

**PREA AUDIT REPORT    INTERIM    FINAL**  
**JUVENILE FACILITIES**

**Date of report:** January 7, 2017

<b>Auditor Information</b>			
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<b>Telephone number:</b> 269-591-9237			
<b>Date of facility visit:</b> June 13 – 16, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Peoria County Juvenile Detention Center			
<b>Facility physical address:</b> 223 N. Maxwell Road, Peoria, IL 61604			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 309-634-4200			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Correctional	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
<b>Name of facility's Chief Executive Officer:</b> Brian Brown, Superintendent			
<b>Number of staff assigned to the facility in the last 12 months:</b> 63			
<b>Designed facility capacity:</b> 63			
<b>Current population of facility:</b> 43			
<b>Facility security levels/inmate custody levels:</b> Secure Detention			
<b>Age range of the population:</b> 10 - 18			
<b>Name of PREA Compliance Manager:</b> Bethany Smith		<b>Title:</b> Compliance Coordinator	
<b>Email address:</b> bsmith@peoriacounty.org		<b>Telephone number:</b> 309-634-4221	
<b>Agency Information</b>			
<b>Name of agency:</b> Peoria County Circuit Court of the 10 <sup>th</sup> Judicial Circuit of Illinois, Probation and Court Services Department			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> <a href="#">Click here to enter text.</a>			
<b>Physical address:</b> Peoria County Courthouse, 324 Main Street, Room 250, Peoria IL 61602			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 309-672-6018			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Daniel S. Hunt		<b>Title:</b> Director of Probation and Court Services	
<b>Email address:</b> dhunt@peoriacounty.org		<b>Telephone number:</b> 309-672-6018	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> N/A		<b>Title:</b> <a href="#">Click here to enter text.</a>	
<b>Email address:</b> <a href="#">Click here to enter text.</a>		<b>Telephone number:</b> <a href="#">Click here to enter text.</a>	

## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the Peoria County Juvenile Detention Center (PCJDC) was conducted from June 13-16, 2016, in Peoria, Illinois. The audit was conducted by Wayne R. Liddell, M.S., Department of Justice Certified Auditor for Juvenile Facilities.

The auditor wishes to express his appreciation to Brian Brown, Superintendent, Jessica Durbin, PREA Coordinator, and all of the members of the PCJDC Team for their hospitality, professionalism and commitment to the PREA process. It was evident throughout the audit that the organization has incorporated the mission of PREA into its culture, which is one of providing quality services to residents in a safe, secure, and caring environment.

The PREA Coordinator verified the placement of the auditor contact information posters throughout the facility 6 weeks in advance of the on-site portion of the audit. She also provided the auditor with a flash drive that contained the completed Pre-Audit Questionnaire, policies and procedures, as well as, supporting documentation two weeks before the on-site visit occurred. In advance of the on-site portion of the audit, the auditor was able to conduct a thorough review of the submitted documentation. In addition, the auditor remained in frequent contact with the PREA Coordinator prior to the on-site visit in order to address questions, concerns, and issues related to the audit, thereby facilitating a more coordinated site visit.

The auditor arrived at the facility at 8:30am on June 13, 2016 and was greeted by the PREA Coordinator, Jessica Durbin. Soon afterwards, the Superintendent, Brian Brown joined us for the entrance meeting. During the entrance meeting, the PREA Audit Schedule was reviewed with a general discussion of the overall process and methodology which would be utilized for the audit. The PREA Coordinator provided the auditor with lists of staff and residents who would be available for interviews following the meeting.

The facility tour, escorted by the Superintendent and PREA Coordinator, commenced after the entrance meeting. During the tour the auditor was provided with the opportunity to observe all areas of the facility in order to assess the physical environment. Some observations and discussion concerned the need for additional cameras in the laundry room and kitchen to eliminate blind spots. The auditor observed an abundance of PREA related signage throughout the facility including auditor contact information as well as, instructions on how to report sexual abuse or sexual harassment (in English and Spanish). The auditor also noted the placement of two "Blue Phones" which are hotlines to the Center for Prevention of Abuse, located in the medical area and visitation interview room. The Blue Phone in visitation was tested by the auditor at a later time and the call did go directly to the Center.

Following the tour, the auditor began reviewing facility documentation for the standards and initiated the completion of the Auditor Compliance Tool. The PREA Coordinator was present and available to address questions and obtain additional documentation throughout the audit. The interviews of the Superintendent and PREA Coordinator were conducted following the tour as well.

During the on-site audit, 12 residents were interviewed by the auditor and it was apparent from the interviews that residents were well aware of PREA and their right to be free from sexual abuse and sexual harassment. They were very aware of how to report allegations and what the process would be if allegations were reported. Clearly, the residents are provided ample education regarding PREA as part of their regular programming and at intake. It was noteworthy that all residents selected for interviews were well mannered during the interviews and displayed appropriate social skills and behavior rarely seen in other detention settings. The implementation of a positively focused behavior management program, Cognitive Behavior Training (CBT) by PCJDC staff clearly has had a positive effect on the resident population.

During the on-site audit, 11 direct care staff were interviewed representing all four shifts, first, second, swing, and third. The auditor interviewed the staff during their assigned shifts in order to avoid overtime or inconveniencing the staff. As noted with the residents, staff were highly aware of the requirements of PREA and confirmed that there was ample training provided by the PREA Coordinator on how to implement PREA in the facility. Staff were very aware of the reporting and investigation of sexual abuse and sexual harassment allegations as well as their responsibility to provide a safe environment for residents. Some staff did note that very frequently the facility did not have enough staff on duty to adequately provide the level of supervision necessary to ensure the safety, security and programs for residents. As noted in the interim audit report, insufficient staffing was an area of non-compliance which could jeopardize the safety of residents.

Also interviewed during this audit were 11 (some with overlapping duties) specialized staff representing: medical/mental health staff (2) ; investigators(3), intermediate higher level staff (3); intake (1); incident review team (2); monitoring retaliation (1); administrative/hr (1); risk screening (1); and volunteer (2). All individuals interviewed were well aware of their respective responsibilities and expressed a good understanding of the PREA process.

The auditor spent an average of 10 hours per day for the on-site audit lasting 4 days which provided ample time to conduct interviews, review documents, observe operations, and determine standard compliance for the facility.

On the final day, an exit meeting was held at 4:00pm with the Superintendent and the PREA Coordinator to summarize the findings of the on-site audit. Since the auditor kept both individuals updated throughout the audit regarding the compliance status of the standards, there

were no surprises with the findings that were presented at the exit meeting. The Superintendent and PREA Coordinator completed some minor corrections during the time period between the on-site visit and the completion of the Interim Report and these corrections were approved by the auditor.

There were some remaining issues of non-compliance with three specific standards (115.311, 115.313, 115.366) which required the development of corrective action plans by the Superintendent, PREA Coordinator and the auditor in order to achieve compliance within the required 180 days following the completion of the Interim Report.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Peoria County Juvenile Detention Center is a division of the Department of Probation and Court Services under the authority of the 10<sup>th</sup> Judicial Circuit Court Chief Judge.

The Peoria County Juvenile Detention Center was dedicated and opened in 1999 and sets the standard for detaining juveniles in a secure, rehabilitating, environment. The Peoria County Juvenile Detention Center is a 36,000 square foot, single story brick building with a total of 63 sleeping rooms and 10 individual security rooms. The facility is composed of three 21 bed living units, education, medical, physical recreation, intake, and administrative areas. The facility provides secure detention services for both male and female juveniles between the ages of 10 and 18 who have been accused of serious crimes, or who have been sentenced to the facility for up to 30 days. The facility's mission is to further justice by providing a safe, caring environment that guides children in its care toward productive lives and enhances community safety and well-being.

This modern facility emphasizes access to education, physical and mental health care, recreation, and religious services bringing all the components necessary to serve the many needs of the juvenile population. A facility wide Cognitive Behavior Training program provides youth with an evidence based form of behavior modification. This program includes strategies to increase appropriate behavior, strategies to decrease inappropriate behavior, and strategies to increase social skills. Through the use of program incentives, adolescent age appropriate consequences, and group programming, youth are encouraged to recognize and change faulty "automatic" thinking patterns. The facility believes that all youth are valuable and by aiding them to change their thoughts, staff are helping them change their behavior.

The Peoria County Juvenile Detention Center places a primary focus on providing intensive and ongoing staff training to better serve the residents of the facility. Staff receive 8 hours of training monthly in addition to the 4 week training program they receive upon being hired. Staff also receive a 40 hour "Basic Detention Training" program provided by the Administrative Office of Illinois Courts within their first year of employment. Facility policy reflects statutory regulations as well as the expectations and standards of the Illinois Department of Juvenile Justice, National Commission on Correctional Health care, and the Federal Prison Rape Elimination Act of 2003.

The Peoria County Juvenile Detention Center was fully accredited by the National Commission on Correctional Healthcare (NCCHC) in September of 2013. NCCHC sets the standards for correctional medical and mental health care practices. Through this accreditation, the facility provides youth with best practice in responding to their medical and mental health needs. Medical and mental health services are provided by Correct Care Solutions through a contractual agreement.

## SUMMARY OF AUDIT FINDINGS

The Peoria County Juvenile Detention Center, the Court, and County are obviously committed to implementing and maintaining a zero tolerance threshold regarding sexual abuse and sexual harassment within the facility and they are to be commended for their commitment to providing a safe environment for youth. The Superintendent, PREA Coordinator, and the staff are totally committed to implementing all requirements of PREA to ensure the sexual safety of residents. The PREA Coordinator did an exceptional job of preparing for the audit and ensured that all policies and procedures, as well as secondary documentation, were available for the auditor. The auditor was impressed with the level of awareness of PREA by residents and staff during the interview process and it was apparent that ample training and education are provided to both groups.

The facility was initially found in compliance with 31 standards and exceeded the requirements for a number of standards (6), specifically in the areas of staff training, resident education, as well as, being responsive to the short term nature of juvenile detention and by improving upon the time frames for reviews or follow-up required by the standards.

At the conclusion of the on-site audit, the auditor did find 3 standards to be in non-compliance. The PCJDC was firmly committed to bringing these three standards into full compliance during the 180 day corrective action period. As noted in the Interim Report, the facility PREA Coordinator position did not have the authority to develop, implement, and oversee the PREA process at the PCJDC as required by 115.311. In addition, the facility did not meet the requirements of 115.313 in terms of not ensuring that there is an adequate number of staff available to supervise residents and provide for their safety. In addition, unannounced rounds were not conducted by supervisory staff during the overnight shift as regularly as they were on the day and afternoon shifts. Finally, the facility entered into a collective bargaining agreement with the employee union in February 2016 but did not include the language contained in 115.366 in that agreement as required by the standard.

The Superintendent, PREA Coordinator, and auditor agreed upon implementing a corrective action plan following the Interim Report to address the non-compliance findings within the required 180 day time frame. To the credit of the Superintendent, PREA Coordinator, the Court and County, facility staff, as well as the employee union, all requirements contained in the corrective action plan have been achieved. The line staff level Compliance Coordinator position, which served as the PREA Coordinator, was upgraded to an Assistant Superintendent level Compliance Administrator position with direct reporting responsibility to the Superintendent. This modification clearly meets the requirements of 115.311. Similarly, additional line staff positions (4.5 FTE) and reorganization plans recommended by the Superintendent and subsequently approved by the Court and County, effectively raised the number of staff available to supervise residents to appropriate levels as required by 115.313. The Superintendent also implemented the requirement for Assistant Superintendents and the Compliance Administrator to conduct unannounced rounds on the overnight shift on a monthly rotating basis which also addresses 115.313 concerns. Finally, the Superintendent and the employee union representative signed a Memorandum of Understanding incorporating the standard language required in 115.366 with the understanding that this language would be included in the next collective bargaining agreement.

After reviewing all of the additional documentation and information required by the corrective action plan, in addition to the previous findings of compliance from the on-site audit, the auditor has determined, without reservation, that the Peoria County Juvenile Detention Center has achieved full compliance with the PREA Standards for Juvenile Facilities.

Number of standards exceeded: 6

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 1

### **Standard 115.311 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.**

The Peoria County Juvenile Center Policy 19.1 I meets the requirements of this standard. The PCJDC does mandate a zero tolerance policy and practice regarding all forms of sexual abuse and sexual harassment within the facility. The organizational culture has adopted this basic standard of care throughout the facility. Residents and facility personnel consistently communicated their understanding of, and commitment to, the zero tolerance standard as evidenced during interviews conducted by the auditor.

The Interim Report indicated serious concerns with the role and responsibilities of the PREA Coordinator meeting the requirements of the standard. Based upon interviews with the Superintendent and PREA Coordinator, as well as, a review of the organizational chart and Compliance Coordinator job description, the PCJDC did not comply with this standard regarding the requirement for a PREA Coordinator position. While the PCJDC Compliance Coordinator served as the PREA Coordinator for the facility, the position clearly did not meet the requirements of this standard. The Compliance Coordinator was clearly not an upper level position in the organization. In fact, according to the facility's organizational chart, the position was at the same level as the line staff position of Youth Development Specialist. The position was also below the shift supervisor level position which is titled, Assistant Superintendent. Furthermore, the Compliance Coordinator position was a member of the employee collective bargaining unit instead of a member of the non-union management team. This lack of management level status in the organization prevented the PREA Coordinator from having the required authority to develop, implement, and oversee the facility's efforts to comply with the PREA standards. In the organizational structure, the Compliance Coordinator did not have the authority to direct staff or supervisors (Assistant Superintendents) in matters related to PREA compliance nor could the position hold either classification accountable for failing to comply with facility policies. In addition, the Compliance Coordinator position did not have the organizational authority to develop PREA related programs or training independent from the supervisory level personnel. In order to comply with this standard the position serving as the PREA Coordinator should have been placed at, or preferably above, the Assistant Superintendent level and ideally, should have reported directly to the Superintendent. The auditor recommended that the Compliance Coordinator position and job description be modified to Compliance Manager/Administrator or some alternative management level title, which would provide the position with the required authority commensurate with the responsibility for developing, implementing and very importantly, overseeing the ongoing implementation of the PREA standards in the facility.

Recommended Corrective Action:

1. Upgrade the current Compliance Coordinator position to an upper level management position in the facility that reports directly to the Superintendent and meets the standard requirements for the PREA Coordinator.
2. Revise the position's job description to reflect the required responsibilities and authority of the new position.

Corrective Action Taken:

The Superintendent proposed the recommended changes to the Court and County Administrations and on 11-14-16 the Compliance Coordinator position was upgraded to an Assistant Superintendent level Compliance Administrator position with direct reporting responsibility to the Superintendent. The updated and approved Compliance Administrator job description and new position on the organizational chart were reviewed by the auditor and clearly identify the new position as meeting the requirements of this standard for the facility PREA Coordinator.

### **Standard 115.312 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.**

This standard is Not Applicable. The Peoria County Juvenile Detention Center does not contract with other entities for the confinement of residents. This was confirmed through interviews with the Superintendent and Compliance Coordinator.

### **Standard 115.313 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.**

The Peoria County Juvenile Detention Center Policy 19.1 II meets the requirements of this standard. However, as noted in the Interim Report, during the on-site audit the auditor found that the PCJDC practice was not in compliance with this standard. Based upon a review of the 2016 facility PREA staffing plan and interviews with the Superintendent, PREA Coordinator, and staff the auditor found that the level of staffing was not adequate to protect residents from sexual abuse or sexual harassment as required by the standard. The facility reportedly exceeded the generally accepted juvenile detention practice of maintaining a 1:8 staff to resident ratio during waking hours and 1:16 during sleeping hours, per the National Juvenile Detention Association and National Partnership for Juvenile Services position statements, as well as numerous other state regulatory agencies and advocacy groups. Effective October 2017, all juvenile facilities will be required to meet the above ratios in order to be in compliance with the PREA standards. It was reported to the auditor that the facility frequently operated with a 1:11 or 1:12 ratio during the day and 1:24 during sleeping hours. Even though the effective date for the implementation of the 1:8 and 1:16 ratios is in October 2017, the current lack of sufficient numbers of staff to adequately supervise residents creates a predictable increased opportunity for sexual abuse or sexual harassment, as well as other inappropriate behaviors, by residents. The Illinois Department of Juvenile Justice, the designated oversight and inspection agency for juvenile detention facilities, has previously determined that the PCJDC needs to increase its level of staffing in order to provide improved supervision of residents. The Superintendent was encouraged by the auditor to implement the necessary actions to ensure that facility staffing levels are increased to meet nationally accepted practice in the staffing plan in accordance with the requirements of this standard.

In addition to the direct care staffing deficiencies, the auditor determined that the section of the standard requiring unannounced rounds was also not in compliance. While interviews with staff and Assistant Superintendents confirm that unannounced rounds are consistently being completed, as supported by a review of electronic documentation of the rounds, significant gaps in the timing of the rounds were a major concern. Based upon a review of the documentation, rounds were conducted on the 7-3 shift and 3-11 shift on a consistent basis but there were virtually no unannounced rounds on the 11-7 shift other than those that might have been conducted between 11:00 pm and midnight or 6:00am to 7:00am by Assistant Superintendents whose shifts overlapped into the overnight shift. There was no Assistant Superintendent or other supervisory personnel assigned to the 11-7 shift to conduct intermediate or upper level unannounced rounds, or provide supervision to the shift, between the hours of 12:00am to 6:00am. These unsupervised or unmonitored 6 hours without rounds being conducted could provide an opportunity for incidents of sexual abuse or sexual harassment to occur and should be given the same prevention priority as the hours during the day shift and the afternoon shift. The auditor recommended that the PCJDC develop a schedule which provides the 11-7 shift with consistent and adequate supervision that ensures unannounced rounds are conducted throughout the overnight shift, not just during the first hour or the last hour of the shift.

Also, during the facility tour, the auditor and Superintendent discussed the need for additional cameras placed in the laundry room and kitchen areas to address current blind spots.

Recommended Corrective Action:

1. Increase the number of direct care staff to meet nationally accepted juvenile detention practice ratio of at least, 1:8 staff to residents during waking hours and 1:16 during sleeping hours.
2. Ensure that the staffing plan for adequate numbers of staff considers the staffing “replacement factor” which is necessary to compensate for predictable staff absences on the shifts due to vacation, sick leave, extended medical leave, compensatory time, personal time, staff vacancies, training, etc.
3. Develop and implement a plan to ensure that the overnight shift (11-7) has adequate supervision throughout the shift to ensure the completion of unannounced rounds during the entire shift.
4. Implement recommendations by the IDJJ in its 2015 inspection report that recommends the re-evaluation of the facility’s staffing plan and the addition of another Assistant Superintendent.
5. Install additional cameras in the laundry room and the kitchen.

Corrective Action Taken:

The Superintendent submitted a proposal to the Court and County to increase the facility staffing by 4.5 FTE and reassign the duties of some existing personnel in order to enhance the level of supervision provided to residents. The auditor reviewed the Peoria County FY 2017 Budget section for the JDC which documented approval of the new positions on 12-1-16. The FTE for the facility increased from 51.5 to 56 employees illustrating the impressive Court and County support to the JDC for providing a safe and productive environment for facility residents and staff. The new staff schedule was also reviewed by the auditor and it is believed that these changes will enable the facility to meet, or exceed, the nationally accepted and PREA standard requirement for adequate staffing and address previous concerns raised in previous IDJJ inspections. In addition, the upgraded Compliance Administrator position noted in 115.311 met the earlier IDJJ recommendation for an additional Assistant Superintendent level position. The auditor also reviewed a revised supervisory rounds monthly rotation for the overnight shift that requires Assistant Superintendents and the Compliance Administrator to conduct unannounced rounds of the facility between the hours of 12:00am and 6:00am. This new procedure and schedule for rounds meets the intent of the standard. Finally, the auditor received verification from the Superintendent that the purchase of additional cameras has been submitted for bid with an anticipated installation date of early 2017. The auditor finds the time frame acceptable for the purpose of complying with this standard.

Based upon the documentation reviewed and discussions with the Superintendent, who worked diligently to increase facility staffing levels, the auditor finds that this standard is now in full compliance. As with standard 115.311, the Court and County should be commended for their ongoing support for the Juvenile Detention Center and the full implementation of PREA standards at the facility.

**Standard 115.315 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.**

Peoria County Juvenile Detention Center Policy and Procedure 19.1 – III clearly prohibits facility staff from conducting cross gender strip searches, visual body cavity searches, or pat down searches of residents, including transgender residents. Policy also specifies that cross gender searches may only be conducted by qualified medical practitioners and then only in exigent circumstances. In addition to facility policy, resident and staff interviews confirmed that PCJDC staff do not conduct cross gender searches. Policy requires an Assistant Superintendent to document and justify all cross gender searches by medical practitioners. The PCJDC exceeds the standard by requiring all staff to announce their presence and gender when entering a living unit, regardless of the gender of the residents in order to minimize the viewing of residents in various states of undress. This practice was confirmed through resident and staff interviews as well as direct

observation on the units.

### **Standard 115.316 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.**

The Peoria County Juvenile Detention Center Policy 19.1- IV addresses the facility's commitment to provide residents with disabilities or limited English proficiency with information regarding efforts to prevent, detect, and respond to sexual abuse or sexual assault. Direct observation of accessible Spanish versions of resident handbooks and PREA brochures, as well as access to translation services by telephone (Language Line) for other languages confirm this practice. In addition, TTY telephone service is available for hearing impaired residents. The PCJDC Policy does not allow resident interpreters, readers, or other resident assistants except in limited or exigent circumstances. This practice was confirmed through interviews with staff.

### **Standard 115.317 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)

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The Peoria County Juvenile Detention Center Policy 19.1-V satisfactorily addresses the facility's hiring and promotion practices related to the applicable PREA standards. Interviews with the Superintendent and Administrative Assistant responsible for HR functions confirm pre-employment criminal and child abuse registry background checks of prospective employees or contractors as well as the prohibition on hiring any applicant or enlisting the services of contractors who have engaged in sexual abuse in a confinement facility. This includes being criminally, civilly, or administratively responsible for sexual abuse. Incidents of sexual harassment are considered when determining whether to hire or promote an employee or enlist the services of contractors. A review of personnel files of employees and volunteers confirm that the facility completes criminal record checks and child abuse registry checks on employees, volunteers, interns, and contractors. Interviews with the Administrative Assistant and review of personnel forms also confirm that applicants and current employees are asked about sexual misconduct in pre-employment applications, promotional interviews and performance evaluations. This is verified by a review of the following PCJDC forms: PREA Employment Questionnaire, Job Application, and Employee Evaluation. PCJDC Policy also imposes an affirmative duty to disclose any substantiated sexual abuse/harassment to the employer. The Policy also requires the PCJDC Superintendent to provide information on substantiated allegations of sexual abuse or harassment by former employees to prospective employers, upon request.

### **Standard 115.318 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)

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The Peoria County Juvenile Detention Center Policy 19.1 VI satisfactorily addresses the standard requirements regarding proposed upgrades to facility modifications, including updates to video monitoring systems, and requires management to consider the effect that these modifications/updates may have on enhancing the sexual safety of residents. Management and Safety Committee meeting minutes and interviews with PCJDC administrators confirm that proposed facility upgrades are discussed prior to implementation, in consideration with applicable PREA standards.

### **Standard 115.321 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)

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The Peoria County Juvenile Detention Center Policy 19.2 I satisfactorily meets the requirements of this standard. A review of documentation that the PCJDC has provided the “National Protocol for Sexual Assault and Medical Forensic Examinations” to agencies with whom the facility has MOU’s confirms that the PCJDC ensures that an age appropriate, uniform evidence protocol is utilized to obtain usable physical evidence for administrative proceedings or criminal prosecution. Interviews with facility administrative personnel confirm this protocol in the event a case of sexual abuse would occur requiring a forensic medical examination, the examination would be conducted by SANE/SAFE personnel and provided without cost to the victim. The facility also has a MOU with a local rape crisis center to provide victim advocate services required by the standard, if needed. This protocol was confirmed through interviews with the PREA Coordinator. A MOU with the Peoria County Sheriff’s Department includes wording that requests the agency to follow the protocol identified in this standard (paragraphs (a) through (e)).

### **Standard 115.322 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.**

The Peoria County Juvenile Detention Center Policy 19.2 II meets the requirements of this standard. The facility utilizes four Assistant Superintendents and the PREA Coordinator as administrative investigators and has an MOU with the Peoria County Sheriff's Department to serve as the investigating agency for all criminal investigations. Interviews with the Superintendent, Assistant Superintendents and the PREA Coordinator confirm the individuals authorized to conduct administrative and criminal investigations. In addition, other interviewed PCJDC staff confirmed knowledge of who was authorized to conduct investigations into alleged sexual abuse or sexual harassment. The PCJDC has posted the facility's PREA Policy on its website.

### **Standard 115.331 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.**

The Peoria County Juvenile Center Policy 19.2 III meets all of the requirements of this standard. The PCJDC provides extensive training, utilizing PRC/Moss Group training modules, to its personnel including pre-service training as well as monthly refreshers as a regular part of the facility training calendar. All staff interviewed confirm that PREA training is comprehensive and ongoing. A review of personnel files confirmed PREA training was ongoing for employees. Staff awareness of the requirements and philosophy behind PREA affirms the frequency and comprehensiveness of the training. During the period between the audit and the interim report, the facility modified its training documentation form to include wording that verified an individual's "understanding" of the training. The previous form lacked that specific required language. The facility policy also requires annual refresher PREA training for staff annually, which exceeds the standard language that requires refresher training only every two years.

### **Standard 115.332 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.**

The Peoria Juvenile Detention Center Policy 19.2 IV meets the requirements of this standard. Interviews with the Program Manager responsible for the volunteer program as well as an intern verify that training is provided to this group of individuals. In addition, volunteer/intern files were reviewed and training was verified as being provided consistently. As stated above, the training documentation form was satisfactorily revised to specify "understanding" of the training prior to the writing of the Interim Report.

### Standard 115.333 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.**

The Peoria County Juvenile Detention Center Policy 19.2 V meets and exceeds the requirements for this standard. The PCJDC does an excellent job of providing educational posters throughout the facility regarding PREA and their access to methods to keep them safe from sexual abuse and sexual harassment. The PCJDC exceeds the standard requirement by providing a complete PREA orientation for residents on the same day of their admission instead of within 10 days. The residents are also provided basic information regarding PREA and the zero tolerance policy, reporting process during their intake. This was confirmed through interviews with residents and intake staff. A “New Resident PREA Orientation” was also observed during the audit which was comprehensive, well facilitated, and evaluated by PCJDC staff. Residents were provided with PREA information during their stay through the use of “Resident Handbooks”, PREA Brochures, and as stated earlier, numerous posters throughout the facility.

### Standard 115.334 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.**

The Peoria County Juvenile Detention Center Policy 19.2 VI satisfactorily meets the requirements of the standard. Interviews with the Assistant Superintendents and PREA Coordinator who are the facility investigators for administrative investigations confirm that they have completed investigator training provided by The Moss Group training modules accessed on the PRC website. It was recommended that, instead of receiving the training individually via viewing the website modules online, the training should be improved upon in the future by utilizing a more interactive training participant process which would include exercises, role plays, hypothetical scenarios, etc.. As noted in 115.331 the training form was revised to include verification of the trainee’s understanding of the training following the audit. The PCJDC has an agreement with the Peoria County Sheriff’s Department which requires PCSD investigators to complete special investigation training consistent with this standard.

### Standard 115.335 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 Peoria County Juvenile Detention Center Policy 19.2 VII satisfactorily meets the requirements of this standard. Medical and mental health services are provided through a contract with Correct Care Solutions, Inc. which also provides PREA training to its employees. Interviews with the nurse and therapist assigned to the PCJDC, as well as the PREA Coordinator, confirm that each has completed the required PREA training. Training records for these individuals were also reviewed and confirmed. In addition, CCS employees serving the PCJDC residents also complete the facility’s PREA training provided to all facility staff. The form revision completed as identified in 115.331 and 115.334 applies to this standard as well.

**Standard 115.341 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.**

The Peoria County Juvenile Detention Center Policy 19.3 I meets the requirements for this standard. The “Initial Custody Assessment Scale” is an objective screening instrument which is administered to residents at intake was reviewed by the auditor and complies with the standard requirements. The instrument captures information from records and conversations with a newly admitted resident regarding the resident’s personal history and risk for potential victimization or abusiveness. All elements in 115.341(c) are covered on the instrument. Interviews with residents and staff confirm that the instrument is utilized as part of the intake process. Once completed and filed electronically it is closed and cannot be reopened. The instrument is protected from being viewed by staff other than mental health, medical and administrative staff. This process was confirmed through interviews with the PREA Coordinator and mental health staff. One minor change of wording on the instrument was recommended by the auditor and was made prior to the completion of the audit site visit. The PREA Coordinator confirmed during interviews that resident assessments are reviews at least every 90 days. The auditor reviewed a reassessment of a resident, using the same instrument, that was conducted within the 90 day time frame.

**Standard 115.342 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.**

The Peoria County Juvenile Detention Center Policy 19.3 II satisfactorily meets and exceeds the requirements of this standard. Interviews with the PREA Coordinator and Superintendent confirm that information obtained from the “Initial Custody Assessment Scale” is used to make housing, bed, program, and education assignments in order to meet the goal of keeping residents safe from sexual abuse. Interviews

with the PREA Coordinator, Superintendent, and mental health/medical staff confirm that in the very rare situation that a resident would be isolated from other residents, the elements contained in 115.342 (b) would be met. One minor change in wording in the policy was recommended and completed during the audit. The original term “recreation” was changed to “large muscle exercise” in order to be consistent with standard language. The remainder of the language contained in 115.342 (b) was verified in policy and confirmed during interviews with the Superintendent, PREA Coordinator and medical/mental health staff. Interviews with the PREA Coordinator and staff responsible for risk screening confirm that the elements of 115.342 (c-f) regarding the placement of transgender and intersex residents are being met. Interviews and observation of the living unit also confirm that transgender or intersex residents have the ability to shower separately from other residents. Although no residents were isolated pursuant to 115.342 (b) within the previous 12 months the policy and interviews with the PREA Coordinator confirm that a resident would only be isolated pursuant to the standard and documentation citing the basis of the facility’s concerns necessitating isolation and the reason why alternative means of separation were not utilized. The PCJDC exceeds the requirements of 115.342 (i) by requiring an administrative review of the need for continued isolation every 5 days, instead of every 90 days, as required by the standard.

### **Standard 115.351 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.**

The Peoria County Juvenile Detention Center Policy 19.4 I meets and exceeds the requirements of this standard. Interviews with residents and staff as well as the PREA Coordinator confirm that the PCJDC provides a large number of ways that residents can report sexual abuse or sexual harassment, both internally and externally. All residents interviewed were very knowledgeable of the methods of reporting sexual abuse or sexual harassment that were available to them, including reporting to a staff, Assistant Superintendent, PREA Coordinator, nurse, therapist, volunteer, etc., as well as utilizing the grievance procedure. Residents were also very aware that they could use the “Blue Phones” located in Medical or the interview room in the visitation area. They were also aware that they could call the Peoria County Sheriff’s Department to report abuse as well. There was ample signage observed throughout the facility that explained the avenues available to residents who wanted to file a report. The auditor observed the Blue Phones located in medical and the visitation interview room and tested the phone in the latter location to verify that the call would go directly to the Center for the Prevention of Abuse. The availability of numerous methods for residents to report sexual abuse or sexual harassment, as well as the apparent confidence the residents have in utilizing those methods exceed the the standard requirements. In addition, interviews with staff indicate a firm knowledge of their reporting responsibilities as noted in 115.351 (c – e) including how they can contact the Sheriff’s Department or the Illinois Department of Children and Family Services to privately file a report.

### **Standard 115.352 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.**

The Peoria County Juvenile Detention Center Policy 19.4 II satisfactorily meets the requirements of the standard. Interviews with residents, staff and the PREA Coordinator confirm that the facility grievance procedure provides residents with a viable mechanism to report sexual abuse or sexual harassment. Emergency grievances alleging sexual abuse are expected to be responded to immediately with appropriate measures initiated if the resident is determined to be need of protection. In addition to resident filing of grievances, parents or guardians may also file grievances on the resident's behalf. The policy and forms required some revision as recommended by the auditor which was accomplished following the audit and prior to the completion of the Interim Report. Two grievances were reviewed in which both residents recanted their complaints, indicating that they were not telling the truth and wanting to get staff in trouble. Interviews with residents confirmed their understanding of the grievance procedure and the manner in which they could report sexual abuse or sexual harassment utilizing this process.

### **Standard 115.353 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 Peoria County Juvenile Detention Center Policy 19.4 III meets the requirements of this standard. The PCJDC has an MOU with the Center for Prevention of Abuse which provides residents with access to outside advocates and support services. Interviews with residents confirm that they can access CPA by using the "Blue Phones" or by postal mail. There was ample signage observed throughout the facility that verified the access to this resource by residents. A New Resident Orientation to PREA was observed by the auditor in which residents were provided with an orientation to the facility's zero tolerance for sexual abuse and sexual harassment and resident's access to outside confidential support services. Residents, staff, the Superintendent, and PREA Coordinator confirmed in interviews that residents are provided reasonable and confidential access to legal representatives and parents/guardians.

### **Standard 115.354 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.**

The Peoria County Juvenile Detention Center Policy 19.4 IV satisfactorily meets the standard requirements. The PCJDC provides information on its website providing information on how to report sexual abuse or sexual harassment on behalf of a resident. In addition, signage was observed in the facility lobby providing information to individuals on how to utilize the Center for Prevention of Abuse Hotline or Sheriff's Department to report abuse. Also, grievance forms and a locked grievance box were observed by the auditor in the lobby for third parties to use if an individual wants to file a report on behalf of a resident.

### Standard 115.361 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.**

The Peoria County Juvenile Detention Center Policy 19.5 I meets the requirements of this standard. Interviews with staff confirm that they are aware of their responsibility to comply with all provisions of their duty to immediately report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment concerning a resident and their obligation to comply with mandatory reporting laws for the State of Illinois. In addition, staff were aware that they also had a responsibility to report any retaliation against residents or staff who report incidents of sexual abuse or sexual harassment as well as, staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Staff also were aware of their responsibility to maintain confidentiality of information unless sharing that information is necessary to make treatment, investigation, or security decisions. Interviews with medical and mental health staff confirm their responsibility to report sexual abuse or sexual harassment to an Assistant Superintendent or PREA Coordinator. They also confirmed that they inform residents at the initiation of their services their duty to report and any limits to confidentiality. Interviews with the Superintendent and PREA Coordinator confirm the procedures for notifying law enforcement and parents/guardian consistent with standard requirements. In addition, they confirmed the practice of notifying the Department of Children and Family Services or juvenile court if one of those agencies have jurisdiction. Employees are instructed to report all allegations of sexual abuse or sexual harassment to an Assistant Superintendent or the PREA Coordinator.

### Standard 115.362 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.**

The Peoria County Juvenile Detention Center 19.5 II satisfactorily meets the requirements of this standard. Interviews with the Superintendent, PREA Coordinator, and staff confirm that in the event a resident is found to be at substantial risk of sexual abuse the facility employees will take immediate action to protect the resident. The protocol calls for immediate notification to an Assistant Superintendent or PREA Coordinator who will take the necessary action to eliminate the risk of harm to the resident including but not limited to, room changes, unit changes, or staffing changes.

### Standard 115.363 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.**

The Peoria County Juvenile Detention Center Policy 19.5 III meets the requirements of this standard. Interviews with the Superintendent and PREA Coordinator confirmed the process to be utilized in the event that allegations that a resident was sexually abused while confined at another facility. The PCJDC Superintendent is responsible for notifying the head of the other facility as well as the appropriate investigative agency as soon as possible but no later than 72 hours after receiving the allegation. Such notifications shall be documented by the Superintendent. In addition, the Superintendent and PREA Coordinator confirmed that the PCJDC Superintendent is responsible for ensuring that, upon notification of allegations of sexual abuse that reportedly occurred at the PCJDC received from another facility, will result in an investigation in accordance with PREA standards.

### **Standard 115.364 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.**

The Peoria County Juvenile Detention Center Policy 19.5 IV satisfactorily meets the requirements of this standard. Interviews with staff confirm their understanding of the required protocol to follow as first responders to incidents of sexual abuse. The protocol for staff to follow includes: separating the victim and abuser; notifying the Assistant Superintendent, preserving the crime scene, preservation of evidence by requiring that the victim or abuser does not destroy or compromise physical evidence.

### **Standard 115.365 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.**

The Peoria County Juvenile Center Policy 19.5 V meets the requirements of this standard. Interviews with the Superintendent and PREA Coordinator confirm the existence of a written coordinated response plan in the event of sexual abuse. The auditor reviewed the written plan in the policy, as well as, a well prepared and descriptive one page separate flow chart which was developed to serve as a stand alone, quick reference guide for staff to utilize in the event of a sexual abuse incident.

### Standard 115.366 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.**

The Peoria Juvenile Detention Center Policy 19.VI language meets the basic intent of the standard regarding future collective bargaining agreements.

However, upon further evaluation during the audit, according to the specific language in the standard regarding required time frames, the most recent collective bargaining agreement signed in February 2016 should have contained the language required by the standard specifically allowing the PCJDC the ability to remove alleged sexual abusers from contact with residents pending the outcome of the investigation or of a determination of whether and to what extent discipline is warranted. The PCJDC Superintendent said that he would begin the process of negotiating a MOU with the Union incorporating the required standard language into the MOU pending negotiations for the next collective bargaining agreement which would be effective in January, 2019.

Corrective action required: Successfully negotiate and sign a Memorandum of Understanding with the Union which includes the required language in PREA standard 115.366.

On 8-10-16 the auditor received the signed Memorandum of Understanding between the Union and JDC Superintendent dated 8-8-16 which satisfactorily meets the requirements of the standard and corrective action plan.

### Standard 115.367 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.**

The Peoria County Juvenile Detention Center Policy 19.5 VII meets the requirements of this standard. Interviews with the Superintendent and the PREA Coordinator confirm that the PREA Coordinator is the designated individual responsible for ensuring that residents and staff are protected from retaliation. Also confirmed in the interviews is that monitoring will take place for a minimum of 90 day and can be extended if warranted. Interviews confirm policy that requires multiple protection measures for residents or staff consistent with 115.367 (b) through the review of incident reports, performance reviews, and other relevant documents. The PREA Coordinator confirms that she will have regular contact with residents to monitor potential retaliation, at least weekly. The PCJDC is committed to act promptly to address any form of retaliation directed toward staff, volunteers, contractors, as well as residents. Residents can have access to facility mental health services or support services through the Center for Prevention of Abuse while staff can access services through the County Employee Assistance Program.

### Standard 115.368 Post-allegation protective custody

- 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 Peoria County Juvenile Detention Center Policy 19.5 VIII meets and exceeds the requirements of this standard. Interviews with the Superintendent and PREA Coordinator, as well as, medical and mental health care staff, confirm that in the rare event that a resident is placed in isolation post allegation for the purpose of protective custody the requirements of this standard and related standard 115.342 are met. A minor recommended change in the wording in the policy, from “recreation” to “large muscle exercise”, was made following the onsite portion of the audit and the completion of the Interim Rreport. The PCJDC exceeds the expectation for the frequency of administrative reviews to determine if continued protective custody is required. The standard requires a review every 30 days while the PCJDC requires a review every 5 days.

### Standard 115.371 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.**

The Peoria County Juvenile Center Policy 19.6 I satisfactorily meets the requirements of this standard. Interviews with investigative staff, the Superintendent, and PREA Coordinator confirm that the PCJDC places a high priority on implementing the requirements of this standard. Administrative investigations are conducted immediately, or no later than 24 hours, upon receiving any allegation of sexual abuse or sexual harassment. The PCJDC is responsible for administrative investigations while the Peoria County Sheriff’s Department is responsible for conducting all criminal investigations. A MOU between PCJDC and PCSD was reviewed to confirm this agreement. PCJDC investigators are trained in the requirements of conducting investigations consistent with 115.334 utilizing training modules developed by The Moss Group and accessed on the PREA Resource Center website. Investigators are required to gather and preserve evidence consistent with 115.371 (c). Administrative investigations are conducted by an Assistant Superintendent or the PREA Coordinator. Administrative investigations are documented in written reports that include a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments, and investigative findings. Reports will be retained for as long as the abuser is incarcerated or employed by the agency plus 5 years. Administrative investigations will attempt to determine whether staff actions or failure to act contributed to abuse, if substantiated. Investigations will not be terminated in the event of the victim or source of the allegation recants the allegation or, if the abuser or victim is released from custody or employment. The PCJDC will cooperate with the criminal investigators and request to be kept apprised of the progress of the investigation. One file was reviewed in which a former resident alleged that he was sexually abused while at the PCJDC. This was reported to the facility (adult jail) in which he was lodged at the time of the allegation. The facility reported the allegation to the PCJDC Superintendent who contacted the Peoria County Sheriff’s Department. The PCSD conducted the criminal investigation and determined the allegation to be unfounded. This confirmed that the practice of responding to reports from other facilities are referred for investigation in accordance with PCJDC policy.

### Standard 115.372 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.**

The Peoria County Juvenile Detention Center Policy 19.6 II meets the requirements of this standard. Interviews with facility investigators (Assistant Superintendents) and the PREA Coordinator confirm that the standard of proof required to substantiate allegations of sexual abuse or sexual harassment is preponderance of the evidence. No higher standard of proof is allowed to be utilized to substantiate allegations of sexual abuse or sexual harassment.

### Standard 115.373 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.**

The Peoria County Juvenile Detention Center Policy 19.6 II meets the requirements of this standard. Interviews with the Superintendent, PREA Coordinator and Investigators confirm that residents will be provided information whether their allegation has been substantiated, unsubstantiated, or determined to be unfounded. Notifications follow the requirements in 115.373 (c – e). Notifications are not required once the resident is released from PCJDC custody.

### Standard 115.376 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.**

The Peoria County Juvenile Detention Center Policy 19.7 I meets the requirements of this standard. Interviews with the Superintendent and PREA Coordinator confirm that the PCJDC maintains a zero tolerance approach toward sexual abuse or sexual harassment and will

implement firm disciplinary action with staff for violations in this area. Staff are subject to disciplinary sanctions up to and including termination for violating PCJDC sexual abuse or sexual harassment policies. There were no reports of substantiated allegations or disciplinary actions taken with staff for violating sexual abuse or sexual harassment policies. It was reported that one staff resigned while an allegation was in the process of being investigated by law enforcement. No results of the investigation have been provided to the PCJDC Superintendent as of the date of the onsite audit.

**Standard 115.377 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.**

The Peoria County Juvenile Detention Center Policy 19.7 II satisfactorily meets the requirements of this standard. There have not been any allegations of sexual abuse or sexual harassment by contractors or volunteers at the PCJDC. Interviews with the Superintendent and PREA Coordinator confirm that any contractor or volunteer who commits sexual abuse or sexual harassment upon a resident will be held accountable consistent with this policy.

**Standard 115.378 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.**

The Peoria County Juvenile Detention Center policy 19.7 III meets the requirements of this standard. Interviews with the Superintendent and PREA Coordinator confirm that there were no substantiated incidents of sexual abuse or sexual harassment by residents and therefore, no instances in which disciplinary action was taken with residents. They interviews confirmed that in the event of substantiated allegations, residents would be subject to disciplinary actions consistent with the criteria contained in this standard.

**Standard 115.381 Medical and mental health screenings; history of sexual abuse**

- 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 Peoria County Juvenile Detention Center Policy 19.8 I meets the requirements of this standard. Interviews with medical and mental health care staff confirm that residents have reasonable access to health and mental health care services and are offered follow up services within 14 days if the initial custody assessment scale indicates at intake that he/she has been a victim or perpetrator of sexual abuse in an institutional setting or in the community. Interviews with staff responsible for screening also confirm this practice. Medical/mental health services are provided on a contract basis with the PCJDC by Correct Care Services Inc. and information regarding sexual victimization or abusiveness is limited to medical/mental health staff unless used to inform facility administration for purposes of security, housing, programming, and treatment planning. Individual Mental Health Progress Notes for residents were reviewed to confirm that required services were provided by CCS staff. Interviews confirm that the majority of PCJDC residents are 17 years old or younger but for those who are 18 or older, mental health/medical staff stated that they would need to obtain informed consent prior to reporting previous sexual victimization that did not occur in an institutional setting. There was no record or recollection of residents 18 or older who required informed consent in these circumstances.

### **Standard 115.382 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 Peoria County Juvenile Detention Center Policy 19.8 II satisfactorily meets the requirements of this standard. While there have not been any cases of sexual abuse in the facility requiring medical or mental health services, interviews with the PREA Coordinator and medical/mental health staff confirm that the appropriate protocols are in place in case sexual abuse victims need emergency medical or mental health services in the future. The auditor reviewed MOU’s with the Pediatric Resource Center and St. Francis Hospital for the provision of emergency medical services. The medical facilities have SANE or SAFE personnel available to provide examinations for PCJDC residents. In addition, the Pediatric Resource Center provides a Case Coordinator for the exam and the Center for Prevention of Abuse can provide a Rape Advocate for the resident at any time. The PREA Coordinator confirmed that all medical and mental health services are provided to the resident without any financial cost.

### **Standard 115.383 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.**

The Peoria County Juvenile Detention Center Policy 19.8 III meets the requirements of this standard. There haven’t been any sexual abuse

victims or abusers in need of ongoing medical or mental health care services. However, interviews with the PREA Coordinator and medical/mental health staff confirm that the appropriate protocols are in place to respond to the needs of residents if needed.

#### **Standard 115.386 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.**

The Peoria County Juvenile Detention Center Policy 19.9 I meets the requirements of this standard. While the policy covered all of the elements included in the standard, the auditor recommended the development of a specific form to document the review of any sexual abuse investigation, unless the allegation was determined to be unfounded. The “PREA Sexual Assault/Abuse Incident Review” form was developed by the PREA Coordinator during the onsite portion of the audit, as recommended. The form contains all of the fields required by the standard and will be used to document any future investigations of sexual abuse at the facility.

#### **Standard 115.387 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.**

The Peoria County Juvenile Detention Center Policy 19.9 II satisfactorily meets the requirements of this standard. The auditor recommended minor changes to the policy and procedures during the onsite portion of the audit which were completed before the finalization of the Interim Audit Report. Interviews with the PREA Coordinator, who is the individual responsible for data collection and review, confirm that the PCJDC collects accurate, uniform data for every allegation of sexual abuse utilizing the DOJ Survey of Sexual Violence instrument and definitions as the guideline. The auditor reviewed the Survey of Sexual Violence Survey and the 2015 annual PREA report on the PCJDC website. The PREA Coordinator maintains, reviews, and collects data as needed from incident based reports, investigation reports, and sexual abuse incident reviews, as needed.

#### **Standard 115.388 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.**

The Peoria County Juvenile Detention Center Policy 19.9 III meets the requirements of this standard. As noted above, the the auditor recommended minor policy changes which the PREA Coordinator completed. Interviews with the Superintendent and PREA Coordinator confirm that data collected and aggregated pursuant to 115.387 is utilized to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data reviews include identifying problem areas, taking corrective action, and preparing an annual report of the findings and corrective actions. The 2015 annual report was found on the facility’s website and reviewed. The auditor found that the annual report met the requirement of the standard. The PREA Coordinator confirmed that specific material which would present a clear and specific threat to the safety and security of the facility would be redacted, with an explanation of the nature of the redacted material.

**Standard 115.389 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.**

The Peoria County Juvenile Detention Center Policy 19.9 IV meets the requirements of this standard following minor revisions noted in the above comments. Interviews with the PREA Coordinator and Administrative Assistant confirm that data collected pursuant to 115.387 is securely retained in the locked filing room in the administration area with access limited to administrative personnel only. As noted above, the annual report was viewed on the facility’s website with no personal identifiers noted in the report. The auditor observed the filing room where sexual abuse data is kept and determined that it did meet the requirement for security of the data and related materials. Interviews with the PREA Coordinator confirm that sex abuse data and materials will be maintained for a period of at least 10 years after the date of its collection.

**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 inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Wayne R. Liddell

1-7-17

Auditor Signature

Date