PREA AUDIT REPORT ☐ INTERIM ■ FINAL

COMMUNITY CONFINEMENT FACILITIES

NATIONAL PREA RESOURCE CENTER

BJA Bureau of Justice Assistance U.S. Department of Justice

Auditor Information			
Auditor name: Marie J. Carter Calvin			
Address: 11820 Parklawn Drive, Suite 240 Rockville, MD 20852			
Email: marie.carter@nakamotogroup.com			
Telephone number: (904) 962-4300			
Date of facility visit: March 30-31, 2016			
Facility Information			
Facility name: Peoria Adult Transition Center			
Facility physical address: 607 Main Street, Peoria, IL 61602			
Facility mailing address: *(if different from above)*			
Facility telephone number: (309) 671-3162			
The facility is:	☐ Federal	■ State	☐ County
	☐ Military	☐ Municipal	☐ Private for profit
	☐ Private not for profit		
Facility type:	☐ Community treatment center ☐ Halfway house ☐ Alcohol or drug rehabilitation center	■ Community-based confinement facility ☐ Mental health facility	☐ Other
Name of facility's Chief Executive Officer: Levorne Clemons			
Number of staff assigned to the facility in the last 12 months: 29			
Designed facility capacity: 248			
Current population of facility: 230			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 20-76 years old			
Name of PREA Compliance Manager: Levorne Clemons	**Title:**	Acting Center	
Email address: Levorne.Clemons@doc.illinois.gov	**Telephone number:**	(309)671-3162	
Agency Information			
Name of agency: Illinois Department of Corrections			
Governing authority or parent agency: *(if applicable)*			
Physical address: 1301 Concordia Court, Springfield, Illinois 62794			
Mailing address: *(if different from above)* P.O. Box 19277, Springfield, Illinois 62794			
Telephone number: (217) 558-2200			
Agency Chief Executive Officer			
Name: John Baldwin	**Title:**	Acting Director	
Email address: John.Baldwin@doc.illinois.gov	**Telephone number:**	(217) 557-6010,	
Agency-Wide PREA Coordinator			
Name: Mike Funk	**Title:**	Manager, Jail and	
Email address: Mike.Funk@doc.illinois.gov	**Telephone number:**	787.607.4409	

AUDIT FINDINGS

NARRATIVE

The on-site visit to conduct a Prison Rape Elimination Act (PREA) compliance audit of Peoria Adult Transition Center (ATC) was conducted March 30-31, 2016. The facility is a multi-story building that houses adult males. Peoria ATC provides supervision, sanctions, reintegration programs and services to offenders. They promote public safety through these interventions and partnership with communities and criminal justice entities. They are committed to maximizing the offender's ability to be a self sufficient and law abiding citizen. The standards used for this audit became effective August 20, 2012. The agency director and the Agency-Wide PREA Coordinator had been interviewed previously. As part of the audit, a review of all PREA policy and a tour of the facility was completed. At the time of this audit the facility employed 30 staff. The resident population was 230 adult males.

An entrance meeting was held with the Acting Center Supervisor/Facility PREA Compliance Manager, the Agency-Wide PREA Coordinator, the Agency-Wide PREA Coordinator Backup, and a Correctional Resident Counselor I to discuss the audit and schedule of activities.

In addition to the entrance meeting, the audit consisted of a tour of the facility, review of supporting documentation and interviews with staff and residents. The staff were questioned regarding PREA training, the Agency zero-tolerance policy and first responder responsibilities, to include victim/assailant separation, reporting mechanisms and requirements, available interventions,conducting interviews, evidence collection, retaliation monitoring and follow up.

Fifteen random resident interviews were conducted. At the time of the audit, the population did not include residents who were limited English proficient or who self-identified as transgender, intersex, gay or bisexual and there were no residents who refused to be interviewed. Residents receive information regarding the program during intake screening. Arriving residents are provided a facility specific PREA information handout. The residents are provided information with reporting mechanisms, to include anonymous third-party resources for reporting. PREA information is also posted in the housing areas and bulletin boards throughout the center. Residents were very knowledgeable of the PREA reporting options and the zero-tolerance policy.

Interviews were completed with nine random, one specialized/contract staff and one administrative staff. Through interviews, the auditor found the staff to be very aware of the PREA. Staff were knowledgeable about the Agency's zero-tolerance policy, their first responder duties, reporting responsibilities and reporting/referral mechanisms to ensure a safe environment for residents and staff. The Agency's policy prohibiting cross-gender viewing and cross-gender pat searches was in practice at Peoria. Resident interviews support staff's compliance with the facility's prohibition of cross-gender viewing and pat searches. Staff receive PREA related training as part of their initial training at the Academy and annually, thereafter, as part of refresher training.

During the past 12 months, the facility had no allegations of sexual assault/sexual harassment. Any and all allegations would be referred to the Deputy Director, who in turn, would determine how the allegation(s) would be handled.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Peoria Adult Transition Center is located in downtown Peoria and has has been in operation since June 16, 1985. The facility is a three-story brick structure, housing administrative offices, counseling, volunteer and educational programs and up to 248 male residents, both Permanent Party and Pre-Release status. The facility is housed in a 48,000 square feet building with 248 beds in dormitory style rooms. There are eight, ten, and 12-bed resident rooms located on the second and third floor with the the first floor housing administrative offices, the security shift office, control center, vending machines, visiting room and the dietary area. There is also an outside recreation area located on the first floor.

The facility is designed to meet all handicapped accessible regulations with ADA handicapped rooms and ADA bathroom facilities located on the floors designated for housing. The building is equipped with an internal elevator that is designed to hold fifteen people of 2,500 pounds. There are seven video cameras on the premises with conclave mirrors also being used to enhance staff supervision and security of the residents.

The facility provides a variety of services to residents to prepare them for release to the community. Types of services available include, but are not limited to, educational counseling and academic enrollment, vocational training and counseling, job placement, substance abuse counseling, parenting, and leisure time activities. Residents may be required to participate in alcohol and/or drug abuse counseling and GED or ABE/Life Skills programming as recommended by the Department or mandated by the Center Supervisor. The facility works with Sadona Job Staffing and Career Link to provide employment workshops for the residents which include, but are not limited to, resume writing, interview preparation, employment matching and mentoring, communication and social skills and professional conduct at work. Residents are also able to go to workshops at local colleges, libraries, social services and faith-based agencies.

Additionally, the facility maintains a Resident Benefit Fund, which was set up to provide services, not projected for in the operating budget, to residents. The money comes from interest earned from the trust fund, proceeds from vending machines, washing machines and donations. The money is used to solely purchase equipment for resident's use, education and to finance resident participation in recreational activities, such as children's visiting room activities, special programs and special holiday events.

SUMMARY OF AUDIT FINDINGS

An exit meeting was held on March 31, 2016 with the Acting Center Supervisor/Facility PREA Compliance Manager and the Agency-Wide PREA Coordinator/Agency Jail and Detention Standards Manager, Agency-Wide PREA Coordinator backup, and a Correctional Resident Counselor I. The facility staff were found to be extremely courteous, cooperative and professional. Both staff and residents were knowledgeable with regard to the PREA program. All areas of the facility were found to be clean and well maintained.

During the tour, it was discovered that the facility was not able to provide a private shower to a transgender or intersex if one was housed at the facility. The facility shower area was open and up to six inmates could shower at one time with no privacy. The facility corrected the situation by creating a private shower in each shower area in each unit. The private shower allows the facility to provide a transgender or intersex inmate the opportunity to shower privately which is in accordance with the standard.

Number of standards exceeded: 0

Number of standards met: 38

Number of standards not met: 0

Number of standards not applicable: 1

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Illinois Department of Corrections (IDOC) Administrative Directive (AD) 04.01.301 meets the mandates of this standard. The Agency's zero tolerance against sexual abuse is clearly established and the policy also outlines the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment allegations. Zero Tolerance posters are displayed throughout the facility. Both facility staff and residents are provided with a variety of opportunities to become aware of PREA. The review of training records and staff interviews confirmed that staff, volunteers, and contractors, who have regular or frequent contact with residents, receive PREA related training during initial orientation and annually, thereafter. The designated Agency-Wide PREA Coordinator and the facility PREA Compliance Manager indicated that they have sufficient time and authority to coordinate efforts to comply with PREA standards.

Standard 115.212 Contracting with other entities for the confinement of residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The agency meets the mandates of this standard. All agency contractual agreements were modified to incorporate the language requiring contractors to adopt and comply with PREA standards. The auditor reviewed the State of Illinois Standard Contract for Confinement of Inmates, Section 1.3.1.9, page 11, which mandates that the Vendor comply with the PREA of 2003 and the National Standards to prevent, detect and respond to prison rape as contained in 28 CFR, part 115.

Standard 115.213 Supervision and monitoring

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 05.01.101, Staffing Plan meets the mandates of this standard. Policy requires the facility to review the staffing plan on an annual basis and update it as necessary. An interview with the Acting Center Supervisor confirmed compliance with the PREA. Safety and security procedures are the primary focus, when considering staffing patterns and video monitoring. There are seven cameras located throughout the facility which is monitored by the control center. Concave mirrors are also used to enhance the security of the facility. The facility's composition of the resident population and the prevalence of incidents of sexual abuse are also considered when developing staffing patterns. The facility does not deviate from their established staffing plan and, when vacancies occur, the facility endeavors to quickly fill the positions with qualified employees.

Standard 115.215 Limits to cross-gender viewing and searches

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Under no circumstances, does the facility allow cross-gender strip searches or cross-gender visual body cavity searches by non-medical staff. Cross-gender pat searches are prohibited by policy, as well. All staff reported that they received cross-gender pat search training, during their initial in-service training and annually, thereafter. Interviews with staff and residents confirmed that residents are always allowed to shower, dress, and use the toilet privately, without being viewed by staff of the opposite gender. During the tour of the facility, the auditor observed male staff members announce their presence, verbally, when entering all areas holding residents. This practice was also confirmed by residents and staff, during individual interviews. Staff were aware Agency policy prohibited the searching of a transgender or intersex resident solely to determine their genital status. PREA notifications (English and Spanish) are posted in each housing area and throughout the facility.

Standard 115.216 Residents with disabilities and residents who are limited English proficient

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. Peoria ATC takes appropriate steps to ensure residents with disabilities and residents with limited English proficiency have an opportunity to participate in and benefit from the facility's efforts to prevent, detect and respond to sexual abuse and harassment. PREA handouts, postings, and resident handbooks are in English and Spanish. The auditor reviewed all mentioned documents. Staff interviewed were aware that under no circumstance are residents permitted to act as interpreters or assistants when dealing with PREA issues. There were no residents with disabilities housed at the facility during the audit.

Standard 115.217 Hiring and promotion decisions

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 03.02.106, Administrative to Administrative Directive, Filling Vacancies, was issued effective January 1, 2016. Policy was amended to add Prison Rape Elimination Act Pre-Employment Self Report (DOC 0450); require DOC 0450 to be completed by any applicant selected for hire; require current Department employees, who are selected for promotion to a position, to update, as needed, any employment forms listed; and require DOC 0450 to be maintained on file, along with all information gathered during the screening process for background investigations, in the Background Investigation Unit. The auditor reviewed files that contained the appropriate documentation for new hires and promotions which is in compliance with the standard.

Standard 115.218 Upgrades to facilities and technologies

☐ Exceeds Standard (substantially exceeds requirement of standard)

☐ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Not applicable. Peoria ATC has had no substantial expansions/modifications to the facility or installation of updated monitoring technology since August 20, 2012.

Standard 115.221 Evidence protocol and forensic medical examinations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 01.12.120, Investigations of Unusual Incidents and AD 01.12.112, Preservation of Physical Evidence address the mandates of this standard. Staff interviewed were knowledgeable of procedures to separate the victim and perpetrator; isolate the witnesses; follow the chain of command notifications; make appropriate referrals and secure and obtain usable physical evidence, when an allegation of sexual abuse has been made. All allegations of sexual abuse/sexual harassment are referred to the Deputy Director, who determines how the allegation will be handled. If necessary, residents will be transported to St. Francis Medical Center emergency room which is located four to five blocks from the facility. The facility established an agreement with the hospital which is validated through emails to examine and treat residents from Peoria ATC and that SANE/SAFE nurses were available on site. The Center for The Prevention of Abuse is on contract with the hospital to serve as victim advocates to the residents. All services will be provided at no cost to the resident. There have been no allegations of sexual abuse in the past 12 months at the facility.

Standard 115.222 Policies to ensure referrals of allegations for investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 01.12.120, Investigations of Unusual Incidents; AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and Illinois State Police (ISP)/Illinois Department of Corrections Memorandum of Understanding meet the mandates of this standard. All allegations of sexual abuse at Peoria are referred to the Deputy Director, who determines how the case shall be handled. IDOC has a Memorandum of Understanding with the Illinois State Police (ISP), who follow the requirements of the standard. The Memorandum of Understanding clearly clarifies the responsibilities of both entities; the IDOC will investigate inmate-on-staff and inmate-on-inmate sexual assaults and the ISP will conduct investigations involving staff-on-staff and staff-on-inmate sexual assaults. When there is substantial evidence that a criminal act has taken place, the case is referred to the State's Attorney for possible prosecution. IDOC investigators are trained in conducting sexual assault investigations in confinement settings/prisons. No allegations of sexual abuse or sexual harassment were made during the audit period.

Standard 115.231 Employee training

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 03.03.102, Employee Training and AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program meet the mandates of this standard. All staff are mandated to receive training annually and the curriculum includes PREA requirements. The auditor reviewed the training curriculum, training sign-in sheets and other related documentation. Staff are required to acknowledge, in writing, not only that they received PREA training, but that they understood it as well. Additionally, contractors and volunteers are provided training relative to their duties and responsibilities by the Center Director/Facility PREA Compliance Manager.

Standard 115.232 Volunteer and contractor training

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; Volunteer Orientation Training Program and Volunteer Service Orientation Checklist meet the mandates of this standard. Volunteers and contractors received PREA training, to include the agency's zero-tolerance policy, reporting and responding requirements. The training is documented and copies of training sign-in sheets and other related documents were reviewed by this auditor. An interview was conducted with one contract staff member, who indicated that they received the appropriate training. There were no volunteers available to be interviewed during the audit.

Standard 115.233 Resident education

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA Posters (English and Spanish); Orientation Manual (English and Spanish); IDOC PREA Fliers and Resident Orientation Insert meet the mandates of this standard. Residents receive information during the intake process that includes a PREA handout and Resident Handbook, printed in both English and Spanish. Residents receive information during the intake process that includes PREA verbal orientation and the handbook which is in English and Spanish. The information explains the Agency/facility's zero tolerance policy regarding sexual abuse and sexual harassment. Residents are also provided information regarding reporting procedures, their right to be free from retaliation and the availability of advocacy services. During the tour, the auditor observed PREA posters throughout the facility and in resident housing areas. A PREA "Report Line" telephone number which may be called to report sexual abuse or sexual harassment, was also posted on the bulletin boards. Interviews with residents confirmed they received the information and were required to acknowledge in writing they completed PREA education.

Standard 115.234 Specialized training: Investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 01.12.115, Institutional Investigative Assignments and Pathlore Printout Investigator Training meet the mandates of this standard. All allegations of sexual abuse/sexual harassment at Peoria ATC are referred to the Deputy Director, who determines how the case should be handled. Administrative investigations are conducted by trained IDOC investigators who are full time employees of the Agency. When required, IDOC investigators refer sexual abuse investigations to the Illinois State Police, who follow the requirements of the standard. IDOC investigators have received PREA specialized training related to the investigation of sexual abuse and sexual harassment in a confinement setting and the training meets the requirement of the standard.

Standard 115.235 Specialized training: Medical and mental health care

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The facility does not employ or contract for on-site medical providers, but the facility does have one contract mental health provider on site. The contractor works for Wexford Health Services Incorporated that provides mental health and medical professionals to facilities through the IDOC. All staff are trained as first responders to refer victims to St. Francis Medical Center for medical treatment and the collection of forensic evidence. SAFE/SANE staff are on site at the hospital at all times. Staff are also trained to preserve on-site evidence for investigative purposes.

Standard 115.241 Screening for risk of victimization and abusiveness

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 05.07.101, Reception and Orientation-Adult Process; ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention; DOC 0372, Mental Health Screening form and DOC 0379, Evaluation of Suicide Potential Form are the policies and procedures governing this standard. DOC 0494, Screening for Potential Sexual Victimization or Sexual Abuse, includes, at a minimum, the criteria to assess inmates for risk of sexual victimization and the criteria to assess the inmate's risk of being sexually abusive. The auditor reviewed samples of the screening tool, to support a finding that facility is in compliance with the standard.

Standard 115.242 Use of screening information

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program meets the mandates of this standard. The policy requires the use of a screening instrument to determine proper housing, bed, work, education and program assignments. Those residents who are at a high risk of being sexually abusive are precluded from referral to a transition center. Housing and program assignments are made on a case-by-case basis for all residents, with continued monitoring and follow up, as necessary.

During the tour, it was discovered that the facility was not able to provide a private shower to a transgender or intersex if one was housed at the facility. The facility shower area was open and up to six inmates could shower at one time with no privacy. The facility corrected the situation by creating a private shower in each shower area. The facility now has four private shower areas for the use by inmates. The private shower allows the facility to provide a transgender or intersex inmate the opportunity to shower privately which is in accordance with the standard. At the time of the audit, there were no transgender or intersex inmates housed at the facility.

Standard 115.251 Resident reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

PREA Poster: How to Report; Inmate Orientation Insert and a MOU Between IDOC/John Howard Association address the mandates of this standard. Upon arrival to Peoria ATC, each resident is provided an insert entitled PREA/Sexual Assault Awareness Prevention as part of the orientation process. All written information is provided in both English and Spanish. The pamphlet provides residents with information on examples of sexual abuse, how to prevent sexual abuse, what to do, how to report and where to report. The handout provided outlines the numerous ways to report, to include, but not limited to, telling a staff member, submitting a request or grievance, calling the PREA Report Line or writing a letter to the John Howard Association, a private entity that is not associated or otherwise connected to the IDOC. Residents sign indicating that they receive the information. Staff are required to document all allegations. Posters and other documents were noted on display in the common areas of the facility, which also explain reporting methods. Staff are able to privately report sexual abuse and sexual harassment of residents by writing to the Agency. Interviews with staff and residents confirmed their knowledge of reporting methods.

Standard 115.252 Exhaustion of administrative remedies

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Title 20 Illinois Administrative Code, AD 04.01.114, Local Offender Grievance Procedure (Revised January 1, 2016) and DOC 0046, Offender Grievance Form (English and Spanish) and Sexual Abuse and Harassment Prevention and Intervention Program govern the mandates of this standard. Inmates are allowed to file a grievance alleging sexual abuse without using the informal grievance process; removing the 60-day filing mandate relative to allegations of sexual abuse; and mandating the Agency to provide an initial response within 48 hours and a final decision within 5 calendar days relative to emergency grievances alleging an offender is subject to a substantial risk of imminent sexual abuse. Additionally, the initial response and final decision would document the Department's determination whether the offender is subject to a substantial risk of imminent sexual abuse.

The Department's PREA Sexual Abuse and Harassment Prevention and Intervention Program Manual, specifies the Agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the Agency demonstrates that the inmate filed the grievance in bad faith. The facility's local procedures ensures changes were communicated/distributed to staff and inmates and incorporated in the 2016 Annual Cycle Training. There were no grievances filed during the last year.

Standard 115.253 Resident access to outside confidential support services

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. In addition to St. Francis Medical Center, the residents have access to numerous victim advocacy services, to include the Center For The Prevention of Abuse. In addition, the residents have access to the Rape, Abuse and Incest National Network; the Illinois Coalition Against Sexual Assault; and the National Sexual Assault Hotline. Interviews with staff and residents confirmed that they were aware of the access to outside victim advocacy groups and where the telephone numbers were located.

Standard 115.254 Third-party reporting

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Resident Orientation Handbook and IDOC Website:https://www.illinois.gov/idoc/programs/Pages/PrisonRapeEliminationActof2003.aspx meet the mandates of this standard. The website and posted notices assist third party reporters on how to report allegations of sexual abuse. Interviews with both staff and residents revealed they were aware of the procedures for third-party reporting. Upon arrival to Peoria, each resident receives and signs for a handout that addresses the requirements of this standard.

Standard 115.261 Staff and agency reporting duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.02.108, Standards of Conduct and Title 20 Illinois Administrative Code, Rules of Conduct, address the mandates of this standard. Policy requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Policy states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The facility does not house residents under the age of 18. Staff interviewed were aware of their duty to immediately report all allegations of sexual abuse/sexual harassment and retaliation relevant to PREA standards and appropriate reporting methods. There were no volunteers available for interview; however, contract staff indicated they had received PREA training and were well aware of their duty to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment.

Standard 115.262 Agency protection duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. Staff interviewed were aware of their duties and responsibilities, as it relates to them having knowledge of a resident being at imminent risk for being sexually abused or sexually harassed. Staff indicated they would act immediately to protect the resident by separating the potential victim/predator. In the past 12 months, there were no instances in which the facility staff determined that a resident was subject to substantial risk of imminent sexual abuse.

Standard 115.263 Reporting to other confinement facilities

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention addresses the mandates of this standard. Policy requires the reporting of any sexual abuse or sexual harassment allegation by a resident that occurred at another facility. Upon receiving an allegation that a resident was sexually abused while confined at another facility/program, the Center Supervisor must notify the Deputy Director within 72 hours of receiving the allegation. There has been no allegations of sexual abuse/sexual harassment reported within the last year.

Standard 115.264 Staff first responder duties

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. All staff interviewed were knowledgeable concerning their first responder duties, upon learning of an allegation of sexual abuse or sexual harassment. Staff indicated they would separate the residents, secure the scene, not allow other residents to destroy any evidence; contact their supervisor and the Center Supervisor. They would also not allow the victim to bath, brush their teeth, defecate, urinate, eat, drink or change clothes. There were no allegations of sexual abuse made by residents in the past 12 months.

Standard 115.265 Coordinated response

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates. A review of the facility policies and procedures indicate that there is a coordinated response plan to resolve sexual abuse/sexual harassment incidents that includes first responders, referral to medical and mental health practitioners, investigators and facility leadership.

Standard 115.266 Preservation of ability to protect residents from contact with abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

There is currently no collective bargaining agreement between the Illinois Department of Corrections and unions relative to the Prison Rape Elimination Act. The last collective bargaining agreement was entered into July 2012, prior to the adoption of these standards. However, that agreement does not prohibit the Agency from removing alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Standard 115.267 Agency protection against retaliation

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program and ID 04.01.301, Offender Sexual Assaults-Prevention and Intervention govern the mandates of this standard. The Center Supervisor is charged with monitoring retaliation. During the interview, the Acting Center Supervisor indicated he will follow up on all 30, 60 and 90 day reviews to ensure policy is being enforced and conduct periodic status checks on the frequency of unjust incident reports, housing reassignments and negative performance reviews/staff job reassignments. If there was a concern of a potential for possible retaliation, he indicated he would monitor the situation indefinitely. There have been no incidents of retaliation in the past 12 months.

Standard 115.271 Criminal and administrative agency investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Title 20 Administrative Code, DR Part 112, Internal Investigation, AD 01.12.101, Employee Criminal Misconduct and AD 01.12.120, Investigations of Unusual Incidents address the mandates of this standard. All allegations of sexual harassment/sexual assault are referred to the Deputy Director, who determines how the case will be handled. Investigations are initiated promptly, upon learning of the allegation, and substantiated allegations of sexual conduct that appear to be criminal in nature are referred for prosecution. There were no allegations of sexual abuse or sexual harassment during the audit period. Per the Acting Center Supervisor, the facility would cooperate fully on any investigation with either the IDOC investigators or the Illinois State Police.

Standard 115.272 Evidentiary standard for administrative investigations

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program governs the mandates of this standard. Agency policy, AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program was revised effective January 1, 2016, to include the mandate required for the facility to be in compliance with this standard. Additionally, a January 19, 2016 memorandum from the Chief, Investigations and Intelligence, was issued confirming the policy change and directing all investigative staff to act accordingly. All investigations will use 51% for the preponderance of evidence.

Standard 115.273 Reporting to residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. The Agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded, at the conclusion of the investigation. There were no investigations during the period, which required inmate notification per this standard. The residents will be given written notification of the case disposition in accordance with Agency policy.

Standard 115.276 Disciplinary sanctions for staff

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; AD 03.01.120, Employee Review Hearing; AD 03.01.310, Sexual Harassment; Offender Sexual Assaults-Prevention and Intervention; AD 01.12.120 Investigations of Unusual Incidents and Agency Brochure: Custodial Sexual Misconduct-Socialization Prevention address the mandates of this standard. Termination is the presumptive disciplinary sanction for staff who engage in sexual abuse. There were no allegations of sexual misconduct by staff during this reporting period.

Standard 115.277 Corrective action for contractors and volunteers

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 03.01.310, Sexual Harassment; AD 01.12.120, Investigations of Unusual Incidents and AD 04.01.122, Volunteer Services address the mandates of this standard. Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and will be reported to law enforcement agencies and to relevant licensing bodies, unless the activity was clearly not criminal. In the past 12 months, there were no volunteers or contractors reported to have engaged in an act of sexual abuse with a resident.

The policy requiring reporting to relevant licensing bodies is a recent addition to written policy, however, it has been the long standing practice of the agency. The facility would take appropriate remedial measures, and consider prohibiting further contact with inmates, in the event of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Standard 115.278 Disciplinary sanctions for residents

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Title 20 Illinois Administrative Code, Administration of Discipline and AD 05.12.103, Administration of Discipline for Offenders Identified as Seriously Mentally Ill address the mandates of this standard. IDOC prohibits all sexual activity between residents and may discipline residents for such activity. There were no cases of this nature in the past 12 months. Disciplinary sanctions are commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of sanction, if any, should be imposed. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Standard 115.282 Access to emergency medical and mental health services

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

The facility does not have on-site medical staff and residents will referred to St. Francis Medical Center if needed. However, the facility does have a contract social worker, who is a certified counselor, and will provide immediate counseling and follow up care as needed. The residents also have access to the Center For The Prevention of Abuse for additional support services. Staff are also trained to preserve on-site evidence for criminal investigation. The treatment is offered at no financial cost to the residents, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

Standard 115.283 Ongoing medical and mental health care for sexual abuse victims and abusers

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. The facility has a contract Social Worker on staff, who is also a certified counselor. An interview with the Social Worker revealed that she will establish relationships with local advocacy agencies to support the counseling she will provide on-site. The Social Worker has only been on duty for two weeks. The services to be provided are consistent with a community level of care without financial cost to the resident. During this audit period, there were no residents at Peoria ATC who required medical or mental health evaluation or treatment for sexual harassment or sexual abuse. Staff interviews support the finding that the standard is in compliance at this facility.

Standard 115.286 Sexual abuse incident reviews

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

IDOC Director's Implementation of Sexual Abuse Incident Reviews Memo; PREA Reporting Instructions and Facility PREA Compliance Manager Cheat Sheet address the mandates of this standard. All allegations of sexual harassment/sexual assault are referred to the Deputy Director, who determines how the case will be handled. The facility has established a PREA Incident Review Committee which operates in accordance with the required components of the standard. The committee consists of the Center Supervisor/Facility PREA Compliance Manager, Social Worker and Correctional Residence Counselor I. There were no allegations of sexual abuse or sexual harassment during the audit period; therefore, there was no need to activate the incident review team.

Standard 115.287 Data collection

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program; PREA FY 2015 Annual Compliance Report; PREA Checklist and PREA After-Action Checklist address the mandates of this standard. The facility collects accurate uniform data for every allegation of sexual abuse/harassment by using a standardized instrument. The incident-based data collected includes data required to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Agency data has been aggregated at least annually for the last two years. Upon request, the Agency would provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Standard 115.288 Data review for corrective action

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. The Administrative Directive was effective July 1, 2015, which is after the June 30th deadline for reporting. The July 1, 2015 policy requires the agency to collect and review data from all facilities in the State and to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, practices, and training, to include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions for each facility, as well as the Agency as a whole. The facility reviews and assesses all sexual abuse/harassment data at least annually to improve the effectiveness of its sexual abuse prevention, detection and response policies, and to identify any issues or problematic areas and take corrective action, if needed. This was supported through an interview with the Acting Center Supervisor.

Standard 115.289 Data storage, publication, and destruction

☐ Exceeds Standard (substantially exceeds requirement of standard)

■ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

AD 04.01.301, Sexual Abuse and Harassment Prevention and Intervention Program addresses the mandates of this standard. The data is retained in a secure filing system. The final report does not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state or local law requires otherwise. The agency makes the information available on the IDOC website. The reports cover all data required in the elements of this standard.

AUDITOR CERTIFICATION

I certify that:

■ The contents of this report are accurate to the best of my knowledge.

■ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

■ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Marie J. Carter Calvin _____ April 20, 2016 _____

Auditor Signature Date