

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: First Judicial District Dept. of Correctional Services - Waterloo Women's Center For change	
Physical address: 314 E. 6 th Street, Waterloo, Iowa 50703	
Date report submitted: August 20, 2014	
Auditor Information	
Address: 864 Great Egret Circle 20, Sunset Beach, N.C. 28468 / 11820 Parklawn Dr. Suite 240, Rockville MD 20852	
Email: Stephen.huffman@aol.com / Stephen.huffman@nakamotogroup.com	
Telephone number: 614-940-4696	
Date of facility visit: July 28-29, 2014	
Facility Information	
Facility mailing address: (if different from above) 1515 Lafayette Street, Waterloo, Iowa 50703	
Telephone number: 319-292-0900	
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"/> Community based confinement facility <input type="checkbox"/> Halfway house <input type="checkbox"/> Mental health facility <input type="checkbox"/> Alcohol or drug rehabilitation center <input type="checkbox"/> Other:
Name of Facility Head: Alan Hoff	Title: Residential Manager
Email address: alan.hoff@iowa.gov	Telephone number: 319-292-0900
Name of PREA Compliance Manager (if applicable): Ross Todd	Title: Executive Officer
Email address: ross.todd@iowa.gov	Telephone number: 319-292-1263
Agency Information	
Name of agency: First Judicial District Dept. of Correctional Services - Waterloo Women's Center For change	
Governing authority or parent agency: (if applicable) Board of Directors	
Physical address: 314 E. 6 th Street, Waterloo, Iowa 50703	
Mailing address: (if different from above) 1515 Lafayette Street, Waterloo, Iowa 50703	
Telephone number: 319-292-0900	
Agency Chief Executive Officer	
Name: Karen E. Herkelman	Title: District Director

Email address:	Karen.herkelman@iowa.gov	Telephone number:	319-292-1277
Agency-Wide PREA Coordinator	Ross Todd		
Name:	Ross Todd	Title:	Executive Officer
Email address:	ross.todd@iowa.gov	Telephone number:	319-292-1263

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:

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

See Attached

Audit Findings

First Judicial District Department of Correctional Services

Waterloo Women's Center for Change

Waterloo, Iowa

Narrative:

The site visit for the PREA audit of the First Judicial District Department of Correctional Services Waterloo Women's Center for Change, Waterloo, Iowa was conducted on July 28-29, 2014. During the two days the auditor toured the facility and conducted formal staff and resident interviews and reviewed documentation. Twelve randomly selected residents from the three housing units were interviewed. Sixteen staff from all shifts was interviewed including District Director Karen Herkelman. 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 the following persons in attendance: Al Hoff, Residential Manager and Ross Todd, PREA Coordinator to discuss the audit schedule of activities. Following the entrance meeting I toured the facility from 8:30 a.m. to 9:30 a.m. In the past twelve months the facility has had no sexual assault / harassment allegation cases.

Description of Facility Characteristics:

The Waterloo Women's Center for Change is not a lock-up facility with correctional officers, prison bars and fences. The court ordered residents experience a high level of supervision and treatment centered on finding work, programming and observing rules. The facility construction was completed in June, 2011 at 1515 Lafayette Street and the facility opened December, 2013. With no correction officers at the center, residents are supervised by residential officers and there are parole officers on staff to address any parole / probation needs residents may have. The center houses individuals on probation, parole, pre-trial and domestic violence. The resident's average stay is approximately four 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. Services and programs offered include; health assessments and exams, educational outreach, victim advocacy, financial planning, employment search and training, career exploration and moving on group. The facility mission

statement is, "Empowering Women to Succeed by Providing Opportunities for Positive Change."

The center is an all female 45 bed facility with an average population the past twelve months of 17.79 residents. The facility population at the time of the audit was 36. The center is a single story building constructed of bricks and mortar. The residents housing area consists of one and two person bedrooms. The center uses local hospitals, Covenant Medical Center and Allen Hospital for medical and mental health care. The center has eight trained investigators for administrative investigations and uses the Waterloo Police Department and the Iowa Department of Corrections Investigative Division for criminal investigations. The center has an excellent relationship with the Riverview Center for advocacy programs. Ms. Sarah Murray was contacted prior to the audit to discuss any sexual abuse / harassment allegations at the center and stated the facility enforces the PREA concept at the facility and has found no issues at the facility.

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 29, 2014 with the following persons in attendance: Karen Herkelman, District Director, Ken Kolthoff, Assistant Director, Alan Hoff, Residential Manager, Ross Todd, Executive Officer / PREA Coordinator, Amy Jones, Residential Supervisor and Donna Wede, Division Manager / Human Resources.

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

Policy PER 27 ed 31 pages 1 and 2 states there is a zero tolerance of sexual abuse and harassment. Human Resource documentation reviewed indicated a zero tolerance and staff sign documents stating they understand the zero tolerance level. The PREA Coordinator is an Executive Officer reporting directly to the District Director.

[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 resident confinement.

[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

The District Director and other executive staff continuously monitor staffing plan to ensure minimum staffing levels are always met using part-time staff. The staffing plan was reviewed and was determined to be adequate. The plan is reviewed and annually approved by the Residential Manager and 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

The facility does not do cross-gender checks per policy CM-40 page 1, Policy PER 27 ed 31 states if searches would occur, searches would be documented and transgender residents would shower separately. Staff announce themselves when entering housing area of

of the opposite gender.

[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 CM22 page 1 and CM 53 F page 1 covers the elements of the standard. Staff do not use residents to interpret for other residents. An Iowa State interpreter list is used. The agency ensures that residents with any disability have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to any sexual abuse or harassment.

[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 the elements of the standard are met. Background checks are being conducted for hiring and promotions per policy PER 35 page 1. Background checks were reviewed by the auditor. There is a five year plan in place for conducting all background checks.

[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

Based upon interviews with the District Director and other executive staff, upgrades and modifications are always considered to improve the operation to ensure the safety of the residents. There were no upgrades the past 12 months.

[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 facility has MOUs with the Waterloo Police Department and Iowa Department of Corrections Investigative Division to perform criminal investigations. There is an MOU with the Riverview Center for crisis interventions and the local hospital for forensic exams and SAFE/SANE services. There are no youths at the facility.

[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 facility had no allegations the past 12 months of sexual abuse or harassment. PER policies 27 page 1 and 52 page cover the elements of the policy. The agency has MOUs with the Waterloo Police Department and Iowa DOC Investigative Division to handle criminal investigations. The facility has eight investigators who were trained by the Moss Group.

[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

Facility training curriculum and training records were reviewed. All staff interviewed including executive staff, line staff and volunteer clearly understood the PREA Standards. The IDOC web-based E-Learning training covers all elements of the standard. PER policy 27 page 1, 29 F and 31 page 1 cover standard elements as well.

[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

Policy PER 27 covers the elements of the standard for volunteer and contractor training. Volunteers and contractors are required to sign documentation indicating they have received and understood the PREA policy and standards.

[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 education upon entering the facility during the intake process. They receive the rules and regulations, handbook and other materials that include crisis hot line number. Through resident interviews they clearly understand PREA and their

right to be free from sexual abuse and harassment. Policy CM 22 ad 32 page 1 covers all elements of the standard.

[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 facility has eight trained investigators through the Moss Group to conduct administrative investigations. The facility has an MOU with the Waterloo Police Department and IDOC Investigative Division to conduct criminal investigations. Policy PER 31 covers all elements of the standard.

[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 facility uses the local hospitals, Allen Memorial Hospital and Covenant Medical Center for medical and mental health services.

[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

Review of the SVP screening instrument and interviews with staff and residents confirmed that residents are safely placed in housing and programs from sexual abuse and harassment. The screening instrument is an objective instrument. Policy DRS 45 pages 142 covers all elements of the standard.

[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 interviews with Residential Officers, who were very knowledgeable of the instrument in how to place the residents in safe housing and programs. Policy DRS 45 page 2 covers all the elements of the standard to ensure

residents of not being sexually victimized from those of high risk of being abusive, there are no consent decrees or pending judgments for the facility.

[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

Resident and Residential Officer interviews indicated residents are aware on when, how to report any sexual abuse or harassment incidents through verbal or written reports to staff, third party or external agencies. They are also aware [space for comments extends as needed here] they report privately and anonymously. Policy PER 27 and policy CM 32 page 1 and policies CM 35 F and CM 53 F cover all elements of the standard.

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

Policy PER 27 and CM 52 F page 1 cover all the elements of the standard allowing residents to file grievances for sexual abuse and harassment. Decisions are made within 90 days and allows residents to have third parties to file grievances for the [space for comments extends as needed here] residents.

Standard number here 115.253 STANDARD INSERTED HERE 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 comments, including corrective actions needed if does not meet standard

Policy CM 53 F covers all elements of the standard allowing resident access to outside confidential agencies. The local crisis center, Riverview Center address and telephone number is posted near the telephone for easy access. Resident interviews indicated [space for comments extends as needed here] they are aware of the crisis center information.

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

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Policy PER 27 page 1 covers the elements of the standards through resident interviews, the residents indicated they are aware the third party agencies that included the local police they can report any sexual abuse or harassment.

department, crisis center, families and attorney. The facility has an excellent relationship with the crisis center. I interviewed a representative of the crisis center and they indicated the facility has an excellent PREA culture.

[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

Random staff in interviews indicated staff are aware and well trained in reporting and responding to any sexual abuse and harassment incidents. They report all incidents immediately to supervisors. Policy PER 27 page 1 cover all elements of the standard.

[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

Random staff, interviews including District Director indicated all staff are aware of their duty to protect residents and take immediate action of separation and preserving all evidence. Policies CM 32 and DRS 46 cover all elements of the standard.

[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

Staff interviews, including District Director and executive staff, the facility complies with the standard. The facility will fully comply and cooperate with the facility reporting an incident. Policy DRS 46 cover the elements of the standard.

[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

Interviews with Residential Officers, Parole Officers and other random staff indicate staff understand and comply with all elements of standard, i.e. separation, collection of evidence, preserving incident scene and reporting to supervision. Policy DRS 46 covers the elements of the standard.

[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 PREA plan and policy DRS 46 cover all elements of the standard and is in place for a coordinated response by all first responders, including law enforcement, medical and mental health facility and advocacy crisis center. Staff interviews indicated awareness of the plan.

[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
Facility Human Resource documentation and AFSCME agreement were reviewed and the documents protect residents from sexual abuse or harassment by staff. Staff will be disciplined for involvement of any sexual abuse or harassment incidents.

[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 PER 27 covers all elements of the standard. The facility has a supervisor designated as the retaliation monitor who monitors incidents for at least 90 days or until individual has left the facility. There have been zero incidents of retaliation the past 12 months.

[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

Policies PER 27 and 52 cover all the elements of the standard. The facility has three trained investigators who were trained by the Moss Group and conduct administrative investigations. The facility uses the Waterloo

Police Department and JDOC Investigative Division to conduct criminal investigations. The County Attorney's Office is used for prosecution of criminal cases.

[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 PER 52 covers all the elements of the standard when determining determining the preponderance of the evidence. When determining whether allegations of sexual abuse or harassment are substantiated, unsubstantiated or unfounded. Staff interviews indicated they understand the requirements.

[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 PER 52 covers the elements of the standard. Staff interviews indicated residents are notified verbally whether the investigation was determined to be substantiated, unsubstantiated or unfounded.

[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

Human Resource documentation and policy PER 15 and 27 state staff are subject to discipline concerning involvement in any sexual abuse or harassment incident. Staff sign documentation stating they understand they can be disciplined if involved. There were no disciplines the past 12 months.

[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 PER 27 states services of a volunteer or contractor will cease until investigation is completed if they are involved in an sexual abuse or harassment incident.

[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

Resident disciplinary sanctions are clearly stated in the handbook and policy DRS-2F. Residents are made aware of the disciplinary sanctions during the intake process.

[space for comments extends as needed here]

Standard number here

115.282

STANDARD INSERTED HERE *Access to emergency 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 facility has MOUs with local hospitals Covenant Medical Center and Allen Hospital for medical and mental health services. Policy DRS 46 covers all elements of the standard. Residents are not responsible for any medical or mental health service fees.

[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

Policy DRS 46 covers all the elements of the standard to include proper follow up care equal to or consistent to community care at no cost to the resident. The facility shall attempt to conduct a mental health evaluation of all known residents on resident abuse history within 60 days of leaving at the abuse history.

[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

Policy PER 52 covers all elements of the standard. There were no allegations investigated the past 12 months. The facility has a Review Team that includes upper level staff.

[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
The facility and IDOC Investigative Division collect, review and maintain all data. The data is reviewed at least annually. Policy PER 52 covers all the elements of the standard.
[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 the auditor and verified annual report was placed on facility website after approval by the District Director. Names are redacted from the report.
[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
The data is retained by the facility and IDOC Investigative Division administrative offices for safety and security of the data. Policy PER 52 covers all elements of the standard.
[space for comments extends as needed here]

Standard number here STANDARD INSERTED HERE *End of Report*

- 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)

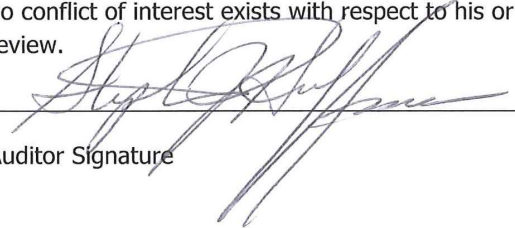
Auditor comments, including corrective actions needed if does not meet standard

[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

7/29/14

Date