

Human Service Center
Residential Re-Entry Center
PREA Plan

TABLE OF CONTENTS

PRISON RAPE ELIMINATION ACT POLICIES BY STANDARD

DEFINITIONS

§ 115.5 — General Definitions	5
§ 115.6 — Definitions Related to Sexual Abuse	3

PREVENTION PLANNING3

§ 115.11 — Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	3
§ 115.12 — Contracting with other entities for the confinement of Residents.....	N/A
§ 115.13 — Supervision and monitoring	6
§ 115.14 — Youthful Residents.....	N/A
§ 115.15 — Limits to cross-gender viewing and searches	7
§ 115.16 — Residents with disabilities and residents who are limited English proficient	8
§ 115.17 — Hiring and promotion decisions	9
§ 115.18 — Upgrades to facilities and technologies	10

RESPONSIVE PLANNING10

§ 115.21 — Evidence protocol and forensic medical examinations	10
§ 115.22 — Policies to ensure referrals of allegations for investigations	11

TRAINING AND EDUCATION11

§ 115.31 — Employee training	11
§ 115.32 — Volunteer and contractor training	12
§ 115.33 — Resident education	12
§ 115.34 — Specialized training: Investigations	12
§ 115.35 — Specialized training: Medical and mental health care	13

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS13

§ 115.41 — Screening for risk of victimization and abusiveness	13
§ 115.42 — Use of screening information	14
§ 115.43 — Protective custody	N/A

REPORTING15

§ 115.51 — Resident reporting	15
§ 115.52 — Exhaustion of administrative remedies	15
§ 115.53 — Resident access to outside confidential support services	16
§ 115.54 — Third-party reporting	17

OFFICIAL RESPONSE FOLLOWING AN RESIDENT REPORT	17
§ 115.61 — Staff and agency reporting duties	17
§ 115.62 — Agency protection duties	17
§ 115.63 — Reporting to other confinement facilities	18
§ 115.64 — Staff first responder duties	18
§ 115.65 — Coordinated response	18
§ 115.66 — Preservation of ability to protect residents from contact with abusers	18
§ 115.67 — Agency protection against retaliation	19
§ 115.68 — Post-allegation protective custody	N/A
INVESTIGATIONS	19
§ 115.71 — Criminal and administrative agency investigations	19
§ 115.72 — Evidentiary standard for administrative investigations	19
§ 115.73 — Reporting to residents	20
DISCIPLINE	20
§ 115.76 — Disciplinary sanctions for staff	20
§ 115.77 — Corrective action for contractors and volunteers	21
§ 115.78 — Disciplinary sanctions for residents	21
MEDICAL AND MENTAL CARE	21
§ 115.81 — Medical and mental health screenings; history of sexual abuse	N/A
§ 115.82 — Access to emergency medical and mental health services	22
§ 115.83 — Ongoing medical and mental health care for sexual abuse victims and abusers	22
DATA COLLECTION AND REVIEW	22
§ 115.86 — Sexual abuse incident reviews	23
§ 115.87 — Data collection	23
§ 115.88 — Data review for corrective action	24
§ 115.89 — Data storage, publication, and destruction	24
AUDITS	24
§ 115.93 — Audits of standards	24
§ 115.401 — Frequency and scope of audits	24
§ 115.402 — Auditor qualifications	24
§ 115.403 — Audit contents and findings	24
§ 115.404 — Audit corrective action plan	24
§ 115.405 — Audit appeals	24

Sexual Assault/Sexual Harassment Policy

POLICY 115.11

- The Human Service Center's (HSC) Residential Re-entry Center promotes a productive safe environment for staff and residents and has zero tolerance for verbal or physical conduct that harasses assaults, disrupts, traumatizes or interferes with another's work performance or the quality of life for its residents. Behavior that creates an intimidating, offensive, or hostile environment is immediately reported and addressed.
- The intent of this procedure is to provide uniform guidelines to prevent, detect, and respond to sexual harassment and assault.
- The company prohibits any form of retaliation against employees/residents for making a complaint or providing information about harassment.
- Any employee, supervisor or manager who violates this policy, and in accordance with the organization's Code of Ethics, is subject to disciplinary action, including termination. All volunteers, vendors, contractors and their representatives shall also comply with this policy or the working relationship/contract may be severed. A member of the incident review team may jointly or individually decide if it necessary to prohibit further resident contact until HR can be reached.
- All claims of sexual assault will be immediately reported to the Federal Bureau of Prisons to include notification of the bureau's investigation division as the Bureau indicates.

Definitions

Sexual abuse includes:

1. Sexual abuse of a resident, detainee, or resident by another resident, detainee, or resident; and
 2. Sexual abuse of a resident, detainee, or resident by a staff member, contractor, or volunteer.
- Sexual abuse of an resident, detainee, or resident by another resident, detainee, or resident includes

Any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse: Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

1. Contact between the mouth and the penis, vulva, or anus;
2. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
3. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a

physical altercation.

Sexual abuse of a resident, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident, detainee, or resident:

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an resident, detainee, or resident, and
8. Voyeurism by a staff member, contractor, or volunteer.
9. Voyeurism by a staff member, contractor, or volunteer means an invasion of privacy of an resident, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an resident who is using a toilet in his or her cell to perform bodily functions; requiring an resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an resident's naked body or of an resident performing bodily functions.

Sexual harassment includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident, detainee, or resident directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to an resident, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually

suggestive or derogatory comments about body or clothing, or obscene language or gestures.

The Human Service Center recognizes that addressing inappropriate sexual behavior by residents towards staff furthers the objectives of PREA by increasing the overall security and safety of institutions. The Human Service Center also has zero tolerance for sexual abuse of a staff member by a detainee, or resident. Sexual abuse of staff by a detainee, or resident includes actions such as:

1. Contact between the penis and vulva or penis and the anus, including penetration, however slight.
2. Contact between the mouth and penis, vulva, or anus.
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument.
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks, excluding contact incidental to a physical altercation.
5. Any attempt, threat, or request by an inmate to engage in activities described in paragraphs (1) through (4), above.
6. Any display by an inmate of his/her uncovered genitalia, buttocks, or breast to a staff member, outside of the staff member's official duties (e.g., searches), with the resident's intent to harass staff or for sexual gratification.

The Human Service Center also has zero tolerance for sexual harassment of staff by residents. Sexual harassment includes actions such as:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by an inmate, detainee, or resident directed toward a staff member.
2. Repeated verbal comments or gestures of a sexual nature by an inmate, detainee, or resident to a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

Sexual abuse and sexual harassment of staff members should be addressed through other existing statutes, policies, and procedures, such as using the resident discipline system and referral for criminal prosecutions as appropriate.

General Terms Includes:

1. Abuser – The resident committing sexual assault against another resident, or coercing sex from another resident in exchange for protection, favors etc.

2. Non-Assaultive Sexual Activity – The act of engaging in sexual activity which produces or is intended to produce sexual stimulation or gratification, in the presence of another person and the sexual activity is conducted without violence, threat of violence, coercion, or use of a weapon.
3. Sexual Activity – Sexual contact including, but not limited to, sexual intercourse, deviant sexual behavior, kissing, fondling, and/or manipulation of the genitalia, buttocks, and breasts of another person in a manner which produces or is intended to produce sexual stimulation or gratification with the consent of both parties.
4. Sexually Abusive Resident – A resident whose past behavior indicates he/she is prone to victimize other residents.
5. Sexual Assault – Sexual activity where force or threat of force is used, or when the person is unable to consent because of age or incapacitation (mental deficiency or physical incapacitation. Sexual activity includes, vaginal penetration by a penis; contact between the genitals of a person and the mouth or anus of another person; penetration of the vagina, anus, or mouth with a penis or any other object; touching of the sexual or intimate parts for sexual gratification.
6. Sexual Coercion – Compelling or inducing another person to engage in sexual activity by deceit, threats, force or intimidation or for personal favors.
7. Sexual Solicitation – The solicitation of another person to engage in sexual activity.
8. Staff – For the purposes of this policy staff shall include the Human Service Center’s Residential Re-entry Center Employees, Contract service providers, and volunteers.
9. Sexual Abuse Victim – Any resident who through documentation, evidence, or as a result of reasonable suspicion on the part of staff, has suffered sexual coercion, sexual solicitation or sexual assault by another resident or a staff person during their assignment to the Human Service Center’s Residential Re-entry Center facility.
10. Vulnerable Resident – A resident who is at high risk to become a victim of sexual assault by another resident(s) due to characteristics related to age, physical stature, criminal history and physical or mental disabilities, or past history of victimization.

Prevention Planning

115.13 Supervision and monitoring

1. Staffing plan shall provide for adequate levels of staffing, and, where applicable, video

monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, agencies shall take into consideration:

- a) The physical layout of each facility;
- b) The composition of the resident population;
- c) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- d) Any other relevant factors.

2. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan.

3. Whenever necessary, but no less frequently than once each year, the facility shall assess, determine, and document whether adjustments are needed to:

- a) The staffing plan established pursuant to paragraph (a) of this section;
- b) Prevailing staffing patterns;
- c) The facility's deployment of video monitoring systems and other monitoring technologies; and
- d) The resources the facility has available to commit to ensure adequate staffing levels.

115.15 Cross Gender Viewing

1. The HSC-RRC prohibits cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of residents even involving exigent circumstances.

2. Each resident has access to a private bathroom located in their assigned bedroom which enables residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except when such viewing is incidental to routine cell checks. Video cameras are not permitted in resident bedrooms/bathrooms.

3. Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

4. Staff of the opposite gender are required to announce their presence prior to entering a resident's room.

5. Transgender and intersex residents are provided the opportunity to choose the gender of staff they prefer to conduct pat-down searches.

6. All staff receive training on professional and respectful pat-down searches of residents including transgender and intersex residents who may choose the gender of the staff performing their pat-down search resulting in a cross-gender search.

7. In the event that a staff person acts outside of policy and completes a cross-gender search of a resident or views the opposite gender while disrobed, an incident report shall be completed and the PREA Coordinator shall be consulted to investigate the situation surrounding the breach of protocol.

115.16 Residents with Disabilities

1. The appropriate steps shall be taken to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of HSC's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, Site Administrators and Program Directors shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.

2. Reasonable steps shall be taken to ensure that residents with limited English proficiency are provided with prevention, detection, and responses to sexual abuse, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

3. The Human Service Center's Residential Re-entry Center shall not use or depend on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.264, or the investigation of resident's allegations.

4. Where in-person interpreters are necessary yet unavailable, the organization's telephonic interpreting service will be notified for assistance to review all intake and handbook information including all PREA information, training and procedures.

115.17 Hiring and promotion decisions

1. The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor, who may have contact with inmates, who:

a) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

b) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

c) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraphs (a and b) of this section.

2. The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have resident contact.

3. Before hiring new employees who may have contact with residents at the Re-entry Center, the agency shall:

a) Perform both an IDPH and NCIC criminal background records check; and

b) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

4. The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with residents.

5. The agency shall either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees – HSC relies on IDPH notification in the event that an employee is convicted in the State of Illinois.

6. The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

7. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

8. Unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

115.18 Upgrades to facilities and technologies

1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, HSC shall consider the effect of the design, acquisition, expansion, or modification upon HSC's ability to protect residents from sexual abuse.
2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, HSC shall consider how such technology may enhance HSC's ability to protect residents from sexual abuse.

Responsive Planning

115.21 Evidence protocol and forensic medical examinations

1. The Human Service Center's Residential Re-entry Center is responsible for contacting and cooperating with an outside agency (the Federal Bureau of Prisons, a designee or the local Police Department) to investigate allegations of sexual abuse; the organization shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
2. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.
3. All victims of sexual abuse shall have access to forensic medical examinations at an outside facility, without financial cost. Saint Francis Medical Center provides SAFE / SANE certified services and shall be used as the primary location for resident medical and forensic services as defined in this standard. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. HSC shall document its efforts to provide SAFEs or SANEs.
4. A victim advocate from a rape crisis center shall be made available to all victims. If a rape crisis center is not available to provide victim advocate services, the Human Service Center's Residential Re-entry Center shall make available a qualified staff member from a community based

organization or a qualified agency staff member. HSC may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

5. As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

6. The Human Service Center's Residential Re-entry Center is not responsible for investigating allegations of sexual abuse. Therefore, a request will be made that the investigating agency follow the requirements of paragraphs (1) through (5) of this section.

115.22 Policies to ensure referrals of allegations for investigations

1. An administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

2. All allegations of sexual abuse are referred for investigation to an agency with the legal authority to conduct criminal investigations. This policy shall be published on the UnityPlace website – www.unityplace.org. All such referrals shall be documented.

3. The responsible agency, for conducting administrative or criminal investigations of sexual abuse or sexual harassment in community confinement facilities, shall have in place a policy governing the conduct of such investigations.

Training and Education - Community Confinement

115.31 Employee training

1. HSC shall train all RRC employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment and how to fulfill their responsibilities under the company's sexual abuse and sexual harassment prevention, detection, reporting, and response procedures.

2. PREA training, as well as any trainings related to fulfilling all aspects of the Federal Bureau of Prison's Statement of Work (both at hire and throughout the staff member's employment) are conducted in a manner that addresses both genders (specifically), as the HSC RRC does accept both male and female residents.

3. Power point presentations are provided during the trainings and these resources are available to the employee on a shared drive at all times. Each employee who receives training must sign a form acknowledging that they have received training and understand where they can get additional information.

115.32 Volunteer and contractor training

1. The agency shall ensure that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures.

2. The level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

3. The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.

115.33 Resident education

1. During the intake process, residents shall receive information explaining HSC's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

2. The company shall provide refresher information whenever a resident is transferred to a different facility.

3. The company shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

4. Documentation of resident participation in these education sessions shall be maintained.

5. In addition to providing such education, key information shall be continuously and readily available or visible to residents through posters, resident handbooks, or other written formats.

115.34 Specialized training: Investigations

Any investigative agency that The Human Service Center's Residential Re-entry Center relies on will be requested to provide specialized training to its agents and investigators who conduct such investigations and shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

115.35 Specialized training: Medical and mental health care

1. The Human Service Center's Residential Re-entry Center shall ensure that all full- and part-time staff who work regularly in its facility have been trained in:

- a) How to detect and assess signs of sexual abuse and sexual harassment;
- b) How to preserve physical evidence of sexual abuse;
- c) How to respond effectively and professionally to victims of sexual abuse and sexual harassment;
and
- d) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

2. Medical and mental health care practitioners (contractors and volunteers) shall also receive the training mandated for employees depending upon the practitioner's status at HSC.

Screening for Risk of Sexual Victimization and Abusiveness

115.41 Screening for risk of victimization and abusiveness

1. All residents shall be assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents.

2. Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

3. Such assessments shall be conducted using an objective screening instrument.

4. The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

- a) Whether the resident has a mental, physical, or developmental disability;
- b) The age of the resident;
- c) The physical build of the resident;

- d) Whether the resident has previously been incarcerated;
- e) Whether the resident's criminal history is exclusively nonviolent;
- f) Whether the resident has prior convictions for sex offenses against an adult or child;
- g) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, transsexual;
- h) Whether the resident has previously experienced sexual victimization; and
- i) The resident's own perception of vulnerability.

5. The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to HSC, in assessing residents for risk of being sexually abusive.

6. Within a set time period, not to exceed 30 days from the resident's arrival at the facility, the facility will reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

7. A resident's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

8. Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (4)(a), (4)(g), (4)(h), or (4)(i) of this section.

9. Sensitive information shall not be disseminated unnecessarily to guard against exploit of the resident's detriment by staff or other residents.

10. HSC shall implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.

115.42 Use of screening information

1. Information from the risk screening shall be used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

2. The contracting agency shall determine the gender of the resident by virtue of program assignment and The Human Service Center's Residential Re-entry Center shall make individualized determinations about how to ensure the safety of each resident.

3. In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, HSC shall consider on a

case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

4. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

5. Transgender and intersex residents shall be given the opportunity to shower separately from other residents at designated times as coordinated and managed by security staff for the resident's privacy and safety.

6. The company shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

Reporting

115.51 Resident reporting

1. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports by end of shift.

2. HSC shall also inform residents of at least one way to report abuse or harassment to a public or private entity or office that is not part of HSC and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to The Human Service Center's Residential Re-entry Center officials, allowing the resident to remain anonymous upon request. This maybe through the PREA Hotline - 1-800-559-7233, the Federal Bureau of Prisons or if in immediate need of assistance, residents may dial 911. These procedures and corresponding phone numbers shall be included in intake information and documented in the handbook, PREA Brochure, as well as posted at the facility.

3. Staff may privately report sexual abuse and sexual harassment of residents anonymously through the Human Service Center's Residential Re-entry Center's (UnityPlace) website, or by directly contacting the PREA Coordinator at the Administrative office of UnityPlace - Human Service Center.

115.52 Exhaustion of administrative remedies

It is the Policy of the Human Service Center-Residential Reentry Center to allow residents to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

1. Any resident may submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

2. Residents submitting a grievance must complete the Human Service Center Client Grievance Form available in the HSC-RRC Lobby or upon request form staff.

3. Residents filing a grievance may submit the grievance alleging sexual abuse to any staff member on duty, Facility Manager, PREA Coordinator, or place the grievance in the HSC-RRC Grievance Box on the Lobby wall. This allows the resident to submit the grievance to any staff other than the staff member who is the subject of the complaint.
4. The resident grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.
5. An Administrative decision on the merits of the grievance or portion of the grievance alleging sexual abuse will be made within 90 days of the filing of the grievance.
6. HSC-RRC may request an extension of the 90-day period to respond to the grievance and must notify the resident in writing of the filing of the extension and notice of the date by which a decision will be made.
7. The resident filing the grievance will be informed verbally and in writing of the merits of the grievance.
8. Residents are offered the opportunity to have third-party assistance in filing a grievance alleging sexual abuse.
9. Third parties are permitted, including fellow residents, staff, family members, attorneys, and outside advocates, to assist in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.
10. If a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the HSC-RRC will document the resident's decline.
11. HSC-RRC has established an Emergency Grievance Procedure for a resident that is subject to a substantial risk of imminent sexual abuse. The HSC-RRC must make an initial response to the Emergency Grievance within 48 hours with a final HSC-RRC decision within 5 days.
12. The HSC-RRC is restricted from disciplining a resident for filing a grievance alleging sexual abuse to occasions where the HSC-RRC demonstrates that the resident filed the grievance in bad faith.

115.53 Resident access to outside confidential support services

1. The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.
2. The facility shall inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Residents will be told upon

admittance of the confidential ways in which to report PREA violations anonymously: Using a hotline number furnished by the organization or contacting the PREA Coordinator for the Human Service Center.

3. The Human Service Center's Residential Re-entry Center shall maintain a memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse. HSC shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

115.54 Third-party reporting

Third-party reports of sexual abuse and sexual harassment can be made by using a hotline number furnished by the organization or contacting the PREA Coordinator for the Human Service Center.

Official Response Following a Resident Report

115.61 Staff and agency reporting duties

1. The Human Service Center's Residential Re-entry Center requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in or outside of a facility, whether or not it is part of HSC; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

2. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, to make treatment, investigation, and other security and management decisions.

3. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (1) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

4. If the alleged victim is under the age of 18 or considered a vulnerable adult The Human Service Center's Residential Re-entry Center shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

5. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the contracting authority(ies).

115.62 Agency protection duties

Upon learning that a resident is subject to a substantial risk of imminent sexual abuse, The Human Service Center's Residential Re-entry Center shall take immediate action to protect the resident by separating the victim from perpetrator and attending the needs of the victim while not impeding in the investigation.

115.63 Reporting to other confinement facilities

1. Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Facility Manager or Designee shall notify the Federal Bureau of Prisons to report the allegation/s.
2. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation and such notification shall be followed up in writing.

115.64 Staff first responder duties

1. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to:
 - a) Separate the alleged victim and abuser;
 - b) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
2. If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
3. If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

115.65 Coordinated response

To coordinate actions taken in response to an incident of sexual abuse all claims shall be immediately reported to the local facility PREA Coordinator, the investigative agency, medical and mental treatment and victim advocacy offered. Once the victim's immediate needs are met and evidence secured, the PREA Coordinator shall be notified and will ensure retaliation is monitored.

115.66 Preservation of ability to protect residents from contact with abusers

1. Neither HSC nor any other governmental entity responsible for collective bargaining on HSC's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits HSC's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.
2. Nothing in this standard shall restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process, whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff

member's personnel file following a determination that the allegation of sexual abuse is not substantiated.

115.67 Protection against retaliation

1. All residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other residents or staff. HSC shall designate which staff members or departments are charged with monitoring retaliation.

2. The review team shall include upper-level management officials, with input from line supervisors, investigators, the facility manager, the PREA coordinator and when staff is potentially involved, the director of human resources. When needed medical or mental health practitioners may be included.

3. Multiple protection measures may be employed, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

4. For at least 90 days following a report of sexual abuse, the PREA coordinator shall monitor and document the conduct and treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items HSC should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. HSC shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

5. In the case of residents, such monitoring shall also include periodic status checks which will be documented and maintained in the resident's file.

6. If any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA coordinator shall be notified and take appropriate measures to protect that individual against retaliation.

7. The Human Service Center's Residential Re-entry Center's obligation to monitor shall terminate if it is determined by the investigative agency that the allegation is unfounded.

Investigations

115.71 Criminal and administrative agency investigations & 115.72 Evidentiary standard for administrative investigations

1. HSC will investigate claims of sexual harassment and will contact outside agencies to investigate claims of sexual abuse. The facility staff shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

2. Allegations of sexual harassment (non-criminal in nature) by an employee will first be investigated by HSC's Human Resources department. HSC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual harassment (non-criminal in nature) are substantiated (115.272).
3. All allegations of sexual abuse are referred for investigation to an agency with the legal authority to conduct criminal investigations. This policy shall be published on the Human Service Center's Residential Re-entry Center (UnitPlace) website. All such referrals shall be documented.
4. The facility shall notify / report to the Federal Bureau of Prisons, all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. The Human Service Center shall contact the Peoria Police Department as necessary for criminal investigations.
5. Unless a 911 call has precipitated a response from local law enforcement, the PREA refers the incident for investigation to the appropriate office, and reviews the incident for any further response.
6. HSC shall retain all written reports received for as long as the alleged abuser continues to participate in the program or is employed by The Human Service Center's Residential Re-entry Center, plus five years. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

115.73 Reporting to residents

1. Following an investigation into a resident's allegation of sexual abuse suffered in the facility, The Human Service Center's Residential Re-entry Center and/or the contractor shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. The PREA coordinator shall request the relevant information from the investigative agency in order to inform the resident.
3. Following a resident's allegation that a staff member has committed sexual abuse against the resident, the Human Service Center's Residential Re-entry Center and/or the Federal Bureau of Prisons shall subsequently inform the resident (unless HSC has determined that the allegation is unfounded) whenever:
 - a) The staff member is no longer posted within the resident's unit;
 - b) The staff member is no longer employed at the facility;
 - c.) It's learned that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - d) It's learned that the staff member has been convicted on a charge related to sexual abuse within the facility.
4. Following a resident's allegation that he or she has been sexually abused by another resident, The Human Service Center's Residential Re-entry Center and/or the Federal Bureau of Prisons shall subsequently inform the alleged victim whenever The Human Service Center's Residential

Re-entry Center receives authorization Federal Bureau of Prisons that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

5. All such notifications or attempted notifications shall be documented.

6. The Human Service Center's Residential Re-entry Center's obligation to report shall terminate if the resident is removed by the Federal Bureau of Prisons from HSC's RRC or home confinement case management.

Discipline

115.76 Disciplinary sanctions for staff

1. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

2. Congruent with UnityPoint Health's Code of Conduct(as well as the RRC's Code of Ethics), employees are provided clear expectations and training regarding any form of sexual harassment or abuse. Any violation would immediately result in a review of investigative reports (received from the proper authority to conduct investigations) for possible disciplinary sanctions if necessary.

3. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

115.77 Corrective action for contractors and volunteers

1. Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies.

2. The Human Service Center's Residential Re-entry Center shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

115.78 Disciplinary sanctions for residents

Any resident found to have committed substantiated sexual harassment and/or a sexually abusive act shall no longer meet The Human Service Center's Residential Re-entry Center's community correction criteria and shall be discharged from the program and remanded to the Federal Bureau of Prisons. Further formal disciplinary actions will be sanctioned by the custodial law enforcement entity.

Medical and Mental Care - Community Confinement

115.82 Access to emergency medical and mental health services

1. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
2. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

1. The facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse. HSC has forged working agreements with OSF Saint Francis for medical care and the Center for Prevention of Abuse for assistance in coordinating ongoing mental health care.
2. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.
3. The facility shall provide such victims with medical and mental health services consistent with the community level of care.
4. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.
5. If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.
6. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
7. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
8. The facility shall attempt to facilitate access to a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners along with the contracting authority.

Data Collection and Review - Community Confinement

115.86 Sexual abuse incident reviews

1. The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation

has been determined to be unfounded.

2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.

3. The review team shall include upper-level management officials, with input from line supervisors, investigators, facility manager, the PREA coordinator and when staff is potentially involved, the director of human resources. When needed medical or mental health practitioners may be included.

4. The review team shall:

a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

d) Assess the adequacy of staffing levels in that area during different shifts;

e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

f) The facility shall prepare a report of its findings and any recommendations for improvement, and submit such report to the PREA Coordinator and Director, Behavioral Health Outpatient.

5. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

115.87 Data collection

1. The facility shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

2. The facility shall aggregate the incident-based sexual abuse data at least annually.

3. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

4. The collected data shall be reviewed and maintained as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.

6. Upon request, HSC shall provide all such data from the previous calendar year to the Department of Justice.

115.88 Data review for corrective action

1. The PREA coordinator shall review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:

- a) Identifying problem areas;
- b) Taking corrective action on an ongoing basis; and
- c) Preparing an annual report of its findings and corrective actions for the RRC.

2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of HSC's progress in addressing sexual abuse.

3. The company's report shall be approved by the Director, Behavioral Health Outpatient and made readily available to the public through its website.

4. The company may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

115.89 Data storage, publication, and destruction

1. The facility and company shall ensure that data collected are securely retained.

2. The company shall make all aggregated sexual abuse data from the RRC readily available to the public at least annually through its website.

3. Before making aggregated sexual abuse data publicly available, the company shall remove all personal identifiers.

4. The company shall maintain sexual abuse data collected for substantiated cases for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

AUDITS

§ 115.93 Audits of standards.

The agency shall conduct audits pursuant to §§ 115.401 through 115.405.