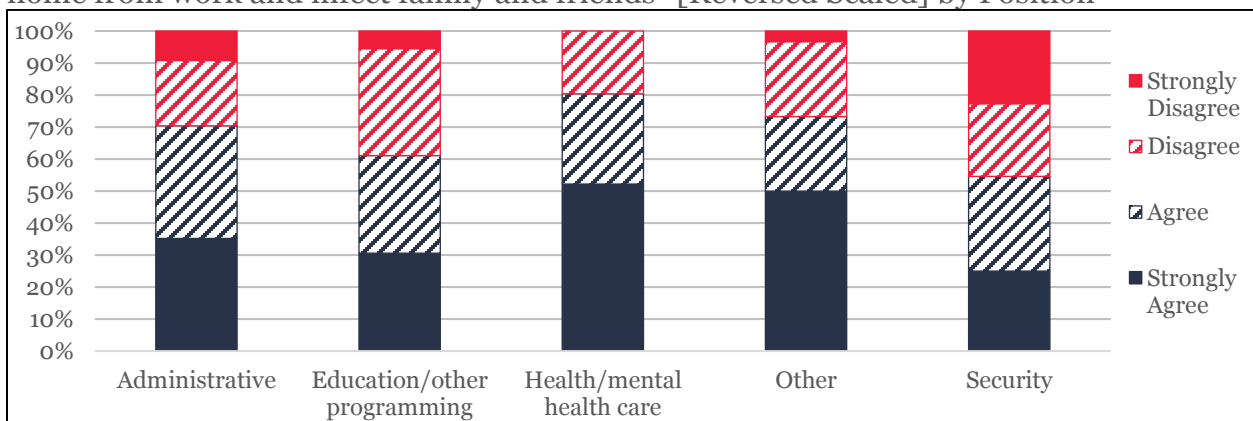


Comparison Graphs by Position—General Likert Scale Items:

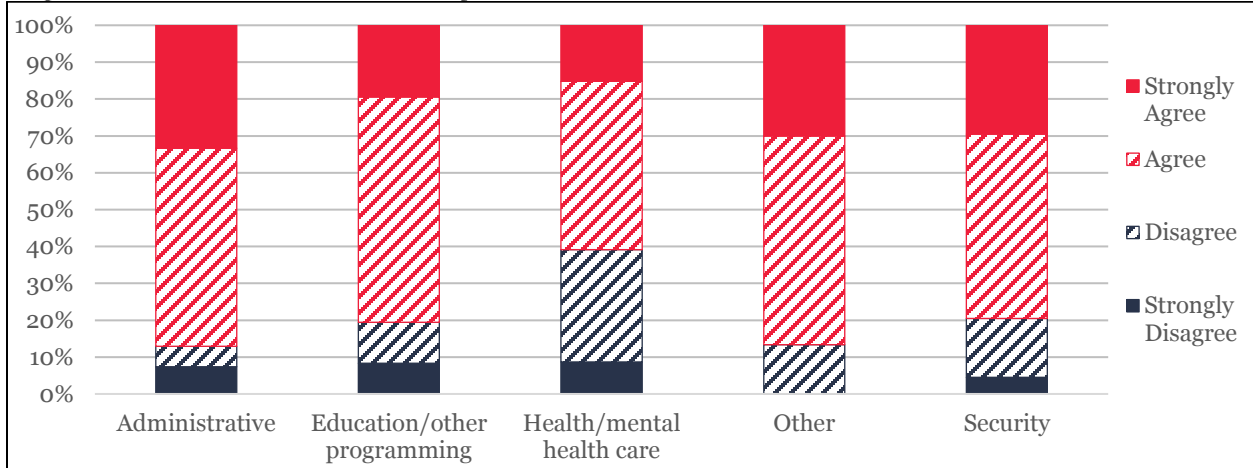
Q38a: “Since the COVID-19 pandemic started... my job causes me more stress than usual due to COVID-19” [Reversed Scaled] by Position



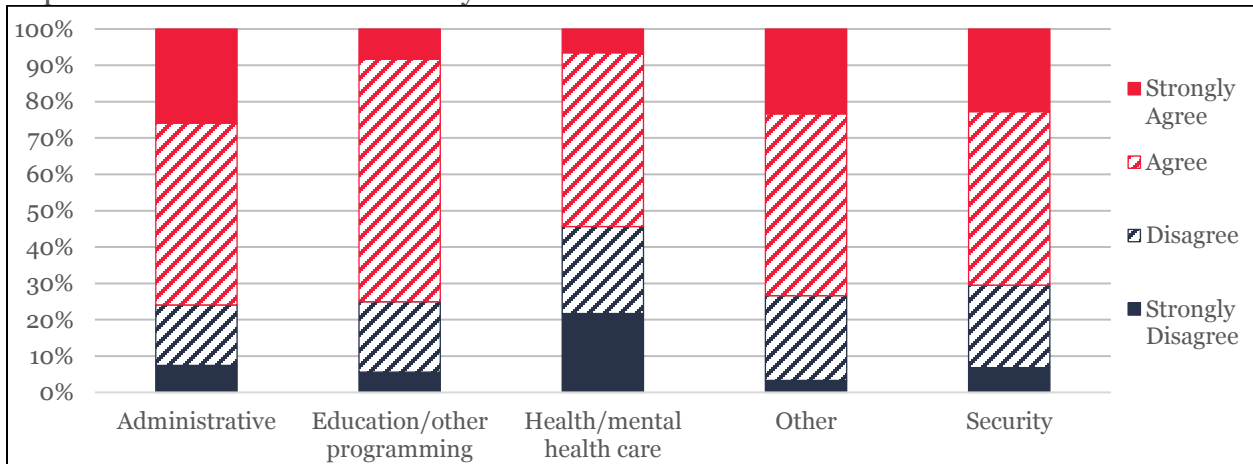
Q38b: “Since the COVID-19 pandemic started... I am worried I will bring COVID-19 home from work and infect family and friends” [Reversed Scaled] by Position



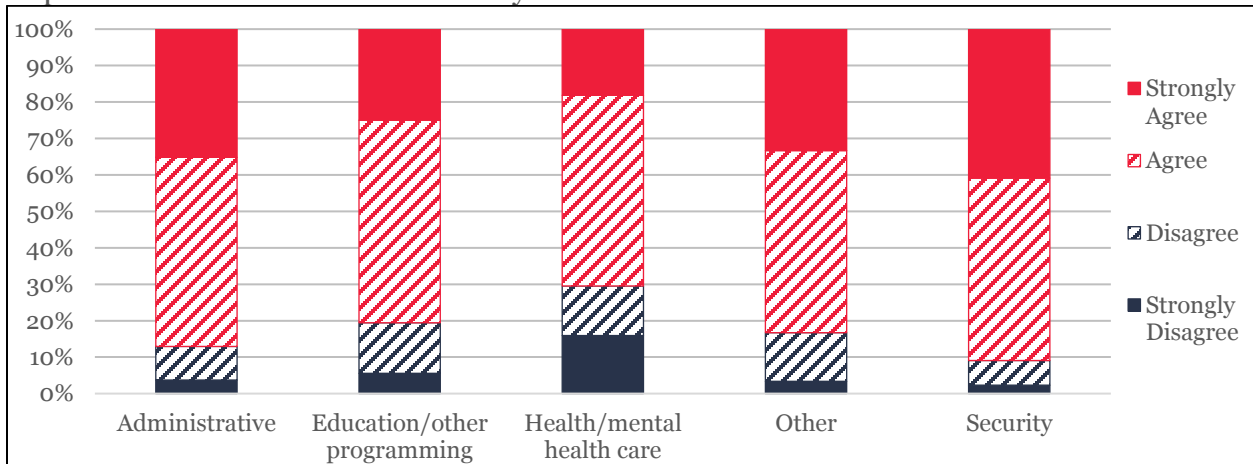
Q38c: “Since the COVID-19 pandemic started... my facility has taken adequate measures to protect staff from infection” by Position



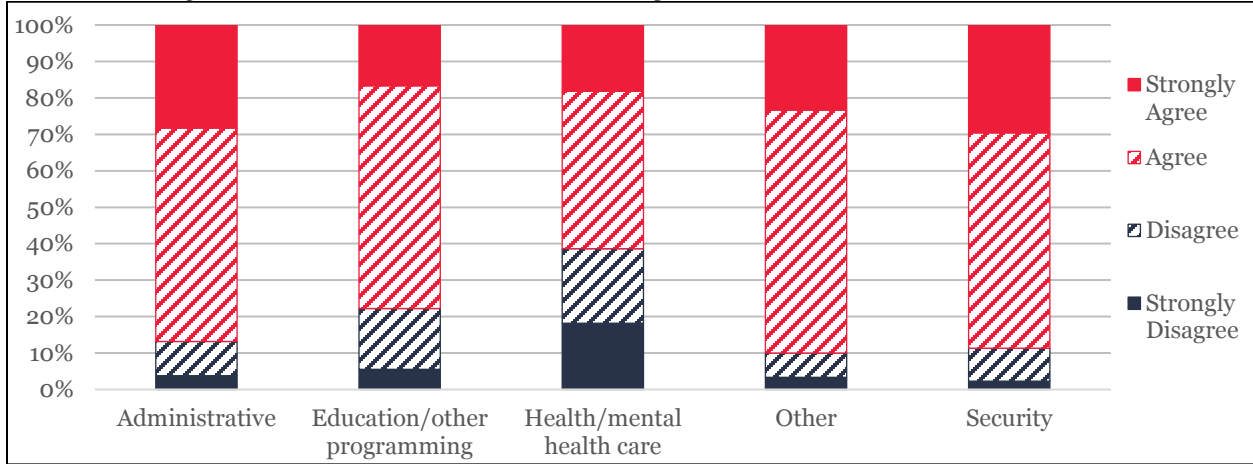
Q39d: “Since the COVID-19 pandemic started... IDOC (Springfield) has taken measures to protect staff from infection” by Position



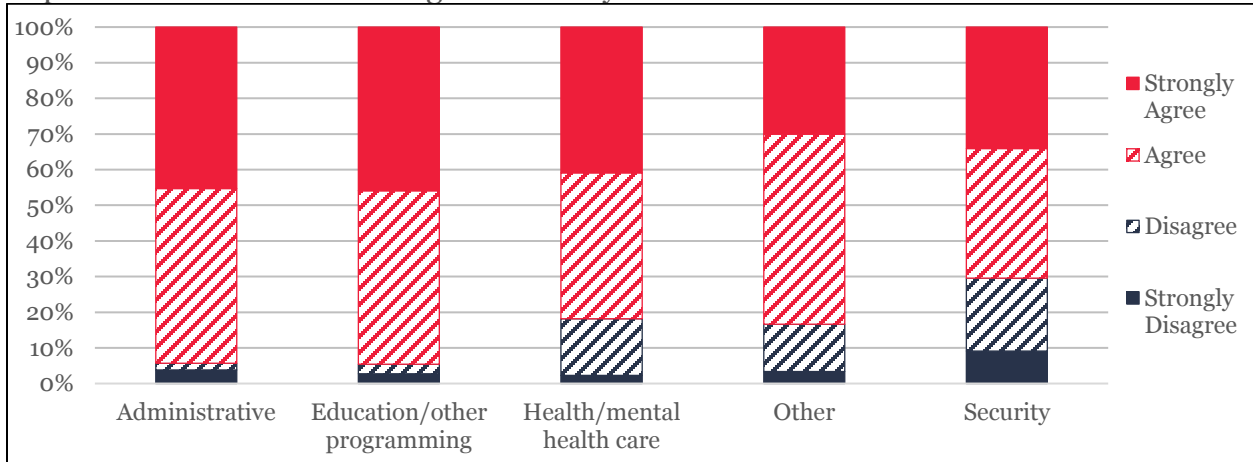
Q38e: “Since the COVID-19 pandemic started... my facility has taken adequate measures to protect inmates from infection” by Position



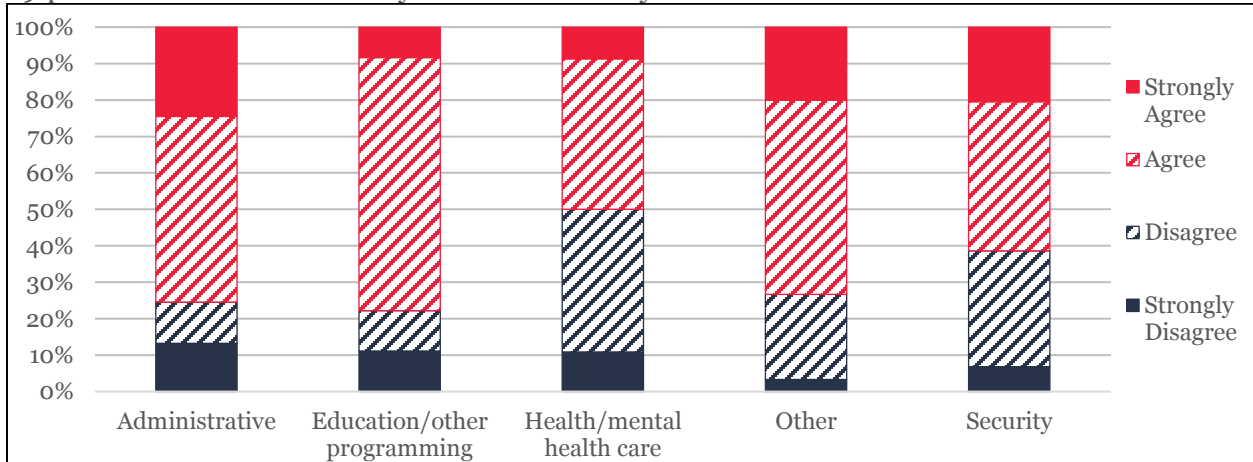
Q38f: “Since the COVID-19 pandemic started... IDOC (Springfield) has taken adequate measures to protect inmates from infection” by Position



Q38g: “Since the COVID-19 pandemic started... protecting inmates from infection helps to prevent staff from becoming infected” by Position



Q38h: “Since the COVID-19 pandemic started... overall, IDOC’s response to the COVID-19 pandemic has been timely and effective” by Position



Section 3: Staff Comments

Comments submitted to JHA by individuals who elected to complete a COVID-19 survey and submit a comment with their survey are reported below. The comment submitted by an individual represents their opinion. These comments should not be perceived as official positions or views of IDOC, JHA, or representative of the opinions of all people who work for IDOC or work within an IDOC facility.

Some comments were redacted in part to protect the anonymity of the individual who submitted a COVID-19 survey, and some comments were not included because the individual who submitted the comment explicitly requested that their comment not be used. JHA redacted identifying information about where specifically someone worked when they expressed a negative opinion to further protect individuals against potential negative workplace consequences; however, when an individual expressed a positive impression of their workplace, the location was left in. Additionally, some comments were redacted in part when profanity was used. Comments merely indicating the facility in which the person works were also omitted, as these comments were incorporated into the “Prison” variable.^{xiii}

Comments appear in the order they were submitted. Edits by JHA staff are limited to corrections of overt spelling and grammatical errors. The individual opinions of the people who completed a survey are theirs to express.

Comments Submitted by People Who Work for IDOC:

- Administration was quick and responsive to implement changes as they occurred concerning the COVID-19 issue. Protecting staff and offenders from becoming infected became one of the administration's top priorities.
- The administration only cares about getting inmates good time and getting inmates released from prison! Since when is it a good idea to let murders and other violent offenders out of prison! Most of these people locked up right now are safe but then we release them and send most of them into a hot zone for the pandemic! Not a smart move at all by IDOC so it makes me wonder why was this actually done! PRISON REFORM! The state using a pandemic to get to those numbers that were promised during a political campaign is [REDACTED] to the safety of all of the citizens of Illinois! VICTIMS NO LONGER MATTER IN ILLINOIS!
- Communication to front line staff is nil in my particular parole office. I was not given my mask, hand sanitizer or gloves until about 2 weeks after we should have received it. Parole division was behind the times. The division is/was reactionary and waited too long to do anything. At first every agent was instructed to report to an office. No social distancing. I have yet to see the office cleaned on a regular basis
- IDOC is not widely encouraging work at home with the corrections facilities. There are MANY non-security that could be work at home which would protect the inmates and other staff. They rarely consider it.
- Non-Security Coworkers do not wear mask while working. Some individuals create an unpleasant environment with their comments and opinions. i.e., that this is 'hype' and 'they're tired of being told what they can do and not do by the government.' Most people are in fear of catching it but do not share

with group due to the negative attitudes of some. I have only seen a few bottles of hand sanitizer around the administration section. We are provided a mask everyday if needed.

- At this time, the offenders have not been given face masks to wear. Many are upset about this. I heard a Lt. tell a worker (offender) that they were not to wear the mask because it would be considered concealing his identity and then he laughed. COVID-19 is not here [REDACTED]. I am thankful for that. People are getting pretty laissez-faire about the whole thing now. When I say people, I mean the staff.
- I cannot speak on behalf of other facilities, but Lawrence Correctional Facility has done an outstanding job attempting to prevent exposure to COVID-19.
- I feel like due to the ever-changing information coming from scientists and CDC, Springfield and Hill are doing everything to best of the information currently available to them. Both Springfield and Hill have both offenders and staff's best interests in mind when making policies and changes. Staff and offenders are one and the same, they need to protect them both equally.
- I feel that there are too many unnecessary staff still working. I understand that the prison has to stay open and functioning, but I feel that only essential staff should be working: Security Staff, Dietary and Health Care. Thank You.
- Your surveys are a joke. Your lack of empathy for Correctional staff and administration is also a joke. Not sure how you continue to look yourself in the mirror every day knowing that you care more about offenders that have committed a heinous crime then staff just trying to provide for the families.
- I have no idea how the inmates are cleaning etc. I see many inmates with masks during med pass. It's impossible to keep social distance during med pass due to the structure of the facility. I think the longer the restrictions last, the more lax people get, that's when it is going to really spread. People have already begun relaxing their safety practices.
- The Springfield command center and other highly paid administrative personnel in IDOC have made some poor decisions but AFSCME intervened. The competitive ego driven administrators making suggestions off the cuff and making requirements that are nothing more but paper pushing/reports to justify their job and pat their ego. IDOC should consider eliminating a whole level of highly paid family and friends jobs in Springfield. Thanks for the forum.
- As a parole office we have been purchasing our own soaps and sanitizers. Two small bottles of hand sanitizer were provided for [REDACTED].
- I believe that IDOC has done the best job it could have done with the information that was given and adjusted accordingly. Parole D2
- The State of Illinois the Department of Corrections should be ashamed of themselves jeopardizing the safety of all corrections staff. District [REDACTED] Parole Administration is awful, unprofessional and has no sympathy, empathy or apathy for parole work staff!!!!!!
- If this issue was as serious as it was made out to be the procedures put in place by the administration would have caused a mass contagion within the Department. Taking temperatures before employees enter the facility as a means of stopping the spread was useless, as by the time a person was symptomatic, they would have already been contagious for several days. Add to that the fact despite what the official policy said, command staff made it difficult for people who were not feeling well to remain home. Staggering intakes through cell houses every 14 days would have been a way to keep intake working. So many things were not done properly it is hard to list them all here.
- Here at Murphysboro, the cleaning is non-stop. I cannot think of anything more we could be doing here.

- Virus spread throughout ██████████ due to the Wardens (██████████) down-playing the virus, not locking out visitors in a timely manner, and continuing to move inmates to regular scheduled events. Education, Gym, Library Eating together etc. A large part of this could have been avoided, however. They were more concerned with lawsuits rather than the safety of their staff and inmates. They said ██████████ "the media is exaggerating this virus," "The chances of you getting the virus and spreading it to your family very unlikely." When prisoners got sick, they did not isolate them. They left them in their cells with others while still having everyone moving on regular schedule. Not only were prisoners at risk due to negligence, they also disregarded the health of their employees.
- Oddly enough, I feel safer at work than anywhere else except at my home. The cleaning and disinfection practices at Kewanee are exemplary, from my point of view. The situation is wearing but we continue to soldier on.
- While Springfield staff were able to work from home and/or come in part-time - while continuing to work from home, the non-security staff in records, business office, etc., continue to work full-time at the facilities. If Springfield can work from home/go in part-time and we all have access to internet and the have all been provided the how to instructions to sign into the system from home, then how come the Springfield Office, who does not have contact with inmates daily and work further apart get to do this? In our facility our area works in one office. We have ██████████ staff members. ██████████ staff was considered non-essential and sent home ██████████ weeks ago, our facility sent home a total ██████████. Other facilities have sent home none. The rest of us work full time together. We believe we should have been on alternate days. Say ██████████ work every other day and then the other ██████████ work every other day. At current time, if we work together every day. If one person becomes infected, then all others will have a greater chance of being infected - as we work in one room. If the entire area has been exposed and is quarantined for 14 days, the office would have no-one. If we alternated with every other day, every other desk, we would stay further away and then we would be safer. What happens if the records office all becomes infected? What happens if the business office/payroll/timekeeping/procurement becomes infected? Problems. Also, during meal breaks, our area tends to sit at different tables in the lunch room or visitor's room. Security sit next to each other. During these meal breaks, masks cannot be worn to eat, so we are freely sharing with each other. Now masks are not being provided by facilities unless they become soiled or break - so technically you can wear the same "surgical mask for weeks?" Doesn't sound sanitary to me. I can understand a few days, but... We have to provide our own or wear the huge ones that were provided to us. If you do not sew, you have to buy one.
- ██████████ I have been to two institutions since the outbreak. Both institutions followed the established protocols and formed the basis for my responses.
- There should have been more thought into workers who could have been considered non-essential and or split shifts for the administrative staff to cut down on possible exposure.
- My direct coworkers are mostly educated and intelligent people so we have been very careful in my little circle of the prison. I typically have a lot of inmate interaction but with the level 1 lock down in place and now the administrative quarantine I am not seeing any inmates. Many officers and other staff members do not care about social distancing, wearing masks properly, or washing hands regularly. Many staff, including nurses, do not wear PPE appropriately or only wear it as they see fit. Some officers and staff wear the same pair of rubber gloves for an entire shift which is more disgusting than washing hands regularly in my opinion because you can wash and sanitize your hands. Many people will walk around with their masks off, lowered, or holding them. They only put them on when they see administration or supervisors. We have received email and memo communication but many people do not have email in the prison and to walk up to the giant wall of MEMOS to brief yourself on the current state of things is overwhelming, difficult to do without a crowd forming, and probably actually impossible to do during your shift with the amount of memos posted about COVID-19. The current system for officers aside from reading the wall of memos is to actually ask their zone Lt. for up to date memos about COVID-19. I'm sure this is difficult to get a supervisor to come do, takes time out of your day, and

is often blown off. This is the only way officers have to get consistent information and keep everyone on the same page without roll call.

- The communication here is very poor! We are not advised on a daily bases on the status of our institution! Everything is a secret around here. We should be made aware of every positive case and where the person infected has been and is currently located, and this is not happening! If our institution is on a lockdown, we are never made aware of this either!
- The break room does not provide enough space for staff to safely heat up or eat their food. Going inside would be considerably more problematic and cause undue risk to contact the virus. People have to eat at their desk or leave the compound. Sitting at one's desk all day is not healthy mentally or physically as the areas are not ergonomically correct. Eating in one's car is not permissible. There are no windows available at most people's desks thus making it a very dark and sad workplace environment. The only saving grace is that we can eat quickly and able to leave and get some sunshine. Vitamin D is very important to the wellbeing of staff and inmates.
- I feel under the circumstances of this new virus and all the unknowns; IDOC has done an exemplary job of doing their best to protect both the offenders and the staff. They should be commended for their efforts and their timeliness.
- ██████████ CC has done an incredible job of responding to this crisis. The staff are however confused thinking the inmates are the threat when they are not. The threat is the staff.
- I believe IDOC and my facility have been extremely proactive to help stop the spread of COVID-19. However, offenders were allowed to go to yard, barbershop, day room and dietary (one time to see how it will work). I understand this but just wanted to let you know during these times keeping offenders 6 feet apart was hard to maintain. Staff did ask they keep 6 feet apart, say while walking to chow, but it is difficult to maintain. I would like to add I do not believe it appropriate that offenders were allowed to go to barber and I as a citizen of Illinois was not allowed.
- Our Administration is doing an outstanding job of keeping us informed about the COVID-19 changes and updates.
- As far as testing, that is such a global problem that there is no good answer to put down. Testing for something like this is needed in vast amounts to test as globally and often to make a good, accurate accounting as would be truly needed. Given the conditions of the spread, scope, and speed of a novel virus, they have done as well as could be asked. As far as individual cleanliness and sanitation, I would have to say that IDOC has good a great job trying to put an immediate cap on the spread through encouragement and direct order when needed. Given the numbers and very slow spread within our facilities, with the nature of the facility requiring frequent close contact, we appear to be doing well comparatively.
- I understand what the upper echelon in Springfield are trying to do during this pandemic. It is something no one has ever experienced. No one has all the answers and they're just trying to do what they think is best and trying to keep everyone safe. I also feel they are doing a great job, but I would almost bet most haven't worked inside an institution. I have worked in 3 different facilities and each one is different. You cannot take an institution like Robinson or Taylorville and try to apply the same standards as a facility like Centralia or Stateville. My opinion is to let our Wardens do their jobs and decide what's best for our facility and needs with the guidance from Springfield to keep us updated on all information.
- They gave us two cloth masks and are no longer providing the medical masks. We work five days a week, do they expect me to launder these masks more than once a week? I do one load of towels (hot water) a week.

- I work in administration and have limited-to-no contact with offenders so I was unable to answer anything other than 'Unsure' on questions pertaining to offenders.
- Some of the questions should have the option of other next to it with an option to comment on that particular questions. Although the response to the pandemic in my opinion was not "adequate" the department along with the rest of the nation scrambled to figure out what to do. We were in the midst of the pandemic by the time we knew it was a pandemic. When the rest of the world had no answers neither did the state of Illinois or any of its agencies. Despite efforts to protect offenders in custody some of them remained defiant and oppositional. Refusing to follow directives and procedures put in place for what was thought to be in their best interest. More emphasis and protections were put in place for the offenders then for employees. I am sure you are aware that staff members were also contracting the corona virus. To date there is no complete understanding of exactly when a person is clear of the virus even if they begin to feel better. These are national concerns not just IDOC concerns. If you the good people of the John Howard Association have any viable suggestions or are willing to work alongside of those of us inside the facilities trying to make heads or tails of this entire situation, including having direct contact with offenders I'm sure you will be more than welcomed.
- Inmates have been given all the tools they need to stay healthy! Inmates don't want to clean and are generally only worried about going to yard and playing cards! Inmates don't want to wear the masks that the state gives them and makes jokes and draws all over the masks. Officers continually try and convince inmates to wear the PPE that is given to them but usually get only grief from the inmates!
- I think my facility has done what it can to protect its staff, and possibly the inmates. However, a lot of us in administration are not actually "essential" to the daily running of the facility. With our facility being on lock down, transfers stopped, court writs and med furloughs cancelled, we actually have a lot of staff who are "essential" who aren't actually doing any work. It's frustrating as an employee to know that I am possibly being exposed to COVID-19 for no reason what so ever. It's frustrating to not be offered "work from home employment." It's frustrating to know that our office staff could have limited the days we were actually on site by creating a schedule, limiting our exposure. It's frustrating for me to work in a shared office with [REDACTED] other staff members who are certainly not 6 feet away from me. It's frustrating to know I could be exposing my children, just to come to work and sit there all day. It's frustrating being an "essential" employee but not receiving any medical testing, or paid time off due to COVID19. I am an essential employee coming to work every day, and receiving nothing except possible exposure. It's frustrating to know I am not being paid anymore to risk my children and family. As [REDACTED] I feel my position with IDOC is forcing me to choose between my paycheck and my family's wellbeing.
- Often, I will enter a cell house and many C/O's will not be wearing PPE properly or at all. Often you will find larger groups of employees hanging out in a small area not wearing any PPE. The C/Os will also escort offenders so they come in close contact with them and it was not until recently that they were "required" to wear PPE. Now that a nurse has tested positive...who by the way was symptomatic but was unable to take the time off long enough before getting docked by the employer, and having to use her own time. Also, said nurse was denied being tested right away, which is why they returned to work I believe, now it is just a waiting game for positive tests to start increasing. Not to mention, it was not brought to my attention that other staff members had also tested positive until this past Sunday. The only reason we have hand sanitizer is because we bring in our own along with our own Clorox wipes. Also, in desperate need of computers and printer paper. Thanks!
- IDOC has had an extremely delayed response in most safety measures regarding COVID-19. Staff are still not following safety guidelines. There is still quite a bit of movement throughout the facility. Educational staff have had unreasonable expectations placed on them regarding distribution/collection of educational packets. Some staff have been kept out of the facility, leaving others to pick up additional responsibilities and create more interaction with inmates directly. This creates a situation where staff are unable to limit exposure to inmates, increasing risk to contract/spread COVID-19. Meanwhile, EPSC is still being processed, but students are receiving an extremely low-quality educational experience.

- My facility has not taken the pandemic seriously. Administration tried to refuse to accept doctor notes requiring 2-week self-quarantine, even though that was the agreement between our union and CMS. The warden can constantly be heard whining and complaining about how IDOC is overreacting and how it's all such a joke-- when I think they, quite frankly, under-reacted. There's no reason that we, non-security staff members, couldn't have worked from home, just like IDES, DHS, DCFS, DMV, UMP-- the list goes on and on-- employees were allowed to do. It's very unfortunate that, once again, Corrections is treated like the red-headed step child of state agencies. Once the virus gets into our camp, we won't be able to get it out. I'll take it home to my children. And as if that wasn't bad enough-- then CMS denies our use of the Families First Act, claiming that we are "first responders." Any other time, this has NEVER applied to us. But now, suddenly, when it benefits them, I, a [REDACTED] staff member, am a first responder. I think that they have done a good job at providing PPE, but that that is a bare minimum approach.
- At first it seemed like we weren't prepared, but that quickly changed as the supply chain caught up to the demand. It seems that people are in good spirits and we are very thankful that we did not get hit like Stateville. The only thing that most of us felt was poorly handled was the decision to bring known COVID19 positive inmates into [REDACTED] when there were NO known cases. [REDACTED]. I do understand why the decision was made to relocate [REDACTED] here, but it was definitely disturbing as the moves heightened fears that the virus would spread throughout our facility. God protected all of us from the disease being transmitted. Overall, I am pleasantly surprised by the administrative response to the pandemic. Usually actions seem to be more "reactive" and although some would argue that this was the case with the current situation, all in all I believe there were also many "proactive" steps taken to stop the transmission of the new coronavirus. One more thing...I wish that more [REDACTED] could have been sent home. I think that those who were already slated to go home this summer should have just left in April. I get that the public is concerned about "violent offenders reentering the community," but people can suck it up and deal with it. Humans have a sin nature and there will continue to be violence whether from people currently incarcerated or from people who just haven't been caught or have enough money to pay off the justice system to avoid time behind bars.
- I believe IDOC has tried to do their best to keep this out of the institution where I'm at. The only thing I disagree with is if we have offenders get fevers and the wing goes on quarantine, they will still let offenders come out of cells in very limited numbers for 30 minutes at a time to use shower and phones. I understand it but at the same time safety should come first above offender phone calls. Three days of no phone calls is a lot better than possibly spreading any illness through an institution. Watch groups like yourself has it purpose but also hinders our jobs at the same time because if offenders complain that they went three days without phone calls due to possible illness there will be complaints to IDOC from your group even if this was done to protect the offender population. I feel our institution has done a good job dealing with this situation over all. We have offered cleaning supplies to offenders daily to clean their cells but we don't make them get them. We have workers wipe down phones after every use and door handles also get wiped down throughout the day. We have several new documents that we now have to fill out to show we are doing everything we can to limit this exposure to ensure we do not get any cases in our institution. Thank you for allowing us to do more work to make you guys happy.
- IDOC and our facility have taken adequate steps to protect staff and inmates. The big problem we have statewide is Wexford not doing anything to protect their employees. Wexford has not provided their employees with any PPE's and they have excluded their employees from the benefits that the state has received. We work with inmates every day who have tested positive or are in quarantine, we should receive hazard benefits like out state coworkers. Many Wexford employees statewide are ready to protest and send in grievances. We are also on the front lines and we matter. Thank you for letting us voice our concerns.
- We have enough soap in our department, because our department brings our own to work with us.

- Our facility has done a wonderful job getting what we need and keeping us all safe. Staff have really pitched in to keep the place clean! I believe we started way before it was advised on our cleaning and mitigation, collectively the staff took it upon themselves to protect this facility and everyone, staff and offenders alike!
- We never have gloves replaced. We are all buying our own from the internet which is not right. We have no normal hand sanitizer, the liquid crap they fill the bottles with is useless might as well be gasoline. The crappy masks made out of old jumpsuits are not N95 and when working with inmates that's what we all should have. When we open how are we ensuring that we are having all inmates tested especially ones coming in CCDOC to prevent the spread here. We should all be tested internally
- IDOC has done an okay to good job trying to address COVID-19; however, I work at the [REDACTED] where we have to see up to [REDACTED] inmates per day for [REDACTED]

We did not have proper PPE at that time and inmates were NOT 6 feet apart during the intake process. New inmates were just being placed in isolation for 14 days, but LACK OF A FEVER does not mean the inmates is not carrying the COVID-19 virus!!! Thus, why I am saying that IDOC was not timely in its response to COVID-19. To be fair, that was early on, and everyone, including IDOC was trying to adjust to the pandemic. I work for a private contractor at the facility who never provided any PPE to any of its staff. It is a provider that employs medical and mental health staff in several states in the USA. Quite amazing that their overall lack of response. Thank goodness for IDOC's mercy in providing us with PPE. Many of us had to buy our own PPE and now are buying more permanent daily masks on our own by preference. IDOC does offer N95 masks and other PPE to us and we are grateful. The masks the inmates are wearing are NOT sufficient, very flimsy, and are frequently not worn correctly. Inmates need better masks. What about the ventilation system? New inmates are automatically either quarantined or placed in isolation for the required time per medical protocols until medically cleared. However, when the inmate transfers start up again, and our facility has confirmed COVID-19 cases, how do we know for sure the all of the people (inmates and staff) in the facility are safe? Will the air system be adjusted to make sure that the virus does not spread via the ventilation system from the isolation housing units? It is a novel virus and so much remains unknown about how it can spread. Many staff members are sitting in the officers dining room without masks on because they have to eat. The issue is that they are NOT sitting up to 6 feet apart. This is very concerning!!! This is why I said that I disagree that the facility is taking adequate measures to protect staff from infection. HERE IS THE SINGLE MOST IMPORTANT CONCERN I HAVE FOR [REDACTED] AT THIS TIME***** : When intakes start again, and we receive inmates from many jails around the state, will [REDACTED] have multiple rapid testing devises available to make sure that EVERY inmate gets tested and gets the results before any staff have to have contact with them? We have to have sometimes over 10 minutes of contact per inmate which the disease experts have said many times could impact our ability to be completely protected even with head-to-toe PPE due to the constant exposure over prolonged hours in a day. We don't have any divider between us and the inmates in the private offices in the intake area. We measured out 6 feet from where each inmate sits in our particular intake offices; however, more needs to be done in the intake area to make sure every possible protection is being provided (i.e., hanging clear shower curtains as dividers or plexi glass dividers, making sure that inmates are 6 feet apart in the waiting line, etc.). Thank you for giving me the opportunity to express my concerns. It feels empowering to be heard!!! Thank you for all that you do.

- Overall communication from administration has been poor. I have mostly gotten my information about positive cases and fatalities from the news not directly from administration. This is particularly troublesome as I work directly with inmates at [REDACTED].
- Procedures change daily and supplies not provided
- Parole agent tested positive in [REDACTED] parole office and no one in our office was notified. Heard about infection through Facebook posting. Office has not been cleaned or sanitized and no one was told to quarantine.

- I do not feel like everyone who could have worked from home was given that option. The decision was taken away from the people who know what their staff do and given to people who made the decision based on large groups of people. This has caused many workers who could have worked from home easily to be lumped in as essential. This put more lives at risk by allowing more employees who could bring in the virus or get the virus and spread it once it was in the facility. The decision being made on who could work from home should have been given to department heads who have a better understanding of who can do work from home and who cannot. Even if that meant workers had to come in one day here and there to take care of needs that could not be done at home. This would have at least limited exposure for those individuals and would have allowed them if they had become infected to develop those symptoms at home and not spread it at work in the few days before symptoms presented.
- I work for Wexford, which is contracted by the State, in the Mental Health department. I come face to face with inmates and yet Wexford provides us NO PPE. The little PPE we have is State provided. Wexford shows little concern for their employees during this Global Pandemic and that fact is so very disheartening.
- There have been great efforts to keep areas clean but no one designated to clean common areas when porters are not available (staff restrooms, trash pickup, wipe door handles, supplying toilet tissue, paper towels, etc.) in areas other than sally port. There have been ample masks and gloves but hand sanitizer is not available throughout the facility. If gloves need to be changed, they are not located for all staff to access other than the main sally port. Some PPE is not provided to all staff who interface closely with inmates (crisis watch, psychiatric providers, etc.) but provided haphazardly. Obviously nursing providing direct care should have PPE but it is regularly given to transport staff taking patients to medical appointments (i.e. cancer treatment). Staff wear gowns, head coverings, and shoe coverings to walk to car (and mud) with clients who are not positive for COVID. The client is in regular clothes and their clothing not laundered upon return. New transfers are not held in quarantine to assess if they have symptoms of illness but staff have to complete all assessments within 24-48 hours upon arrival without full PPE and many direct care staff have concerns about exposure. There are insufficient work spaces to allow for social distancing and many direct care staff have to share work spaces (including computers) to complete documentation.
- I also have been receiving Covid-19 communication via institutional emails, which I did not see as an option. Stateville provided me with a mask, and I also brought my own N95s
- IDOC team is awesome. I haven't seen dedication, motivation, tireless work by IDOC staff and management during this COVID-19 crisis period. Staff are burned out but willing to fight the fight to ensure staff, inmates and public are safe. All staff despite of their duties at IDOC stepped up helping each other to get the job done. Kudos the leadership team.
- Unable to be 6 feet from other staff members when sharing a room with multiple staff that does not allow for adequate and safe spacing between. On a positive note, the soap is not being watered down currently. Myself nor my coworkers whom share a room were not given cleaning supplies to clean shared items in said room. Restrooms do not have cleaning supplies to wipe down after use.
- We were promised that all inmates and staff would be tested for the COROVIRIS-19. THIS HAS NOT HAPPENED YET!!!!
- Please get all the staff tested. We have had [REDACTED] staff members test positive and we need to be tested.
- Any site where an employee and or inmate has been found to be infected, should have all remaining inmates and staff tested. Some inmates and or staff may be carriers of this virus and not know it due to non-testing. All need to be tested. If not, when this pandemic is supposedly over and lifted, we just may start all over due to those carriers passing the virus on. Again, all inmates and staff should be

tested. Any new hires, should be required to take a Covid-19 test, showing that they are negative, at least for the next year. Otherwise, we could start this pandemic all over again.

- The "Inmate Specific Survey Questions": were geared more toward working in a cell house, but my inmate workers come to my area and I do not have any knowledge of most of the questions in this section.
- Staff are no longer given masks when entering the facility. Not given cleaning supply to clean their own station, I have to bring in my own
- My personal feeling is that IDOC has taken the pandemic seriously but has not stayed on top of the use of PPE. My facility has had a large number of N95/KN95 masks for a long time and has just now started issuing them to offenders. Staff has yet to be issued these masks and since we have not had a case at the facility the most likely way that it gets in here is through staff. We should be giving both staff and offenders the best masks we have to minimize any chance of the virus getting into a closed population.
- Outside of Healthcare, Security and the Admin building...no cleaning supplies were provided until third request on 4 [REDACTED], and no hand sanitizer has ever been delivered. Emails from facility are few and far between.
- Roll call was not stopped when ordered. It has been now but we are still crowding up by the entrance. Masks are only given to when you ask for them. The thermometers do not work properly. I usually seem to read 95-96 degrees which is not accurate at all. Some staff have been read at 93 degrees which is completely inaccurate. I do not feel as if some direct supervisors take this seriously. I never see my major wearing a mask. When they decided to run yard at the end of April, it only took a matter of days before we had another outbreak of 30-40 inmates. They keep switching the isolation unit which then contaminates more areas than necessary.
- covid 19 is a democratic play and is overreacted. Illinois pumps up numbers to keep people scared.
- Regarding Q26 Under normal operating procedure I work directly with inmates. During the Administrative Quarantine I have only limited direct contact with inmates.
- This entire situation has been a complete [REDACTED] and your association has not made it any easier. There were guidelines, ADs, and IDs that were established after the 2009 H1N1 fiasco and they were never followed. Everyone at JHA and IDOC act like this is completely new. It's not. H1N1 was far more deadly and far more contagious than Covid. Instead of following established procedures you and the Pritzker administration used the current situation for political gains. 4000 inmates released? Tell me that wasn't political. Q31 and Q32...want to know the REAL answer to those questions: no ODR would be issued because if there was our warden(s) would immediately throw it out, fearing reprisal from JHA. Procedures are changed multiple time daily because no one has the ball to make a decision out of fear from Springfield and JHA. We've bent over backwards to cater to inmates but said "screw you" to real line staff
- It would be my opinion that the gate house is not set up adequately to negate the transmission of the virus. While I recognize administration is without doubt trying to take effective measures, the flow of traffic through the gate house is far from desirable. Given this is the hub of the facility where everyone must enter and exit, I believe change is indicated. Furthermore, I anticipate much needed change in the deliverance of future healthcare standards. Hands on health care must be provided appropriate equipment (which is lacking because of high demand) before they can safely continue standard care. It is my sincere desire that this will be addressed appropriately with an emphasis of providing quality care while affording protection for both providers and residents.

- many offenders are not following the guidelines for proper mask utilization and are not requesting or using cleaning supplies provided for their living areas. Caustic sign out sheets are turned in blank daily due to offenders not utilizing available supplies. Multiple offenders are making false claims that staff are not properly utilizing PPE to harass staff members attempting to do their jobs. Hand sanitizer made available to offenders is being utilized rarely by the offenders.
- I don't think that proper levels of protection were given soon enough to staff or offenders. This created a much larger outbreak at our facility than would have been. I find it bothersome that the frontline workers for Corrections were not even valued enough to be securely protected from the start. They/we are ESSENTIAL employees with no choice to not be at our jobs and yet it is a very contagious hot zone of germs. [REDACTED] continued to get offenders coming in until 2 weeks AFTER the shutdown was in effect. Offenders were also not given any masks until about a month after the shut down and long after masks were being implemented by employees. The virus doesn't discriminate so all people in the facility should be given the protection they need.
- The Southern region should not be treated like the northern region. The entire South has not had the exposure nor the virus as Cook county alone. And keeping offenders quarantined longer than needed, may cause undue stress on the offender and staff. Each region should be looked at by numbers and treated as such.

Endnotes:

i The results reported herein are limited to surveys collected from people who work for IDOC. There were five people who indicated that they work for the Illinois Department of Juvenile Justice who completed a survey. These five surveys were not included in this initial report of results.

ii Not all percentages in tables and graphs will add to 100% due to rounding of percentages to one-tenth of a percent.

iii Many people who are counted as program or medical/mental health staff within prisons are not directly employed by IDOC. Rather, they are employed by private entities that provide services on a contractual basis.

iv “Unknown” indicates that no answer was selected by the survey respondent for the survey item reported.

v If a particular facility is not listed within this table, this is because no survey respondent who works for IDOC indicated they work for the facility in a survey.

vi Reversed Scaled: The order of the answers to Q38a and Q38b were reversed by JHA staff so that all graphs consistently report least optimal outcomes to most optimal outcomes, from left to right. What constitutes an optimal outcome is determined by JHA staff. In the instance of Q38a and Q38b, a staff person indicating that they strongly agree or agree with the statement was negative (staff experiencing more stress or being worried for the health and safety of their loved ones is not positive).

vii Not all percentages in tables and graphs will add to 100% due to rounding of percentages to one-tenth of a percent.

viii Prisons within security levels: Maximum (Menard, Pontiac—Max side, Stateville); Medium (Big Muddy, Centralia, Danville, Graham, Hill, Illinois River, Lawrence, Pinckneyville, Pontiac Medium, Shawnee, Sheridan, Western); Minimum (Decatur, East Moline, Jacksonville, Kewanee, Lincoln, Murphysboro, Robinson, Southwestern, Taylorville, Vandalia, Vienna); Mixed (Dixon, Joliet Treatment Center, Logan, Northern Receiving and Classification).

ix Joliet Treatment Center

x Northern Receiving and Classification/Stateville Minimum-Security Unit (a.k.a. “Stateville Farm”)

xi Counts for individual survey items represented by graphs in Section 3: Q4. Administrative (ADMN) = 54, Education/other programming (EDU) = 37, Health/mental health care (HMH) = 46, Other = 29, Security (CO) = 44; Q5. ADMN = 53, EDU = 37, HMH = 46, Other = 30, CO = 44; Q6. ADMN = 52, EDU = 36, HMH = 45, Other = 30, CO = 43; Q7. ADMN = 54, EDU = 37, HMH = 45, Other = 30, CO = 44; Q8. ADMN = 54, EDU = 36, HMH = 45, Other = 30, CO = 44; Q9. ADMN = 51, EDU = 35, HMH = 44, Other = 30, CO = 42; Q11. ADMN = 51, EDU = 36, HMH = 45, Other = 30, CO = 42; Q12. ADMN = 52, EDU = 36, HMH = 45, Other = 30, CO = 42; Q13. ADMN = 52, EDU = 37, HMH = 46, Other = 30, CO = 44; Q14. ADMN = 53, EDU = 37, HMH = 45, Other = 30, CO = 44; Q15. ADMN = 12, EDU = 17, HMH = 26, Other = 11, CO = 28; Q16. ADMN = 12, EDU = 17, HMH = 26, Other = 11, CO = 28; Q17. ADMN = 54, EDU = 37, HMH = 46, Other = 30, CO = 44; Q18a. ADMN = 54, EDU = 37, HMH = 46, Other = 29, CO =

44; Q18b. ADMN = 54, EDU = 36, HMH = 44, Other = 29, CO = 42; Q18c. ADMN = 54, EDU = 45, HMH = 45, Other = 29, CO = 44; Q18d. ADMN = 54, EDU = 37, HMH = 46, Other = 29, CO = 44; Q18e. ADMN = 54, EDU = 37, HMH = 46, Other = 29, CO = 44; Q19a. ADMN = 54, EDU = 37, HMH = 45, Other = 30, CO = 44; Q19b. ADMN = 54, EDU = 37, HMH = 45, Other = 30, CO = 44; Q19c. ADMN = 54, EDU = 37, HMH = 45, Other = 30, CO = 44; Q19d. ADMN = 54, EDU = 37, HMH = 45, Other = 30, CO = 43; Q19e. ADMN = 54, EDU = 37, HMH = 44, Other = 30, CO = 44; Q20. ADMN = 54, EDU = 37, HMH = 46, Other = 30, CO = 43; Q22. ADMN = 54, EDU = 37, HMH = 46, Other = 30, CO = 44; Q23. ADMN = 7, EDU = 5, HMH = 7, Other = 1, CO = 2; Q24. ADMN = 54, EDU = 37, HMH = 46, Other = 30, CO = 43; Q25. ADMN = 53, EDU = 37, HMH = 45, Other = 29, CO = 43; Q26. ADMN = 53, EDU = 35, HMH = 46, Other = 30, CO = 43; Q27. ADMN = 12, EDU = 28, HMH = 38, Other = 18, CO = 37; Q28. ADMN = 45, EDU = 36, HMH = 44, Other = 25, CO = 42; Q29. ADMN = 45, EDU = 36, HMH = 44, Other = 25, CO = 42; Q30. ADMN = 24, EDU = 20, HMH = 21, Other = 20, CO = 39; Q31a. ADMN = 41, EDU = 35, HMH = 44, Other = 24, CO = 41; Q31b. ADMN = 41, EDU = 35, HMH = 44, Other = 24, CO = 41; Q31c. ADMN = 41, EDU = 35, HMH = 44, Other = 24, CO = 41; Q34d. ADMN = 41, EDU = 35, HMH = 44, Other = 24, CO = 41; Q34e. ADMN = 41, EDU = 35, HMH = 44, Other = 24, CO = 41; Q33. ADMN = 41, EDU = 35, HMH = 44, Other = 25, CO = 42; Q34. ADMN = 41, EDU = 35, HMH = 44, Other = 25, CO = 42; Q35. ADMN = 41, EDU = 35, HMH = 44, Other = 24, CO = 41; Q36. ADMN = 41, EDU = 35, HMH = 44, Other = 25, CO = 42; Q38a. ADMN = 54, EDU = 36, HMH = 46, Other = 30, CO = 44; Q38b. ADMN = 54, EDU = 36, HMH = 46, Other = 30, CO = 44; Q38c. ADMN = 54, EDU = 36, HMH = 46, Other = 30, CO = 44; Q39d. ADMN = 54, EDU = 36, HMH = 46, Other = 30, CO = 44; Q38e. ADMN = 54, EDU = 36, HMH = 44, Other = 30, CO = 44; Q38f. ADMN = 53, EDU = 36, HMH = 44, Other = 30, CO = 44; Q38g. ADMN = 53, EDU = 37, HMH = 44, Other = 30, CO = 44; Q38h. ADMN = 53, EDU = 36, HMH = 46, Other = 30, CO = 44.

xii “No” was a possible answer to this question, but no person who works at a prison selected “no.”

xiii There were two facilities that were not listed within the survey (Joliet Treatment Center and Peoria ATC) due to a clerical error by JHA staff when the survey was created.