

PREA AUDIT: AUDITOR'S SUMMARY REPORT

COMMUNITY CONFINEMENT FACILITIES

NATIONAL
PREA
RESOURCE
CENTER



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

[Following information to be populated automatically from pre-audit questionnaire]

Name of facility: <i>Fourth Judicial District Dept. of Correctional Services - Residential Treatment Center</i>	
Physical address: <i>1102 9th Ave., Council Bluffs, Iowa 51501</i>	
Date report submitted: <i>July 22, 2014</i>	
Auditor Information	
Address: <i>864 Great Egret Circle, Sunset Beach, N.C. 28468 / 11820 Parklawn Dr. Suite 224, Rockville, MD 20852</i>	
Email: <i>Stephen.huffman@aol.com / Stephen.huffman@mekamotogroup.com</i>	
Telephone number: <i>614-940-4696</i>	
Date of facility visit: <i>July 14, 2014</i>	
Facility Information	
Facility mailing address: <i>(if different from above)</i>	
Telephone number: <i>712-396-2205</i>	
The facility is:	<input type="checkbox"/> Military <input type="checkbox"/> County <input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit <input type="checkbox"/> Municipal <input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Community treatment center
	<input checked="" type="checkbox"/> Halfway house <input checked="" type="checkbox"/> Community based confinement facility
	<input type="checkbox"/> Alcohol or drug rehabilitation center <input type="checkbox"/> Mental health facility
	<input type="checkbox"/> Other:
Name of Facility Head: <i>Michael Flairty</i>	Title: <i>Division Manager</i>
Email address: <i>mike.flairty@iowa.gov</i>	Telephone number: <i>712-396-2236</i>
Name of PREA Compliance Manager (if applicable): <i>Jen Foltz</i>	Title: <i>Executive Officer</i>
Email address: <i>jen.foltz@iowa.gov</i>	Telephone number: <i>712-396-2203</i>
Agency Information	
Name of agency: <i>Fourth Judicial District Dept. of Correctional Services</i>	
Governing authority or parent agency: <i>(if applicable) Board of Directors</i>	
Physical address: <i>801 S. 10th St., Council Bluffs, Iowa 51501</i>	
Mailing address: <i>(if different from above)</i>	
Telephone number: <i>712-396-2203</i>	
Agency Chief Executive Officer <i>Kip Shanks</i>	
Name: <i>Kip Shanks</i>	Title: <i>District Director</i>

Email address:	<i>Kip.shanks @ iowa.gov</i>	Telephone number:	<i>712-396-2202</i>
Agency-Wide PREA Coordinator			
Name:	<i>Jen Foltz</i>	Title:	<i>Executive Director</i>
Email address:	<i>jen.foltz @ iowa.gov</i>	Telephone number:	<i>712-396-2203</i>

AUDIT FINDINGS

NARRATIVE:

[Following information to be populated automatically from auditor compliance tool]

See Attached

DESCRIPTION OF FACILITY CHARACTERISTICS:

[Following information to be populated automatically from auditor compliance tool]

See Attached

SUMMARY OF AUDIT FINDINGS:

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See Attached

Audit Findings
Fourth Judicial District Department of Correctional Services
Residential Treatment Center
Council Bluffs, Iowa

Narrative:

The site visit for the PREA audit of the Fourth Judicial District Department of Correctional Services - Residential Treatment Center was conducted on July 14, 2014. During the one day audit the auditor toured the facility, reviewed documentation and conducted formal staff and resident interviews. Ten random residents from the one housing unit was interviewed including one resident who is prescribed oxygen, one resident with limited English and one resident with a mental disability. Eleven staff from executive positions and first and second shifts were interviewed including District Director Kip Shanks. Staff were questioned about PREA training, how to report, to whom to report, filing reports, available interventions, conducting interviews, evidence collection, follow up and monitoring retaliation.

An entrance meeting was held with District Director Kip Shanks, Mike Flairty, Division Manager, Kevin Coughlin, PREA Compliance Manager and Jen Foltz Executive Officer/PREA Coordinator to discuss the audit schedule of activities. Following the entrance meeting the auditor toured the facility from 8:30 a.m. to 9:30 a.m. In the past twelve months the facility has had one sexual assault/harassment allegation case which was found unsubstantiated by the facility review team.

Description of Facility Characteristics:

The Fourth Judicial District Department of Correctional Services is an independent public agency created and established under Chapter 905 of the Code of Iowa to provide community correctional services to the nine counties in Southwest Iowa that comprise the Fourth Judicial District.

The District opened its first Residential Correctional Facility (RCF) with male offenders in February, 1977 at 900 South 7th Street, Council Bluffs, Iowa. In February, 1984 the facility

moved to its present location at 900 9th Ave, as a co-ed facility. The District opened Residential Treatment Center (RTC) on August 18, 2003 as a Women's Residential Correctional Facility. In the fall of 2012, a wing at the RCF was renovated to house female offenders. The Women's Residential Correctional Facility then re-opened as a Residential Treatment Center housing all male offenders sentenced on a sex offense in the Fourth Judicial District for an initial diagnostic and evaluation period.

The Residential Treatment Center is not a lock-up facility with correctional officers, prison bars and fences. The court ordered male sex offender residents experience a high level of supervision and treatment centered on finding work and observing rules. The facility has no correction officers, residents are supervised by residential officers and there are parole officers on staff to address any parole/probation needs residents may have. They undergo programming specific to sex offense treatment program, substance abuse, AA/NA meetings, community service, employment assistance, GED classes, and treatment referrals. Their general stay is approximately three to six months. Probationers assigned to the center are deemed to be high risk for recidivism and in need of structure beyond a probation officer's supervision. The center is a 46 bed facility with 20 residents housed during the audit. There was an average of 17.27 residents housed at the facility the past twelve months. The center is a single story building constructed of bricks and mortar. The residents housing area consists of two and eight man bedrooms. The center uses the local Jennie Edmundson Methodist Hospital for Medical Services. The center has three trained investigators for administrative investigations and uses the Council Bluffs Police Department and the Iowa Department of Corrections Investigative Division for criminal investigations. The center has an excellent relationship with the Catholic Charities Phoenix House Victim Advocacy Program. Ms. Sapana Sharma was contacted prior to the audit to discuss any sexual abuse/harassment allegations at the center. The mission statement of the Iowa Department of Corrections and the Fourth Judicial District Department of Correctional Services-Residential Treatment Center is to advance successful offender reentry to protect the public, staff and offenders from victimization.

The auditor found the staff and residents to be very aware of PREA. The staff was very knowledgeable about their responsibilities to ensure a safe facility. They were all aware of reporting responsibilities, preservation of evidence, as well as dealing with victims and abusers of sexual assault/harassment. The staff has all had extensive training on how to identify signs of sexual assault/harassment and how to deal and treat victims of sexual assault and or harassment.

Summary of Audit Findings:

An exit meeting was held July 15, 2014 with Kip Shanks, District Director, Mike Flairty, Division Manager, Kevin Coughlin, PREA Compliance Manager, and Jen Foltz, Executive Officer-PREA Coordinator/ Investigator.

Number of standards exceeded: 0

Number of standards met: 39

Number of standards not met: 0

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.211** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Operating procedure 101 clearly meets the standard, and the facility has PREA posters through out the facility. Human resource documentation states there is zero tolerance of sexual abuse and harassment. Staff sign training documents indicating a zero tolerance as well.

[space for comments extends as needed here]

Standard number here **115.212** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

The agency has not contracted with other entities for the purpose of confinement of residents. The agency does have a policy in place if a contract would be necessary.

[space for comments extends as needed here]

Standard number here **115.213** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

District Director and executive staff monitor the staffing plan to ensure there is always adequate shift coverage, video monitoring is also monitored in control center. During audit, administrative staff were reviewing and correcting blind spots to ensure safety of residents. The staffing plan is reviewed and approved annually by the District Director.

[space for comments extends as needed here]

Standard number here **115.215** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policies 101-D2 pages 2 and 3, 101-D4 page 3, 101-D5 page 3 and Policy 101-D5 page 2 cover the standards components. This is an all male facility.

[Following information to be populated automatically from auditor compliance tool]

Standard number here *115.216* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policy 101-E1 pages 3 and 4 meets all the requirements of the standard and the agency has a list of outside interpreters if needed. The agency does not allow residents to be interpreters and was verified by staff interviews. There were no cases where interpreters were needed the past year.

[space for comments extends as needed here]

Standard number here *115.217* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Based upon interviews with District Director and H.R. Supervisor this standard is being met. Policy 101-F1 page 5 and 101-F2 ad 3 pages 5 ad 6 have all components of the standard. Background checks have been completed on all staff and newly hired staff. Background checks were reviewed and a tracking system in place and background checks are completed annually.

[space for comments extends as needed here]

Standard number here *115.218* STANDARD INSERTED HERE *Upgrades to facilities and technology.*

- 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 comments, including corrective actions needed if does not meet standard

The facility had a video camera system upgrade Oct. 2012 and agency continues to monitor the need for any additional cameras. There are eight cameras and ~~two~~ additional cameras were being reviewed for possible enhancement during the audit by the administration.

[space for comments extends as needed here]

Standard number here *115.221* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

The agency has M.O.U.s with Council Bluffs Police Dept. and Catholic Charities Phoenix House and local hospital Jennie Edmondson Methodist Hospital for SAFE/SANE exams. The Phoenix House offers victim advocate support services. Policy 102-A 2 page 1 covers components of the standard.

[Following information to be populated automatically from auditor compliance tool]

Standard number here *115.222* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

The components of this standard are met, through verification of document review and policies 102-B, 1cd 2 page 2 and 102-B3 cd 4 page 2. Staff interviews also indicated proper referrals of allegations for investigations are always considered when allegations of sexual abuse and harassment are made by residents.

[space for comments extends as needed here]

Standard number here *115.231* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Training is a priority of the agency and staff training curriculum and staff training files were reviewed. The agency training plan ensures staff receive PREA training. Staff interviewed verified the PREA Knowledge of the staff. Policies 103-A pages 1 and 2 and 103-A1 pages 2 and 3 address PREA training.

[space for comments extends as needed here]

Standard number here *115.232* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Review of contractor/volunteer sign-in sheets indicated they receive PREA training.

[space for comments extends as needed here]

Standard number here *115.233* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Residents receive PREA information during the intake process within the first two days after arrival. They also watch an orientation video and receive a rule book that addresses PREA. Review of policy 103-C 1-4 page 3 and resident interviews verified residents receive PREA information.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.234** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

The three agency investigators received investigative training from the Moss Group through the PREA Resource Center and use the Council Bluffs Police Dept. and IDOC Investigative Division for criminal investigations. The MOIs were reviewed, as well as, policies 103-D1+2 page 3 and 103-E2 page 4 verifying the specialized training.

[space for comments extends as needed here]

Standard number here **115.235** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

The agency mental health staff was interviewed who verified there is a thorough system in place for collecting required standard elements to provide proper assessment and following medical and mental health services. The agency uses the local Jennie Edmondson Pl. the dist Hospital for all medical needs. All mental health staff have received training on victim identification, interviewing, reporting and intervention.

[space for comments extends as needed here]

Standard number here **115.241** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policies 104-A1 page 1, 104-A2 page 2 and 104-3A a-i pages 1 and 2 include all the std. components. The SVP screening instrument was reviewed and staff use the instrument were interviewed indicating a thorough risk assessment for victimization and abusiveness.

[space for comments extends as needed here]

Standard number here **115.242** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Through staff and resident interviews and review of policies 104-B1-6 pages 2 and 3, 104-B3 page 3, 104-B4 page 3, 104-B5 page 3 and 104-B6 page 3, the agency addresses risk instrument identifiers have to place residents for safety assurance. They have done a great job in addressing the needs of all residents.

There are no consent decrees or pending legal judgments for the agency.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.251 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Based on staff and resident interviews and review of policies 105-A1 page 1, 105-A2 residents and staff are aware residents can report incidents verbally, written through kites and grievances to staff or third parties. All residents were comfortable in reporting to staff.

[space for comments extends as needed here]

Standard number here 115.252 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Policies 105-B1-B and 105-B2 pages 2-4 cover this standard. There was one grievance filed for sexual abuse/harassment and the review team determined it to be unsubstantiated.

[space for comments extends as needed here]

Standard number here 115.253 STANDARD INSERTED HERE Resident access to outside confidential support agencies.

- 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 comments, including corrective actions needed if does not meet standard

Based on staff and resident interviews, residents were aware of how to access outside agencies for confidential support services. The agency has an MOU with local Phoenix House for support services. There are posters and information posted with information at addressing all telephone numbers for resident to contact if needed. Policy 105-2.1-2 pages 3 and 4 cover standard components.

[space for comments extends as needed here]

Standard number here 115.254 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Third party reporting information is made available through posters and rule book.

[Following information to be populated automatically from auditor compliance tool]

Standard number here *115.261* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard.
Policies 106-A1-5 page 1 include all components of this standard. Verified through random staff interviews.

[space for comments extends as needed here]

Standard number here *115.262* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard
Policy 106-B page 2 includes all the components of this standard. Verified through interviews with Director and random staff.

[space for comments extends as needed here]

Standard number here *115.263* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard
Policies 106-C1-3 page 2 and 106-C4 page 2 include all the components of this std. Verified through interviews with Director and random staff.

[space for comments extends as needed here]

Standard number here *115.264* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policies 106-D1 pages 2 and 3 and 106-D2 page 3 includes all components of this standard. Verified through random staff interviews and staff are aware of procedures to take as a first responder.

[Following information to be populated automatically from auditor compliance tool]

Standard number here *115.265* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

A detailed agency PREA Plan has been developed and a sexual assault response checklist is used ensuring a coordinated response.

[space for comments extends as needed here]

Standard number here *115.266* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Collective bargaining unit contract reviewed and residents are protected from abuse and staff can clearly be disciplined for any type of abuse.

[space for comments extends as needed here]

Standard number here *115.267* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policy 106-G 1-5 pages 4 and 5 includes all standard components. The agency has a designated administrative person for retaliation monitoring and will monitor up to 90 days or longer if need be.

[space for comments extends as needed here]

Standard number here *115.271* STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policy 107-A 1-5 page 1 includes components of this std. The agency has three trained investigators through the Moss Group training sessions. They are assigned administrative investigations. The Council Bluffs Police Dept and IDOC Investigative Division are assigned criminal investigations.

[Following information to be populated automatically from auditor compliance tool]

Standard number here **115.272** STANDARD INSERTED HERE *Evidentiary standards 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 comments, including corrective actions needed if does not meet standard

Policy 107-B pages 1 and 2 cover the standard requirements when determining whether allegations of sexual abuse and/or harassment are substantiated.

[space for comments extends as needed here]

Standard number here **115.273** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policy 107-C 1-5 pages 1-3 includes all components of the standard. All documents of the one allegation of sexual abuse / harassment grievance filed were reviewed and the resident was notified in writing and verbally.

[space for comments extends as needed here]

Standard number here **115.276** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policies 108-A1-2 page 1 and 108-B1 page 1 cover the disciplinary sanctions for staff concerning any involvement with sexual abuse and sexual harassment.

[space for comments extends as needed here]

Standard number here **115.277** STANDARD INSERTED HERE *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 comments, including corrective actions needed if does not meet standard

Policy 108-B1-2 page 1 covers the components of this standard addressing corrective action for contractors and volunteers for any involvement of sexual abuse and sexual harassment.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.278 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Disciplinary sanctions for residents is clearly stated in the resident rule book and policies 108-C 2-6 pages 1 and 2.

[space for comments extends as needed here]

Standard number here 115.282 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

The agency has mental health staff and the agency has an M.O.U. with local Jennie Edmundson Methodist Hospital for medical and mental health services. Policy 109-A1 pages 1 and 109-A4 page 1 address medical and mental health services provided to residents.

[space for comments extends as needed here]

Standard number here 115.283 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Policies 109-B 1-7 page 2 cover all components of the standard ensuring ongoing medical and mental health services for the residents.

[space for comments extends as needed here]

Standard number here 115.286 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

All documentation relating to the one sexual abuse/harassment allegation was reviewed including the review team's unsubstantiated ruling. Policies 110A-1 through 4 pages 1 and 2 cover all components of the standard.

[Following information to be populated automatically from auditor compliance tool]

Standard number here 115.287 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Policies 110 B1-5 pages 1 and 2 cover all data collection components of the standard. The agency and IDOC maintain the data and review the data collected for possible trends assisting in taking any corrective action if needed. Data is reviewed at least annually.

[space for comments extends as needed here]

Standard number here 115.288 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Data was reviewed by auditor and verified District Director approves the annual report. Policies 110-21-4 pages 1 thru 3 cover all standard components.

[space for comments extends as needed here]

Standard number here 115.289 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Policies 110-D1-2 pages 1 and 2 cover all components of the standard including data storage, publication and destruction. The data is published on the intranet website www.fourthdes.com.

[space for comments extends as needed here]

Standard number here STANDARD INSERTED HERE

- 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 comments, including corrective actions needed if does not meet standard

[space for comments extends as needed here]

Standard number here STANDARD INSERTED HERE
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- 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 comments, including corrective actions needed if does not meet standard

[space for comments extends as needed here]

[Following information to be populated automatically from auditor compliance tool]

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.



Auditor Signature

7/17/2014

Date