
Facility Report



Monitoring Visit to Sheridan Correctional Center 2021

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Key Observations

1. Sheridan's population has decreased substantially over the last several years, markedly from 1,684 on March 1, 2020 (immediately pre-COVID) to 954 on the date of JHA's June 2021 visit.
2. JHA commends the vaccine ambassador program for helping Sheridan achieve an over 70% vaccination rate for the population.
3. Vaccination rates among staff at Sheridan were significantly lower than rates among the population, and multiple people incarcerated there reported concerns about staff not consistently wearing masks.
4. Some people who were awaiting transfer out of Sheridan for disciplinary reasons had been held in segregation-like conditions for more than six months.
5. Similarly, conditions for people held in privilege-restricted C Grade housing were reported to be worse than in the disciplinary segregation or "restrictive housing" unit.
6. Concerns regarding COVID and lockdown restrictions detracted from positive programming opportunities at the prison at the time of the visit.

Recommendations

1. Improve consistency in incarcerated people's daily routines and in communication about daily procedure.
2. Incorporate use of rapid testing into COVID management to increase programmatic opportunities.
3. Reduce the amount of time a person can spend in temporary confinement before they receive a disciplinary hearing.
4. Consider the ill effects of extended time-in-cell on health and increase out-of-cell time, especially those in disciplinary transfer and C Grade housing.
5. Ensure that those waiting to transfer out of Sheridan are transferred in a timely manner.
6. Continue Substance Use Disorder programming for those on C Grade.
7. IDOC should review accuracy of public reporting of lockdown information. Based on observation and data collection, it does not appear that reports captured all intended incidents where individuals in custody are locked down.
8. IDOC must set out minimum out-of-cell time expectations for people in the general population exceeding those for restrictive housing.
9. Continue increasing payrates for incarcerated people who have jobs.
10. Set clear standards for when Earned Discretionary Sentencing Credit will be awarded and make standards available to incarcerated people and the public.
11. Do not restrict phone time as a disciplinary measure.
12. Ensure Wi-Fi capacity throughout prisons with special attention to healthcare units.

Introduction

Sheridan Correctional Center (Sheridan) is located in Sheridan, Illinois about a ninety-minute drive southwest from Chicago. Sheridan is a medium-security male facility and is dedicated to programming for Substance Use Disorder (SUD).

JHA conducted our first post-COVID pandemic monitoring visit at Sheridan on June 16, 2021. JHA also conducted a [COVID survey](#) at Sheridan and other IDOC facilities in April 2020, and received responses from 63.52% of Sheridan's population at the time.



For JHA's first 2021 post-pandemic prison monitoring visits to [Lincoln and Graham](#) in late March and our April [2021 Stateville visits](#), vaccine availability in the community was still limited. By mid-June, JHA was able to bring a larger group of six visitors to Sheridan. All JHA visitors are required by our organization to be fully vaccinated and to wear masks throughout the visit. At Sheridan, JHA visitors were asked screening questions about COVID-19 symptoms and exposure and had our temperatures checked before entering the prison. JHA has stressed the need for uniform enforced screening, which had not been consistent on prior IDOC visits. These protocols appeared to be in compliance with the CDC's recommended [verbal screening and temperature check protocols](#) for visitors to correctional facilities.

On the day of the visit, Sheridan had not yet resumed normal operation despite not being on medical quarantine status and not having had a positive test among staff or incarcerated people in more than two months. Administrators reported that yard, dietary, dayroom, visits, educational programming, vocational programming, and most mental health programming were running at reduced capacity, meaning that the number of people able to visit recreational areas or take part in programming at the same time was lower than it had been pre-COVID. For example, Sheridan's Home Builders Institute was reportedly running with a total of twenty-four people at a time, compared to a much higher maximum capacity prior to the pandemic. Additionally, the family reunification program run through WestCare and programs such as Thinking For a Change run by Sheridan clinical staff were halted entirely early in the pandemic and had not resumed at the time of our visit in June 2021, more than 15 months later.

Administrators did not know when they would be able to reopen further or how IDOC's Office of Health Services (OHS) was making reopening decisions. People who are incarcerated at Sheridan reported inconsistency in the frequency at which they were allowed to visit their dayrooms and the yard and how long they were allowed to spend there. They also reported not knowing when they were next supposed to be going to yard or commissary. Uncertainty can be a significant stress factor, and IDOC could minimize this additional burden on its population by keeping people informed about their expected day-to-day schedules.

Recommendation: The Illinois Department of Juvenile Justice (IDJJ) has effectively utilized COVID-19 rapid testing to expand visits and programming opportunities within its facilities. **JHA recommends that IDOC implement the use of rapid tests, which IDJJ reportedly receives from Illinois Department of Public Health at no direct cost, to allow facilities to reopen more fully.**

Restrictive Housing is generally considered to be confinement to a cell for more than 22 hours per day. JHA was especially concerned by the number of people being held in restrictive housing at Sheridan and the long periods of time several of them reported being there. Several people in the disciplinary transfer unit who were awaiting transfer to other IDOC prisons reported having been housed there for over a year with little access to programming or out-of-cell time. Some of these people reported that they wanted to be involved in programming but had instead spent the many months they had been on the unit just watching TV. JHA supports

IDOC's efforts to reduce the amount of time people spend in disciplinary segregation through its November 2020 revised [restrictive housing policy](#), but notes that many of the people confined to cells more than 22 hours a day during the pandemic at Sheridan are not in restrictive housing conditions for disciplinary segregation terms but rather because they are awaiting transfers or are on a restrictive C Grade housing unit. IDOC needed to reduce the backlog of people awaiting transfer from Sheridan. Sheridan should provide adequate out-of-cell time for everyone. This is especially critical as long as the transfer process remains significantly delayed.

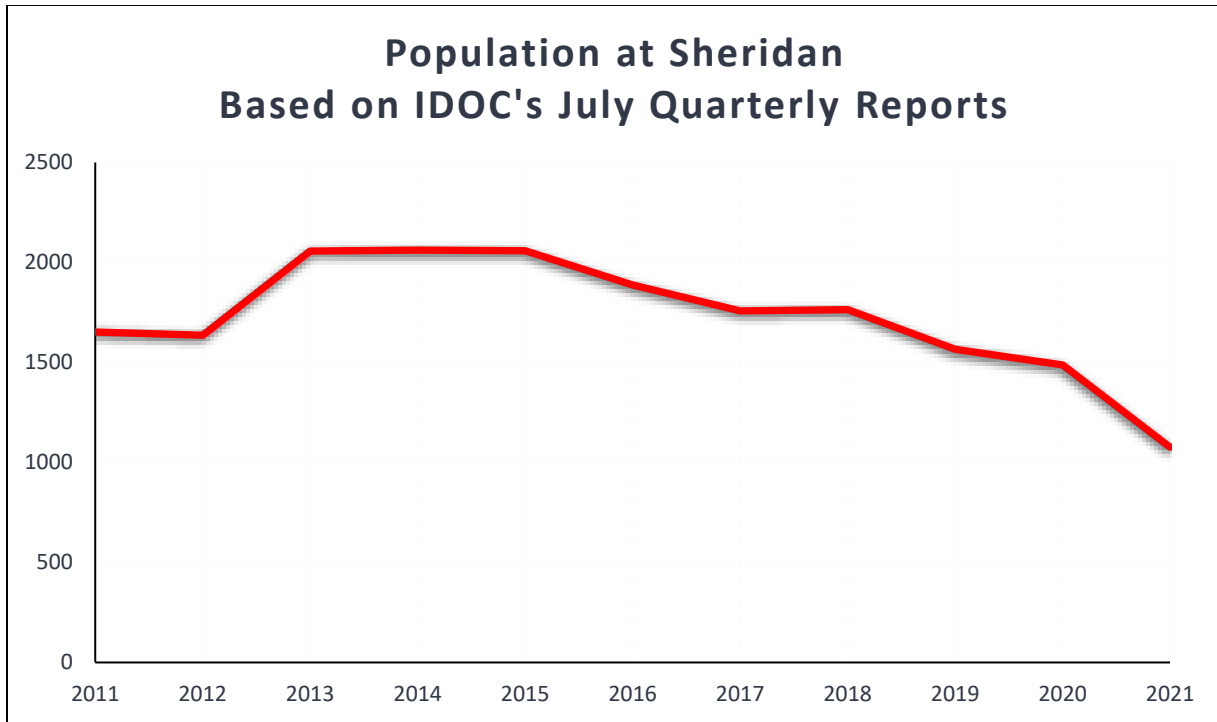
Background

Sheridan Correctional Center first opened as an adult prison in August 1973. It was initially built as a juvenile facility in 1941 and was used as such until its conversion into an adult prison.

Population

During the June 2021 JHA visit, administrators provided data showing that the population was 954, by far the lowest population Sheridan has had in the past decade. The 28% drop from July 2020 to July 2021 also represents the largest drop from one year to the next since the population began to fall in 2015.

According to the same documents, the treatment capacity was 1,776. IDOC's July 2021 [quarterly report](#) reflects that Sheridan's operational capacity is 2,044, which puts the facility at 47.2% capacity. This is a substantial decrease from January 2020, when an earlier version of the same report showed Sheridan at 80.3% capacity. The population capacity percentage dropped across almost all medium-security prisons in IDOC from an average of 90.6% capacity in January 2020 to an average of 74.5% capacity in July 2021. While Sheridan had the lowest percentage capacity of IDOC's medium-security prisons pre-COVID, population reduction at Sheridan was more pronounced than at most other medium security prisons in IDOC by July 2021. Sheridan was at 25% lower capacity than Shawnee, the medium security facility with the next lowest population capacity in terms of percentage. Sheridan administrators stated that the lack of movement within IDOC contributed to the low population. Reportedly by October 2021, the population was up to around 1200.

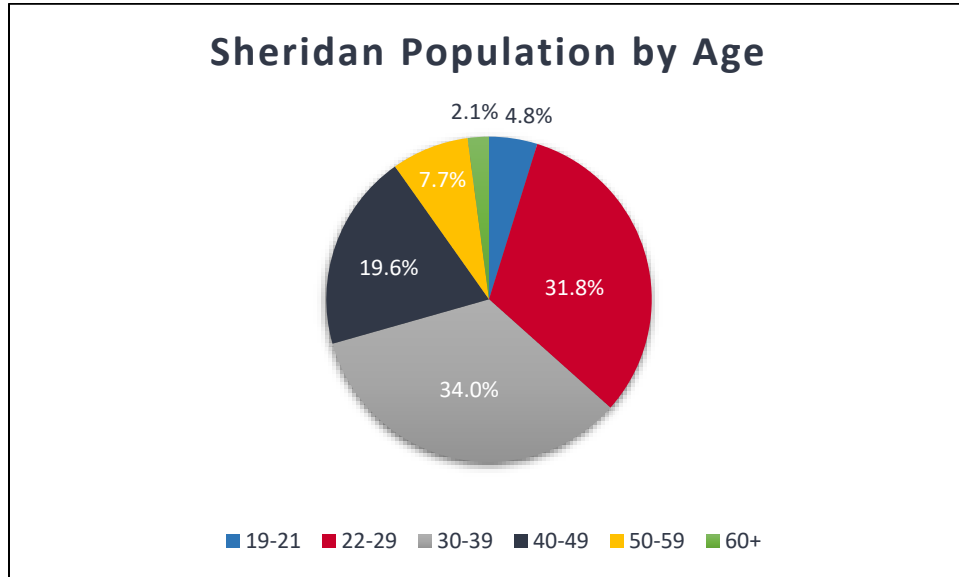


During our visit, administrators reported that they had reviewed an estimated eight hundred people incarcerated at Sheridan for Earned Discretionary Sentence Credit (EDSC), although it was not clear how many of those people had been awarded EDSC.

Based on data given to JHA during our visit, 57% of the 954 people incarcerated at Sheridan were Black, 32% were White, 10% were Hispanic, <1% were Asian, and <1% were of Unknown

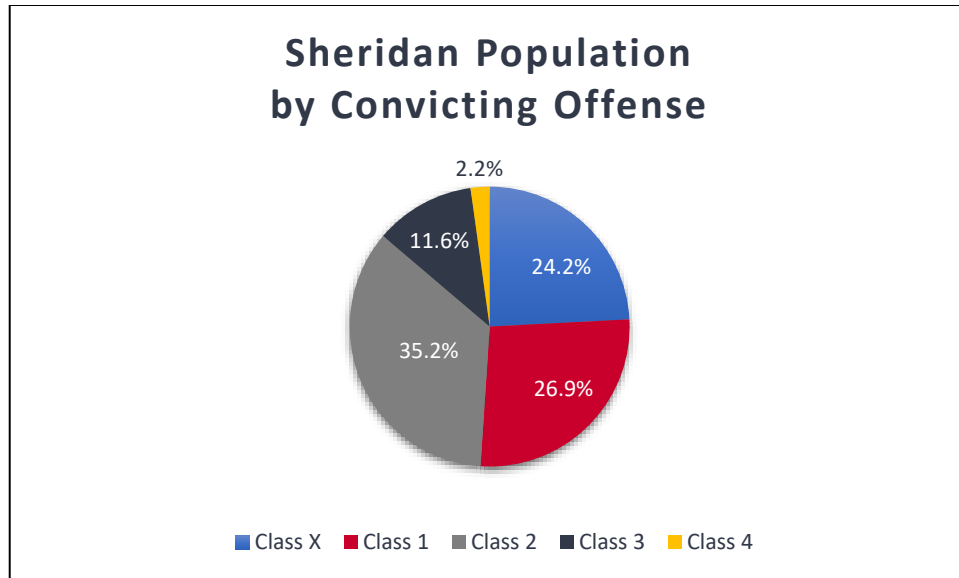
Over the course of the pandemic, administrators at Sheridan reported they had released about one hundred people through early release electronic monitoring, and they had one medical furlough. Additionally, over the course of the pandemic, people finished their custodial sentences and fewer people transferred in. Sheridan's current population size is down 75% from its pre-COVID population size of 1,642 in January 2020. Administrators expressed doubt that the population at Sheridan would return to its pre-COVID number.

race.¹ The average age of people incarcerated at Sheridan was 35, with approximately 65% of the population being between 20 and 39 years old. About 10% of the population was over the age of fifty.



24% of those at Sheridan were convicted of a Class X felony, 27% were convicted of a Class 1 felony, 35% of a Class 2 felony, 12% of a Class 3 felony, and 4% of a Class 4 felony. 31% were convicted in Cook County. Nearly all of the population at Sheridan was designated as low or no escape risk, with thirteen people designated moderate and two pending.

¹ Racial categories reflect IDOC data.



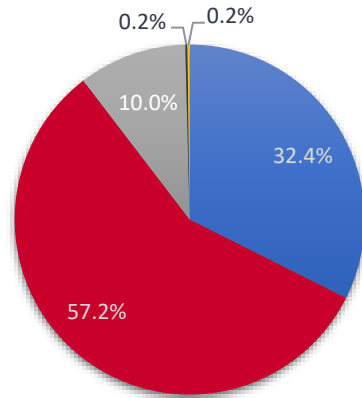
The average cost per incarcerated person at Sheridan was reported in documents provided to JHA to be \$24,240 during the 2020 fiscal year.

Staff

As of June 16, 2021, Sheridan employed 389 IDOC staff, 293 of whom were security staff and 143 staff who were contracted through third party providers such as WestCare, Lake Land College, and healthcare vendor Wexford. This represents a ratio of 6.5 incarcerated people to one IDOC staff person. Staff demographic information shared with JHA at the time of the visit showed that as of June 16, 2021, 84% of the staff at Sheridan were White, 7% were Black, and 8% were Hispanic.² The demographics of the contractual staff reflected a similar breakdown. This is not proportional to the demographics of the people incarcerated at Sheridan, more than half of whom are Black. However, it is roughly representative of the [demographics of LaSalle County](#), where Sheridan is located, which is 85% White. Of the state positions at Sheridan, 29% were held by female staff in contrast to the contractual staff, which was reported to be nearly 70% female.

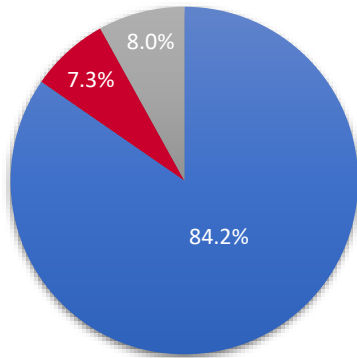
² Racial categories reflect data reported by IDOC.

Sheridan Population



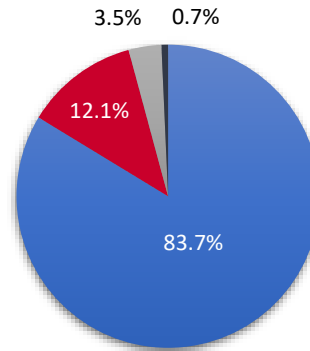
■ White ■ Black ■ Hispanic ■ Asian ■ Unknown

IDOC Staff at Sheridan

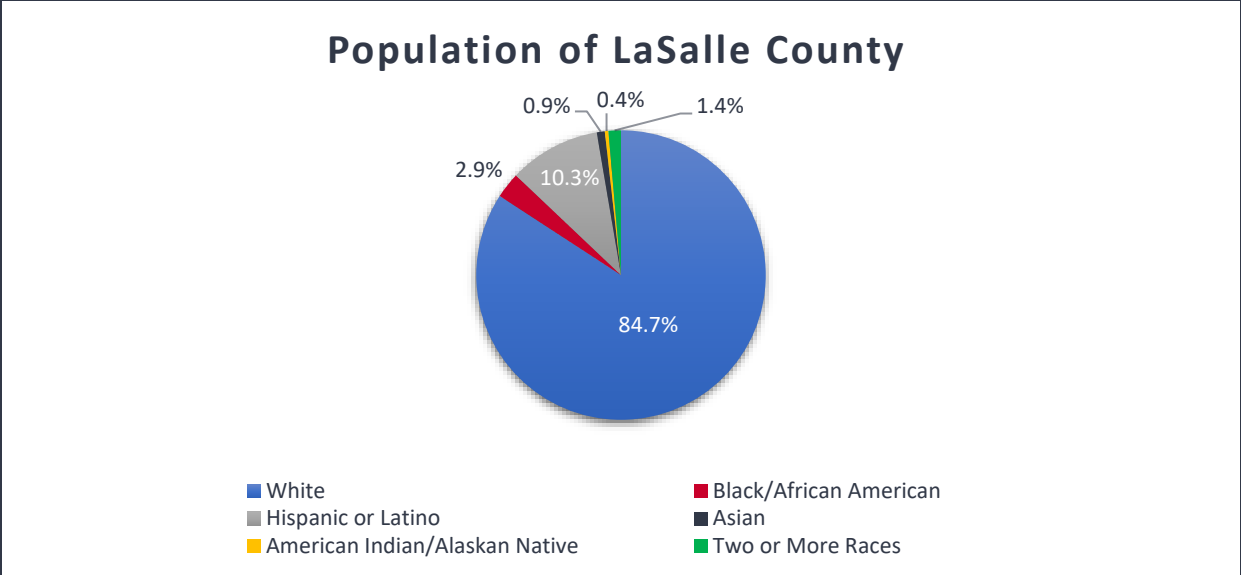


■ Caucasian ■ African American ■ Hispanic

Contractors at Sheridan



■ Caucasian ■ African-American ■ Hispanic ■ Biracial



Some individuals in custody JHA spoke with (mostly in the general population) said that they had no problems with staff. However, others reported that correctional officers felt they could get away with being disrespectful because those incarcerated at Sheridan risk losing their spot in the SUD program, where they receive treatment and earn sentencing credits. Some individuals who had recently been incarcerated at Danville, a medium-security prison in east-central Illinois, reported that staff there were better at interacting with people who are incarcerated. Another individual negatively compared staff conduct and interactions at Sheridan to East Moline, a minimum-security prison in northwestern Illinois. While the data is now several years old, in 2017 only 9% of people incarcerated at Sheridan who responded to a [JHA survey](#) either agreed or strongly agreed that staff at the prison treated them with respect, while 41% strongly disagreed. 12% of respondents agreed or strongly agreed that staff followed rules, while 33% strongly disagreed. Meanwhile [survey respondents](#) at Danville in 2018 felt generally more favorably about their relationship with staff. There was also a concern reported at Sheridan that correctional officers on second shift compete to write the most tickets.

Administrators at Sheridan told us that any staff member who writes more than ten tickets in a month is reviewed and required to defend the tickets written.

Staff also felt vulnerable to potential misconduct from people incarcerated at the prison. One correctional officer told JHA visitors that he would be uncomfortable displaying his first and last name on his uniform because he was concerned that people could find his address online and endanger his family. A female staff member agreed that she had some anxiety for the safety of herself and her family from her work. JHA understands the need to balance the safety of staff members with accountability through having staff names be visible, and notes that the first correctional officer expressed that he would feel comfortable displaying only his last name. JHA worries that putting the impetus to show identification on a staff member who may be accused of wrongdoing will lead decreased ability to hold staff accountable.

COVID-19

Sheridan is located in LaSalle County, which as of June 26, 2021 had a COVID-19 case rate of two cases daily per 100,000 people. Based on the CDC's classifications, this corresponds to moderate transmission, which is the second of four levels used to classify counties from lowest to highest incidence of COVID-19.

As of early August 2021, Sheridan reported a total of 464 cases of COVID-19 among the population and 157 cases among staff since the beginning of the pandemic. Among those, two staff members and one individual from the population were hospitalized at some point from their illness, but no one was hospitalized at the time of JHA's visit. To date there have not been any reported COVID-19 deaths at Sheridan. On the date of JHA's visit (June 16, 2021), it was reported that the last person incarcerated at Sheridan tested positive for COVID-19 on March 5, 2021, and the last staff member tested positive on April 4, 2021. However, as of August 27, 2021, LaSalle County was classified as a high transmission area with a positivity rate of 5%. At that time, Sheridan reported four cases of COVID-19 among staff and two cases among people who are incarcerated. JHA is aware that the number of cases of COVID-19 among people in IDOC custody as well as staff have been on the rise in 2021 since late summer. We continue to track the infection rates and advocate for everyone to get vaccinated and adhere to COVID prevention and mitigation strategies, including regular mask wearing, screenings, and surveillance testing. Continued efforts to reduce the prison population are also important. **JHA joins other groups in urging the Governor and IDOC Director to utilize all available mechanisms to release more people immediately.**

Administrators reported that people who were medically isolated would have their vital signs taken three times a day, and those on quarantine would have their vitals taken once a day. Generally, “medical isolation” is more restrictive and used for people who have confirmed positive cases, while “medical quarantine” is for individuals who may have been exposed to COVID-19 but have not tested positive.

During the height of the pandemic in 2020, Sheridan used a designated building for medical quarantine, in addition to quarantining people on their living units. During the Sheridan visit, we were told that during quarantines, people at Sheridan were let out of cells Monday, Wednesday, and Friday for phones and showers, that they had yard every 10 days, and that SUD programming was conducted by packets through the institutional mail. Such lengths of in-cell confinement meet [definitions](#) of solitary confinement or restrictive housing. Throughout the pandemic, JHA has continually requested from IDOC administrators more information regarding specifics of IDOC policy, protocols, and privilege expectations for these statuses, which we have not received. One individual described being in his cell with a cellmate for 13 months straight with nothing to do but watch TV, and he said he had back pain from just sitting. JHA continues to ask for IDOC to share information that makes clear what restrictions are expected during medical quarantine and isolation status to better differentiate the statuses, and so we can help inform people what out-of-cell time and activity access they can anticipate.

Reportedly a total of 464 people passed through Sheridan’s designated quarantine unit, and the maximum number of people on the unit at one time was in the low 60s. One individual at Sheridan reported in a letter to JHA in June 2021 that he had not been moved into a quarantine or isolation unit after testing positive for COVID-19: *“I was in C8 building when I was infected by the virus. I NEVER isolated. They kept me in the same cell with the same celly, saying the whole building was infected.”* Another individual we spoke to during the visit also described remaining celled with someone who had tested positive.

While 87% of those who responded to JHA's 2020 [COVID survey](#) from Sheridan answered they would tell IDOC staff if they thought they were sick with COVID-19, more than 6% said they would not. One Sheridan respondent wrote that *"Inmates are afraid to let anyone know they are sick because this place will send you to seg. Treat it as punishment... take your TV."* During the visit, JHA spoke with someone who reported he believed he had contracted COVID-19 when he was moved to a new unit during a power and heat outage, and he shared that although he was very sick and many people around him were also sick in bed, he did not tell staff.

As with JHA's COVID survey results, people at Sheridan expressed concern during the visit regarding the virus and their ability to keep their personal space clean. 52% of respondents to JHA's COVID survey

responded that they had not received enough cleaning supplies in the past week to make their cells clean. 18% responded that they had not received any cleaning supplies at all. JHA visitors in June 2021 heard from multiple people incarcerated at Sheridan that they are supposed to be able to clean their cells weekly but had not been able to for multiple weeks. Administrators at Sheridan replied that cleaning one's cell and the dayroom on a weekly basis is part of the WestCare treatment program and that cleaning supplies are dropped off on housing units every day. Reportedly, on days that are not official cleaning days, those incarcerated at Sheridan are able to receive cleaning supplies to clean their cells upon request. Additionally, administrators emphasized that porters sanitize the common areas twice a day.

One person reported that he was not able to clean his cell for a week and a half after moving into it. He was told that his cell had been cleaned beforehand but noted that it did not smell like cleaning supplies. Another reported that based on the lack of smell, he believed the cleaning supplies he was given to clean his cell were too diluted to be effective.

Early in the pandemic, commissary spending at Sheridan was also reduced from \$150 to \$50, and commissary was held once a month rather than twice a month. Some people reported being able to go to commissary even less frequently than monthly. This seems to have been a particular point of hardship for those incarcerated at Sheridan, as complaints about commissary featured heavily in the comments JHA received from the COVID survey. One individual wrote, *"We have not had commissary in forty days."* Another wrote, *"We haven't been to commissary in*

almost a month and don't know when we going." 89% of survey respondents answered that commissary had not run on schedule the week before they completed the survey. JHA notes that IDOC has raised the commissary spending limit and frequency since the COVID survey was conducted.

Since our visit, IDOC has been experiencing an agency-wide disruption in commissary. JHA has received complaints from people incarcerated at Sheridan that they are unable to buy laundry detergent, among other products, from commissary. In October 2021, Sheridan administrated acknowledged that this was true and shared that they were distributing the industrial detergent used by the prison to wash linens on the housing units so incarcerated people would be able to do their laundry free of charge. Administrators speculated that incarcerated people might be frustrated by their current inability to choose the brands they like. JHA understands how the ability to make choices about detergent and hygiene products might be especially important for incarcerated people, who have many decisions about their lives made for them.

As noted above, Sheridan was not under any COVID-19 medical quarantine as of June 16, 2021; however, recreation and programming were running at reduced capacity in order to promote better physical distancing and allow for cohorting. SUD programming continued remotely through packet work during the pandemic and had gone back to in-person groups with a lower capacity than they had before the pandemic at the time of our visit. Sheridan administrators indicated that decisions about reopening specific programs are made by IDOC's Office of Health Services (OHS). Administrators reported that they did not know how these reopening decisions were made but suspected that IDOC was waiting to hit a specific vaccination threshold statewide before reopening more fully.

Sheridan had been accepting transfers from other state prisons for six weeks at the time of JHA's June 2021 visit and had a group of 67 new people on intake who were single-celled for a fourteen-day quarantine period. At the time of JHA's visit, Sheridan was quarantining everyone who arrived at the facility regardless of vaccination status despite June 9, 2021 CDC [guidance](#) stating that prisons could modify practices for vaccinated people with no symptoms.

Vaccination and Testing

As of the JHA visit date, Sheridan reported a vaccination rate of 70% for people who were incarcerated—a success which administrators credited to the peer educator “vaccine ambassador” program.³ An update received from IDOC in late October 2021 indicated that the vaccination rate among incarcerated people at Sheridan was 64%, slightly below average of 70% across IDOC. This apparent decline may be the result of new people entering the prison and could indicate a continued need for the vaccine ambassador program. The vaccination rate was reportedly 40% for staff, which was in line with IDOC averages but slightly lower than average for LaSalle County. As of late October 2021, the staff vaccination rate had reportedly increased to 65%, well above IDOC’s average of 49%. JHA was pleased to see this but notes that there is still much room for improvement. During our visit, administrators told us that the policy was for both incarcerated people and staff to wear masks in common areas. JHA visitors observed some staff wearing masks below their noses. Several people who wrote to JHA from Sheridan expressed fears about getting COVID-19 from staff. For example, one person wrote in the comments of JHA’s COVID survey, *“Some C/Os do not wear a face mask while walking on the wing while doing their rounds and sometimes they open up our cell without having a face mask on.”*

Sheridan administrators reported they would continue to offer the Johnson & Johnson vaccine to those incarcerated. Administrators described logistical hurdles involved in providing the Pfizer and Moderna vaccines because they require multiple injections spaced a certain number of weeks apart in addition to requiring cold storage. During the visit, one person incarcerated at Sheridan expressed hesitation about getting the Johnson & Johnson vaccine specifically, due to the reputation of the company and the prior suspension of use. Someone shared that he had chosen to be vaccinated to be able to “get moving” again, in contrast to the COVID movement restrictions at the prison. Another person stated that he had chosen to be vaccinated at another prison in the hope that it would help him get transferred, although IDOC has indicated there is no different or preferential treatment for people in custody based on vaccination status other than differences for visitation. Administrators indicated that they did not intend to offer

³ The vaccine ambassador program is further discussed in JHA’s 2021 [monitoring report](#) for Stateville Correctional Center.

vaccinations onsite to staff again because of increased availability of the vaccines in the community.

The CDC [currently recommends](#) boosters for those who received the Johnson & Johnson vaccine two or more months ago and to those who received the Pfizer or Moderna vaccine six or more months ago and live in high-risk settings, including prisons. Given that Sheridan and many other IDOC prison administered the Johnson & Johnson vaccine, JHA suspects that a significant number of Sheridan's vaccinated population is currently eligible for a booster. However, Sheridan administrators reported in October 2021 that they did not know when boosters would be available to their population. An IDOC administrator indicated that they were awaiting approval from IDPH and expected this to happen *"in the near future."* On the date of this call, Sheridan reported no current positives from incarcerated people but two staff positives. LaSalle County was reporting a positivity rate of 1.86%, a case rate of 99.38 out of 100,000, and was rated as an area of substantial transmission. **JHA emphasizes the urgency and importance in assuring that the incarcerated population has access to recommended vaccines.**

One individual who had refused the vaccine when it was initially offered at Sheridan and had since changed his mind wrote JHA in June 2021 to tell us that he had not been offered another chance to receive the vaccine. *"At first I did refuse to take the vaccine COVID-19 shot because I was curious about side effects. Now when Johnson & Johnson came out with it, I put in a request to have the vaccine shot. I was told I'd be put on the list to get the next batch of vaccine shots to be issued."* He went on to describe being sent in circles and told he needed to do things he had already done in order to get the vaccine. As of writing JHA in June 2021, he had not been vaccinated. IDOC provided requested data to JHA showing that by late July 2021, 68 people had been vaccinated at Sheridan since June.

Sheridan halted surveillance tests on vaccinated staff two weeks before JHA's visit. Administrators reported that unvaccinated staff were tested once a week, which matches CDC guidance for correctional facilities located in communities with substantial or high transmission. IDOC administrators stated that frequency of surveillance testing is based on OHS determinations that consider community and prison-specific factors. People who have tested positive within the prior 90 days are reportedly not retested within that period unless otherwise required, as may be the case for outside medical treatment.

One person incarcerated at Sheridan stated the prison began conducting regular COVID-19 tests in January or February of 2021 and that they initially did COVID-19 testing every three days but cut back to once a week not long after. He reported that he was unable to get tested after his cellmate tested positive for COVID-19 because he did not have symptoms. He did not say when this occurred, so it is unclear whether IDOC was testing regularly or whether he had been vaccinated at the time. According to CDC guidance for correctional facilities, those with known exposure to COVID-19 should be tested regardless of vaccination status. Another person expressed concern that the COVID-19 test swab was not being collected from what he believed was far enough up his nose. After he complained about this to staff repeatedly, someone eventually explained the procedure, but he wanted outside confirmation that the test was being administered correctly.

On the date of our visit, there were no incentives for staff to get vaccinated other than not having to test. Since the visit, Illinois has offered a special lottery for frontline state employees who get vaccinated and on August 4, the Governor announced a [vaccine mandate](#) for state employees in congregate settings, including prisons. The date for compliance has since been [delayed](#).

Conditions for Those on Restricted Housing Statuses

While most of Sheridan's population is in general population and treatment housing units, JHA's visit focused on people in restricted housing statuses. Sheridan has seven K-houses and two X-houses. One of the X-houses, C25, houses those arriving at the facility. At the time of the visit, after being quarantined for two weeks, newcomers would spend 30 days on one wing of C25 for orientation and then another 30 days on another wing in the same house as they got acclimated to the WestCare SUD program. The restrictive housing unit for people with disciplinary segregation time is on C4 and held six people at the time of our visit. Disciplinary transfer housing and [C Grade](#) housing were on C8. Some of the K-houses were closed due to the smaller population. Others were being used as isolation and quarantine units for COVID-19.

Restrictive Housing

People are housed in what IDOC now calls the “[restrictive housing](#)” unit on C4, formerly known as segregation, while on [temporary confinement or investigative status](#) and as a sanction after being found guilty of a disciplinary ticket. Temporary confinement is a confinement status an incarcerated person may be placed on pending a disciplinary hearing. Investigative status is a confinement status an incarcerated person who is accused of wrongdoing is placed on while the matter is investigated. IDOC’s [public reporting](#) shows that at Sheridan, a total of 72 people were placed on temporary confinement between July 2020 and June 2021, 77 were placed on disciplinary segregation, and 62 were placed on investigative status. At the end of June 2021, there was a reported end-of-the-month count of seven people on temporary confinement and one in disciplinary segregation.

# in Sheridan in RH unit	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	June 2020
Temporary Confinement	6	13	3	5	6	0	3	4	5	6	6	15
Investigative Status	6	6	4	2	4	1	5	8	4	12	10	0
Disciplinary Segregation	8	3	7	9	3	0	3	6	7	8	13	10

The restrictive housing unit, like the vast majority of housing within IDOC, is not air conditioned. A JHA visitor noted that a thermometer hanging on the wall in one of the restrictive housing wings showed the temperature to be in the mid-eighties, while the outdoor high temperature in Sheridan, Illinois on June 16, 2021 was 76 degrees according to Weather Underground’s historical weather data, meaning that either the restrictive housing unit was close to ten degrees warmer than the outside temperature, or the thermometer was broken. Several people incarcerated in the cell house complained about pests, including ants and cockroaches, in their cells.

The [Illinois Administrative Code](#) requires those in restrictive housing receive at least eight hours of out-of-cell recreation a week, which includes yard. However, the Administrative Code also

provides that *“out of cell recreation may be temporarily restricted or suspended if the Chief Administrative Officer determines the activity to be a threat to the safety and security of the facility or any person.”* The segregation yard at Sheridan’s restrictive housing unit was reportedly open Monday through Friday for two hours a day and sometimes had evening hours. However, each individual only went to yard for a portion of that time.

JHA heard mixed reports from people on this unit about access to yard. One person told JHA that he had gone to yard that morning. Another described being confined to his cell all day everyday with no opportunity for physical activity, but it was unclear how long he had been housed on the unit. **JHA reiterates the importance of having out-of-cell time and also the need for clear communication of policies around this so that people understand what to expect in terms of time out-of-cell and have the opportunity to try to manage the difficult experience of isolation.**

People incarcerated in Sheridan’s restrictive housing unit were reportedly given the opportunity to shower every day and to make a phone call twice a month. This shower and phone access was better than what was reported to JHA in other units at Sheridan, particularly in the disciplinary transfer and C Grade housing areas. Reported lockdowns seemed to be partially responsible for this discrepancy in general population. On the restrictive housing unit, phone calls are allowed on specific days, and anyone who is not on the unit that day may miss their opportunity to make a phone call. Some people reported they had not yet had a phone call. Some people reported they were not permitted to have their photos on the unit, which JHA does not believe is an [official policy](#).

Mental health staff continues to meet with those in segregation on the unit. JHA observed a mental health professional meeting with a patient at a table in an otherwise empty dayroom while we were passing through the unit. JHA visitors spoke with multiple people in the segregation unit who had not yet had hearings on their tickets, one of whom mentioned that he had already been on the unit for thirteen days. Typically, tickets should be heard [within 14 days](#); however, the rule allows for exceptions. The individuals awaiting their hearings did not know how long they would be confined on the restrictive housing unit.

Importantly, IDOC's [new policy](#) on restrictive housing provides that disciplinary segregation shall be progressive, starting at seven days, in contrast to a potential wait time of up to two weeks for a disciplinary hearing. This means that, in effect, people can spend twice as long in restrictive housing as they could have received as discipline because of the amount of time they spent awaiting a hearing.

Disciplinary Transfer and C Grade Housing

The disciplinary transfer unit is where those who were removed from Sheridan's SUD program, either by request or involuntarily, are held while they await transfer to another prison. Sheridan requires people incarcerated there to participate in SUD programming, so anyone removed voluntarily or involuntarily from the program is transferred to another prison. Disciplinary transfer was located on the first floor of cell house C8. People on this unit live in double cells which appeared small and dark to JHA visitors.

People on this unit reported mold, leaks, chipping paint, and water damage in the cells. JHA visitors were unable to verify these claims as it was difficult to see into cells. Two people sharing a cell stated that they had not had hot water in five months. We heard multiple complaints about the quality of drinking water on the unit. People JHA spoke to compared the taste and smell to chlorine and sewage. People on the unit also complained of mice and cockroach infestations. One individual wrote to JHA in June 2021, "[There is black mold, asbestos, and chipped paint throughout this building. There is lead and other minerals in the water due to old steel pipes.](#)"

One person awaiting his hearing reported that he had been doing well in SUD group but got in a physical fight with his cellmate who is mentally ill and was decompensating from being on constant lockdown since October 2020 and attacked him. He hoped his ticket would be thrown out when he had his hearing and was not angry with his cellmate. His cellmate was also in segregation, and the individual reported staff had allowed him to pack his cellmate's property, which should have been done by staff, as people report that items often go missing when other incarcerated people pack their property for movement to segregation. In this case, however, the individual reported he had put some food and a note in the box because he was worried about his cellmate's well-being and forgave him.

JHA reiterates the importance of routine inspection of facilities by local health authorities. It is unreasonable and detrimental to the health and safety of people who live and work in prisons that they are not routinely inspected in the same manner as other congregant care settings, such as residential facilities that house the elderly and hospitals. Holding IDOC to the same standards of hygiene and sanitation through monitoring by state and local officials and publicly reported findings is an important first step in acknowledging the need for humane conditions in prisons.

Those incarcerated on the disciplinary transfer unit did not have access to programming, and COVID-related restrictions on transfers had resulted in people being stuck on the unit for prolonged periods of time. One person we spoke to reported that he had been involuntarily transferred to the unit months before and was bothered that he now had no way to earn credits towards time off his sentence and nothing to do except watch TV.

JHA spoke to people who had been on the unit awaiting transfer in restrictive housing conditions, including reportedly spending more than twenty-three hours a day in their cells, for up to a year and a half. Someone incarcerated on the unit reported to JHA during the June 2021 visit that staff had told him months before that he had been approved to go to another prison but had no idea when he was being transferred. He was also reportedly told that he had to wait until after his transfer to have dental work done. He had been on the disciplinary transfer unit for about six months. [Public IDOC Operations and Management reporting](#) from June 2020 through June 2021 indicates that Sheridan has only made one disciplinary transfer between July 2020 and June 2021, and other IDOC Quarterly [reporting](#) shows 65 transfers out from Sheridan between July 2020 and May 2021, compared to 198 between July 2019 and May 2020. Administrators indicated that some people who are transferred out of Sheridan for disciplinary reasons may transfer out as lateral transfers if a determination is made that they had been disciplined sufficiently at Sheridan.

The discomfort of being confined to a cell for twenty-three hours a day is a significant detriment, as is the loss of the ability to earn sentencing credits that result in a shorter amount of prison time. Many of the offenses that result in pending transfer out of Sheridan are minor or not harmful to others, such as refusing programming, and the near-total stop in transfers out of Sheridan has resulted in people who committed minor offenses serving months-long restrictive housing terms.

The second floor of cell house C8 housed people on C Grade. C Grade is the lowest of the three privilege grades assigned to those incarcerated in IDOC. Individuals on C Grade are not eligible for any institutional privileges other than yard, a limited commissary selection, and visits, excluding use of video visitation. According to data given to us by administrators during our visit, twenty-seven people, about 3% of the population at Sheridan, were on C Grade. People in C Grade are not required to be housed together, but some prisons have adopted the practice of having C Grade housing units or areas because it makes it easier to manage privileges. For example, on a general population unit it would be harder to enforce people not using the phone or getting commissary goods by trading with others who still had those privileges. JHA has been concerned by what we have heard from people in such housing, which often seems more punitive than necessary.

Incarcerated people are able to appeal being C-graded as with other disciplinary sanctions, but those we spoke to did not feel that the appeals process was helpful. Additionally, people can request that their status be reviewed and reduced every 90 days, but some people reported they did not succeed. JHA has advocated for such reductions to be automatic where people do not get new tickets. Someone also noted that Sheridan had “30-second” disciplinary hearings, implying that people in custody are not permitted to state their case. JHA staff was invited to return and sit in on disciplinary hearings by staff, and we hope to do so in the near future.

Those on the C Grade unit were able to participate in the Another Chance program offered through Texas University, which is focused on keeping them in the SUD program.

Administrators stated that, prior to the pandemic, those on C grade had the option to continue participating in groups, and during the pandemic, they were offered the ability to participate via packet work. Reportedly, this afforded those on C Grade with the continued ability to earn EPSC. Regardless people in C Grade housing had similar complaints to those in the disciplinary transfer unit about how being on C Grade gets in the way of their contracts, preventing sentencing credit awards and resulting in longer sentences. They also had similar complaints about the taste of the water in their cells, and some reported that it was brown. One individual reported to a JHA visitor that he had successfully requested water quality reports through the Freedom of Information Act and that the reports showed that the water was unsafe to drink. The JHA visitor was unable to independently review the reports.

People in C Grade housing were permitted to have a fan in their cell and could buy them through commissary. They were not permitted to buy hotplates but could keep them if they already have them. There is a [\\$30 limit](#) on commissary spending for people on C grade as specified in the Administrative Code and people are not typically permitted to buy food items.

At the time of the visit, Sheridan administrators reported five Corrections Food Service Supervisor vacancies.

JHA believes Sheridan’s C Grade housing unit restrictions are overly punitive, especially in light of the similarities between C Grade housing and restrictive housing, **and recommends that those on C Grade continue to receive SUD programming. JHA also continues to**

recommend against the restriction of visitation and phone calls to loved ones as a disciplinary measure, given the critical role a strong support system in the community plays in rehabilitation and recidivism reduction.

JHA heard from several people throughout Sheridan that meals provided by the facility do not contain enough food, and one person reported that he had lost almost forty pounds since being housed in C8. One individual wrote, *“We been losing weight up in here because the kitchen don’t feed us nothing but bologna at least four times a week.”* Sheridan provided documents stating that menus are drafted to “maintain a caloric range from 2800 to 3000 calories per day.”

Movement

JHA visitors heard conflicting information about movement within Sheridan. One person in custody stated during the visit that *“everything is back to normal except yard,”* while a second reported that the prison was constantly on lockdown and the population was not told why. (However, this individual noted that he did know the reasons for two recent lockdowns, which were due to security concerns. One was reportedly in response to a staff person’s handheld radio going missing in the facility. The individual reported that another was because of a “lights out” in the control room.)

Administrators told JHA that the prison had been on lockdown for “three or four days” because a staff radio had gone missing in the facility, but several people in the general population reported that they had not been to yard in two weeks and one person reported that he had only had out-of-cell time on two days in the past three weeks. JHA again notes that IDOC’s [public reporting](#) indicates that Sheridan has not been locked down since January 2021, which appears completely inaccurate based on reports from both staff and incarcerated people at the prison. JHA has previously observed and reported that IDOC “lockdown” reporting has been inconsistent and incomplete throughout COVID and does not capture information about the restriction of people as intended.

Concerningly, [IDOC public reporting](#) reflects zero lockdown days at Sheridan during June 2021, despite this being widely acknowledged during the visit.

JHA heard from several individuals between January and June 2021 that they were only allowed to come out of their cells for thirty minutes three days a week. One such person wrote in June 2021, *“I understand the nature of this COVID-19 pandemic and the steps that need to be taken to keep it under control, but we have been on lockdown for the past year, only allowed to come out of the cell three days a week . . . We are not getting any yard or recreational time, so we cannot exercise so we can keep our health together.”* Another person wrote in January 2021, *“That’s a total of six hours a month that I’m outside of my cell!”*

Someone during the June 2021 JHA visit shared that during lockdowns, correctional officers did not share any information or maybe did not know what was going on either. Another person shared with JHA that he had a learning disability and could not read, and the lockdown had been especially hard on him because he was single-celled and could not ask anyone for help or did not feel safe disclosing this vulnerability to others around him.

In November 2020 when the facility was under medical quarantine, incarcerated people were reportedly going to yard every ten days because of restrictions on the number of people who could be in the yard at a time, but administrators indicated that at the time of the June 2021 visit, they were able to provide more yard time including “night yard.” However, JHA visitors consistently heard from people incarcerated at Sheridan that they had not had yard in over a

week, which may have been due to security lockdowns. One individual wrote in May 2021, *“Haven’t been to yard in over a month because they haven’t let us go.”* Another wrote in May 2021, *“We have not gotten yard in 45+ days.”*

One incarcerated person housed in a re-entry unit reported during the June 2021 JHA visit that their dayroom time was still extremely limited and some days they were not allowed to go to the dayroom at all. He felt that Sheridan was run like a maximum-security prison compared to Shawnee, the slightly larger medium-security prison located in southeastern Illinois where he had previously been incarcerated. Another person reported that their out-of-cell time was often cut short of what was scheduled. A third person stated that the amount of out-of-cell time they were allowed was dependent on which correctional officer was on duty. Lack of consistency across IDOC regarding minimum out-of-cell time expectations both before and since COVID has been an issue negatively impacting many people who are incarcerated, due to the frustrating lack of clear information and policy on which to base expectations. **JHA has long recommended IDOC address this very real area of difficulty as it impacts so many people throughout the system in myriad negative ways.**

Programming

Administrators at Sheridan estimated that 350 incarcerated people were currently involved in educational or vocational programming in addition to participating in SUD programming. This represents just over a third of the population. IDOC’s July 2021 [quarterly report](#) indicates that 143 people had taken part in educational or vocational programming in May 2021. However, this data only covered those involved in Adult Basic Education (ABE), Advanced ABE, Adult Secondary Education, and the barbering, career technologies, culinary arts, and horticulture programs, so it may not reflect the true amount of participation in educational and vocational programming. JHA was told that delays in administration of the Test of Adult Basic Education (TABE) during the pandemic had resulted in delays for people being placed in some educational and vocational classes.

Sheridan offers vocational programming provided by the [Home Builders Institute \(HBI\)](#), which includes five modules: carpentry, masonry, plumbing, electrical, and building construction technology. The program head estimated that about 75% of the curriculum is hands-on. People in the program complete construction projects for use in the prison and for organizations in the

community. Due to limitations imposed for social distancing considerations, six people are permitted per module at a time. The program hosts separate sessions in the morning and afternoon, which means a total of twenty-four people can be enrolled in HBI at once. We were told this was a significant drop from the number of people who were able to participate in the program prior to the pandemic.

JHA visitors were shown benches and birdhouses that students in the carpentry module were working on and a brick spiral archway built by students in the masonry module. The program leader reported that Sheridan is talking to unions regarding apprenticeship opportunities for students, but there is reluctance on the part of the unions to provide them. Sheridan administrators shared that some HBI students, in addition to people in custody who work in the maintenance department, have served as successful “force multipliers” to increase peoplepower and address physical plant issues. JHA commends this practical use of skilled labor and workplace training to improve living and working conditions.

Sheridan offers a 51-week Industrial Machining and CNC Technology Training Program through the [Illinois Manufacturing Foundation](#). The program is broken down into three modules, which are focused on classroom skills, machine skills, and computer skills. This program offers students the ability to earn up to five professional certificates. The program also provides students with assistance in finding employment after release.

Sheridan also runs an Illinois Correctional Industries (ICI) Recycling Program. This program trains those incarcerated at Sheridan in areas that include recycling process, industrial machinery, forklift operation, warehousing, and inventory. Applicants must have a TABE score of 6.0 and be A Grade for admittance into the program. As of June 30, 2021, ICI has ended the sale of its products outside IDOC and reports that it is shifting focus from turning a profit to providing vocational training. ICI also announced that it will be raising payrates for its incarcerated workers by about 10%. JHA hopes that this shift in priorities will result in better, more thorough vocational training for those with ICI jobs and hopes to see payrates continue to increase towards Illinois’ minimum wage.

JHA visitors visited the library, which had a circulation desk, a law library kiosk, several shelves of books, and posters encouraging reading on the walls. At the time of JHA’s visit, Sheridan’s regular librarian was reported to be on a leave of absence due to a recent injury. One individual

wrote to us two weeks before our visit, *“As of today, the law library is closed due to the woman who runs it has had a personal injury and no one has filled her spot.”* At the time of our visit, a temporary librarian had been approved but had not yet started. We were pleased to hear that a replacement had been found but note that people in custody need to be consistently provided with timely law library access and services.

While the prison was locked down during COVID, the librarian reportedly went door to door through the cell houses and took orders for books. However, one person wrote in May 2021, *“No one could go to law library at all, so we had no access to books nor kiosk, and law library state employees often refused to look things up for us or didn’t know how to do so.”* At the time of our visit, Sheridan had returned to filling requests by slip. There was one law library kiosk in the library. Administrators told us that there had been an incarcerated person serving as a law clerk prior to the pandemic, and they expected the incoming librarian would have one as well. However, at the time of our visit, there was no law clerk. There was also no notary. Staff had been using notary replacement paperwork, and we were told that the new librarian was a notary. Law clerk training and the services law clerks provide are useful and important to both the clerks and the population they serve. IDOC should increase opportunities for people in prison to acquire these skills and provide useful assistance to others.

Other programming at Sheridan that is not offered by mental health staff also addresses behavioral issues. Sheridan’s clinical services team runs programs such as [Thinking for a Change](#), a cognitive behavioral program that focuses on building social and problem-solving skills; [A New Direction](#), a cognitive behavioral substance use program that supplements WestCare’s programming; and [START NOW](#), a skills-based program designed to treat behavioral disorders. Sheridan was unable to offer Thinking for a Change while COVID restrictions were in place because it is designed for a group of twelve students and two leaders and requires real-time roleplay and feedback. A New Direction and START NOW were both operating remotely. On October 27, 2021, Sheridan administrators reported that WestCare groups were running in person with a limited capacity, which was five to seven for some groups and ten to twelve for others, depending on the group and the size of the space. Those incarcerated can also receive Earned Discretionary Sentencing Credits (EDSC) for these programs.

During JHA's June visit, there was confusion among both staff and people who are incarcerated about how the new day-for-day credit scheme would be implemented starting July 1, 2021. Incarcerated people wanted to know whether all jobs were included and whether it applied to contracts that were already in progress on the effective date. JHA understands incarcerated people's frustration about not knowing when they are going to be released but also understands Sheridan staff's reluctance to make promises before the new provisions had been interpreted by IDOC's legal department. It is critical that implementation of these new provisions be clarified and used consistently and as intended to incentivize program participation leading to earlier release and a lower prison population. Because many people incarcerated at Sheridan are fortunate to be able to participate in SUD programming and also work or go to school, it was anticipated that people could be earning many more days under the new rules.

Administrators also told us that they were moving away from a presumption that incarcerated people would receive EDSC and towards using it as an earned incentive. A memo from IDOC to individuals in custody dated June 15, 2021 states that those who are eligible "will have the opportunity to earn EDSC based on a combination of positive behavior, demonstrated commitment to rehabilitation, and compliance with an individualized case plan, all at the discretion of the Director." JHA cautions that programs with a discretionary rewards system often result in confusion among the incarcerated population and perceptions of favoritism and unfairness that can be counterproductive to the program's goal. Adding to this problem is that there is little consistency in how eligibility and application of credits may be interpreted and awarded across facilities. JHA hopes an expansive interpretation and application of credits will result in uniformity throughout IDOC.

Outside Communications

Individuals on the disciplinary transfer and C Grade units complained to JHA that they were not able to access the phones or that they only received a small amount of phone time per month. Some stated that they had fewer of these privileges than they would receive on disciplinary status on the restrictive housing unit, which is not what is intended, as C Grade is supposed to be a lesser sanction. It is dangerous for higher disciplinary statuses or higher security facilities to have greater privileges or perceived privileges because this creates a perverse incentive for people to act out or possibly endanger others.

As one person housed in C8 who wrote to us in June 2021 put it, *“They took our TVs, phone calls, dayroom, yard, and gym.”* With very limited phone calls and no visits, people housed in C8 complained that most of their communication with family is in the form of letters. However, some of them have children who are too young to write. Others at Sheridan have shared concerns regarding mail. Someone commented in JHA’s COVID survey that because commissary was limited and inconsistent, he had not been able to buy envelopes. Additionally, people incarcerated at Sheridan have reported substantial delays in mail delivery. One person said in January 2021, *“The mail is usually a month late. You can see the postdates on the envelopes are usually a month or older.”* Another said in January 2021, *“The mail is behind almost two months.”*

During COVID, IDOC lifted phone restrictions for people on C Grade. We were told by administrators at Sheridan that those restrictions were back in place at the time of the June 16, 2021 visit. However, at Decatur, the female minimum-security prison JHA visited the next day, we heard that women on C Grade could still make calls without grade-related restrictions under COVID relief measures. The loss of phone privileges as a result of being on C Grade continues to be both counterproductive to pro-social development and establishing or re-establishing relationships with family and loved ones. **JHA continues to strongly recommend that IDOC not restrict access to phone calls as a disciplinary measure.**

During the Sheridan visit, one individual reported he continued to get tickets and stay on C Grade just for trying to stay in touch with his family. In his case, someone else reportedly stole his phone Personal Identification Number (PIN), and he said staff were supposed to investigate this and did not. Out of desperation, he used someone else’s PIN to check on his family, was caught, and his C Grade continued with a new ticket, creating a vicious cycle.

Several people in both general population and orientation units at Sheridan also reported to JHA visitors that they were not allowed to make phone calls as often as they were supposed to and that they had to compete with others over the phone. Again, IDOC does not have clear, consistent expectations for how often an individual should be able to use the phone. One person stated that on his unit, forty-eight people had one hour to use eight phones. This equates to ten minutes of phone time per person during their allocated dayroom time if everyone had equal access. Another individual on a different unit reported that he shared one phone with sixteen other people. This makes phone time into a scarce resource that people feel

they need to compete for, thereby increasing tension and the likelihood of fights. Requiring many people to use only a few phones over a short period of time also seems likely to create an environment where people do not have time to thoroughly clean the phone between uses. On JHA's COVID survey, only 50% of respondents felt that those around them cleaned shared items such as phones after use.

At the time of the June 2021 visit, IDOC was preparing to move to [Phase II](#) for in-person visitation on July 1. In Phase II, vaccinated people and unvaccinated people have different visiting times. Everyone must remain masked at all times. During vaccinated visiting times, three visitors per incarcerated person are allowed to visit together at a time. They are able to hug, share food, and use the vending machines in the visitation area. During unvaccinated visiting times, incarcerated people may not have physical contact with their visitors and may not play card games or board games, and they are not permitted to use the vending machines. All visitors must continue to schedule their visits online or over the phone ahead of time. Children who are too young to be vaccinated must visit during unvaccinated visiting times.

IDOC had increased video visits to help mitigate the impact of COVID visitation restrictions. However, video visitation has been a source of frustration for some. One incarcerated person at Sheridan stated during the visit that video visits were "*a mess*." In the comments for JHA's COVID survey, someone wrote of the housing unit kiosk, "*Our video visit tablet is broke so my visit was cancelled*." Administrators agreed there had been technical issues with video visits. When free video visits were first offered in 2020, not only was technological infrastructure an obstacle, but people reported not knowing how to access the free video visits prevented them from having one. 81% of respondents to JHA's COVID survey replied that they had not gotten a free video visit in the past week in April-May 2020.

Healthcare

At the time of the June 2021 visit, Sheridan administrators reported they had a temporary, part-time medical director, a doctor, fourteen nurses plus five nurse vacancies, and six Wexford C.N.A.s. There were nurses onsite at all times. According to documents provided by Sheridan during JHA's visit, the medical director was onsite 40 hours a week and on call at all times.

Sheridan's healthcare unit has a capacity of ten. When JHA visited, there were four people housed on the medical unit, split between those who had chronic conditions that required them to stay on the unit and those with acute illnesses. There was a rolling video visit kiosk on the healthcare unit, but one individual told JHA that Wi-Fi for tablets was unavailable.

Lack of access to tablet connectivity has been an issue at many IDOC facilities, and JHA notes that the ability to use tablets seems especially important in the infirmary, where many individuals may not be able to participate in more active programming. **We recommend IDOC ensure Wi-Fi capacity throughout prisons with special attention to healthcare units.**

According to documents provided by Sheridan on the day of the visit, the facility provides dental services, laboratory services, X-rays, and ultrasounds onsite. Sheridan also offers several specialty clinics with consulting physicians through tele-med: Ophthalmology, Diabetes, Hypertension, Asthma, Seizure, High Risk, and General Medication. Reportedly, other health specialties and treatment requiring hospitalization are provided by the University of Illinois Medical Center in Chicago (UIC). On a monthly basis, Sheridan reports that it sends approximately forty people to UIC for consultation and approximately one person for a scheduled medical procedure that requires hospitalization, with the average length of admittance being three days. For emergencies that require ambulatory transport to a hospital, documents provided by Sheridan indicate that people incarcerated there are typically sent to Valley West Hospital in Sandwich, Illinois, about twelve miles away. Sick call takes place every day and usually covers between 20-30 people. According to [documents published by IDOC](#), medical staff at Sheridan fielded an average of 507 sick calls per month in FY 2021 (July 1, 2020-June 30, 2021).

A dentist is reportedly onsite ten hours a week spread over four days. Sheridan offers routine cleanings, but these do not typically occur every six months. Additionally, administrators report that they have not been able to offer all of their usual dental services during the pandemic.

Mental Health

At the time of JHA's visit, Sheridan had six fulltime mental health professionals on staff, five of whom had a master's degree and three of whom were clinically licensed. There were no mental health vacancies, and Sheridan administrators stated that their open mental health positions tend to be filled quickly.

Staff reported that there were about four hundred people on the mental health caseload, meaning that they are regularly seen by a mental health professional. This averages out to caseloads of

nearly seventy for each mental health professional. An administrator estimated 200 to 250 people take psychiatric medication, while documents provided by Sheridan administrators estimated that 277 individuals are seen by a psychiatrist per month.

During COVID, administrators reported that Sheridan's population saw an increase in the amount of sleep and anxiety medications prescribed.

During the visit, JHA spoke to one individual who had also written to us who reported he had been trying to get a new longer sock to cover the area of his amputation to fit within his prosthesis, but instead was provided with a new prosthesis that had a crooked fit and made things even more uncomfortable, giving him blisters. As of the time of JHA's visit he was still trying to get the type of socks initially requested and was avoiding movement, including programming and limited out-of-cell time or recreation, due to his discomfort.

Over the past year, [IDOC reports](#) that Sheridan has had an average of 150 patients on its seriously mentally ill (SMI) caseload. As of June 2021, 14% of Sheridan's population was classified as SMI. An administrator reported that the mental health needs of Sheridan's population are relatively low compared to other IDOC prisons because those with more debilitating mental health conditions would struggle to participate in the SUD

programming mandatory for people who are incarcerated at Sheridan.

Administrators told us that during the pandemic, mental health staff did weekly rounds on each unit and saw patients in dayrooms in the cell houses. Sheridan had transitioned back to in-office meetings shortly before our visit. However, mental health professionals reportedly continued to do weekly rounds on the segregation unit and were observed during the visit to be meeting with someone in the dayroom.

Mental health staff reportedly hold treatment groups for specific issues, including anxiety, trauma and grief, and depression. Administrators stated that during the pandemic, Sheridan increased the availability of grief counseling through use of both mental health staff and the chaplaincy. Mental health staff also reportedly meet with individuals to provide one-on-one services and initial psychological evaluations and monthly follow-ups.

The most common conditions among those incarcerated at Sheridan are reported to be mood disorders such as anxiety and depression. Staff noted suicidal ideation is not uncommon, but suicide attempts and self-harm are rare. Staff did note an increase in the number of crisis calls but reported that many could be managed by a mental health professional sitting down with individuals and helping them produce ideas to manage the increased amount of time spent in their cells. One individual who wrote to JHA in June 2021 reported he did not find Sheridan's crisis intervention helpful and explained, "*I called for a crisis team to talk about what's going on mentally with me and they send C.O.s.*" People may not understand that crisis team members trained to respond to such requests largely include security staff, and mental health staff will not necessarily respond immediately to crisis calls. The consent decree in [*Rasho v. Jeffreys*](#), a class action lawsuit seeking to improve the availability and quality of mental health treatment within IDOC, requires some involvement by a mental health professional within twenty-four hours of an individual being placed on crisis watch, but it is not clear how long an individual must be on crisis watch before an actual consultation with a mental health professional is required.

Two crisis cells are located on the medical unit, and administrators told us there were five cells on unit C8 allocated as overflow crisis rooms. Administrators reported that generally, three or four people are placed on crisis per month and that this number has not increased during the COVID pandemic. Data published by IDOC shows that there were an average of 5.6 people

placed on crisis watches per month in FY 2021 at Sheridan in comparison to 4.75 per month during FY 2020. Of the total number of crisis watch observations that occurred at medium-security IDOC facilities, 2.5% happened at Sheridan in FY 2021 compared to 1.5% in FY 2020. Sheridan held a larger proportion of the medium security male population during FY 2020—8.7% versus 6.3% during FY 2021. The Report of Monitor Concerning Compliance with Injunction Orders filed in the [Rasho v. Jeffreys](#) case in August 2021 found that across IDOC, the use of crisis watch decreased from an average of 625 a month in the period of summer 2019 through spring 2020 to 457 a month from the same period in 2020-21, so the increase in crisis watches at Sheridan, while small, may be meaningful and correspond to the stresses of the pandemic.

One staff person at Sheridan said that in most crisis calls, the individual was not having suicidal or homicidal ideation and had called a crisis in order to speak with mental health staff about something else. The staff member described people “tying sheets around their necks” as a formality to trigger a crisis call. He estimated that Sheridan saw three or four “genuine” suicidal gestures and one case of homicidal ideation per month. During the visit, JHA spoke to someone who expected to come off crisis watch soon who said he had been very upset about his inability to have documents notarized but said he was frustrated and not actually a danger to himself or others. Another individual told us that someone else threatened to hang himself after he had assaulted someone and knew he would be in trouble. In both of these situations, it seemed that the stress of ongoing COVID restrictions had exacerbated the situation.

Substance Use Disorder Program

Sheridan offers a therapeutic community model focused on treating SUD through the nonprofit vendor [WestCare Foundation](#). According to documents provided by Sheridan, during FY 2021 416 people were admitted into the SUD program at Sheridan, and approximately 98.5% of those completed the program. The SUD curriculum reportedly emphasizes responsibility and accountability and involves a cognitive behavioral therapy element.

WestCare also holds smaller programs that address other issues ancillary to SUD, including a Young Men's Aggression program that meets for two hours a week and was completed by twenty people during FY 2021. WestCare also offers a 25-week Certified Associate Addiction Professionals (CAAP) Program to those wishing to become substance use counselors upon release. Due to COVID restrictions, this program was only offered to three students at a time. WestCare normally offers a group family reunification program for a limited number of men and their families that meets five hours a month. However, due to COVID restrictions on visitors entering the prison, at the time of the June 16, 2021 visit, this program had not taken place since before March 14, 2020.

While the prison was locked down due to the pandemic for medical quarantines, people incarcerated at Sheridan participated in WestCare's programming through packet work via the internal mail system.

The people we spoke with did not identify complaints with Sheridan's SUD program, although one individual said he would like additional SUD programming. One incarcerated person we spoke to during the visit recalled that his packet work had been lost and he had to redo it.



This report was written by JHA staff. Media inquiries should be directed to JHA's Executive Director Jennifer Vollen-Katz at (312) 291-9555 x205 or jvollen@thejha.org

Incarcerated individuals can send privileged mail to report concerns and issues to the John Howard Association, P.O. Box 10042, Chicago, IL 60610-0042. JHA staff are reading every letter and tracking this information to monitor what is occurring behind prison walls and to advocate for humane policies and practices. Family and friends can contact JHA via our website www.thejha.org or by leaving us a voicemail at (312) 291-9183.

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 all the persons who agreed to be interviewed for this report and who graciously shared their experiences and insights with us.



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