

PREA Facility Audit Report: Final

Name of Facility: Illinois Youth Center Chicago

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/26/2026

Auditor Certification

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.



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



Auditor Full Name as Signed: Elaine Bridschge

Date of Signature: 03/26/2026

AUDITOR INFORMATION

Auditor name: Bridschge, Elaine

Email: risingsunauditing@gmail.com

Start Date of On-Site Audit: 03/12/2026

End Date of On-Site Audit: 03/13/2026

FACILITY INFORMATION

Facility name: Illinois Youth Center Chicago

Facility physical address: 136 North Western Avenue, Chicago, Illinois - 60612

Facility mailing address: 136 North Western Avenue, Chicago, Illinois - 60612

Primary Contact

Name:	Dimitra Iliopoulos
Email Address:	Dimitra.Iliopoulos@Illinois.gov
Telephone Number:	773-798-3666

Superintendent/Director/Administrator	
Name:	Michael Byrd
Email Address:	Michael.D.Byrd@illinois.gov
Telephone Number:	312-339-6741

Facility PREA Compliance Manager	
Name:	Dimitra Iliopolous
Email Address:	Dimitra.Iliopoulos@Illinois.gov
Telephone Number:	773-798-3666

Facility Health Service Administrator On-Site	
Name:	Kimbel Chatman
Email Address:	Kimbel.Chatman@illinois.gov
Telephone Number:	773-415-7504

Facility Characteristics	
Designed facility capacity:	144
Current population of facility:	39
Average daily population for the past 12 months:	47
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

Age range of population:	13-20
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with residents:	149
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	35

AGENCY INFORMATION

Name of agency:	Illinois Department of Juvenile Justice
Governing authority or parent agency (if applicable):	
Physical Address:	2715 West Monroe Street, Springfield, Illinois - 62704
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

Name:	John Albright	Email Address:	john.albright@illinois.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-12
2. End date of the onsite portion of the audit:	2026-03-13

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	☒ Yes ☐ No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Resilience

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	144
15. Average daily population for the past 12 months:	46
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	38
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	10
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	0

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	149
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	35

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	16
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☒ Age ☒ Race ☒ Ethnicity (e.g., Hispanic, Non-Hispanic) ☒ Length of time in the facility ☒ Housing assignment ☐ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☒ Yes ☐ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed data collection forms and resident rosters as well as held conversations with staff.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☒ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Gender of staff members
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

13

63. Were you able to interview the Agency Head?

☒ Yes

☐ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

65. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☒ Agency contract administrator
- ☒ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☐ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	5
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☒ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☒ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

75. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	No text provided.
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	☒ Yes ☐ No
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78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	2	0	2	0

80. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	4	0	4	0
Staff-on-inmate sexual harassment	5	0	5	0
Total	9	0	9	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

81. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

82. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	0	1	0
Total	0	0	1	1

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

83. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

84. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	3	1	0
Staff-on-inmate sexual harassment	2	3	0	0
Total	2	6	1	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

2

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	12
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☐ Yes ☒ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:

8

99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?

☐ Yes

☒ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?

☒ Yes

☐ No

☐ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.

No text provided.

SUPPORT STAFF INFORMATION**DOJ-certified PREA Auditors Support Staff**

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☒ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

Identify the name of the third-party auditing entity

Corrections Consulting Services LLC

Standards	
Auditor Overall Determination Definitions	
- Exceeds Standard (Substantially exceeds requirement of standard) - Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) - Does Not Meet Standard (requires corrective actions)	
Auditor Discussion Instructions	
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.	

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.311 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator Evidenced Analyzed: - Policy 03.01.307 Sexual Harassment, Unlawful Discrimination, and Harassment - Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program - Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures - Pre-Audit Questionnaire - Policy 103 Inspection Tours for Administrative Staff - Organizational Chart - Key Responsibility List

	8. Interviews with the PREA Coordinator and PREA Compliance Manager Findings: A) The facility has implemented a written policy mandating zero tolerance for all forms of sexual abuse and sexual harassment. This policy clearly outlines the facility's approach to preventing, detecting, and responding to such conduct. The Department ensures a safe and secure environment for all youth and maintains a comprehensive, well-established program dedicated to the prevention of sexual abuse and sexual harassment. Staff are trained to respond immediately and effectively to any suspected or reported incidents, ensuring prompt intervention and protective measures. Through prevention efforts, clear accountability measures, and consistent staff engagement, the facility demonstrates that it meets the requirements of the PREA standards in preventing, detecting, and responding to sexual abuse and sexual harassment. B) The facility has designated an upper-level PREA Coordinator with sufficient time and authority to develop, implement, and oversee the facility's efforts to comply with PREA standards. This was reflected in the PREA Coordinator interview. C) The facility operates under a structure that includes a designated PREA Compliance Manager with adequate time and authority to coordinate PREA-related efforts within the facility. This was reflected in the PREA Compliance Manager interview. Based on a thorough analysis of evidence, the facility meets this standard.
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.12 Contracting with Other Entities for the Confinement of Inmates Evidenced Analyzed: 1. Pre-Audit Questionnaire Findings: A) B) The department does not enter into contracts that houses residents. Based on this standard being not applicable, the facility meets this standard.

115.313	Supervision and monitoring
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.313 Supervision and Monitoring Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Staffing Plan 5. Staffing Plan Memo 6. Policy 102 Duty Administrative Officers 7. Juvenile Supervisor Job Description 8. Duty Officer orientation Manual 9. Sample of Unscheduled Inspection Report 10. Site Review: Supervision Practices 11. Interviews with Superintendent, PREA Compliance Manager, PREA Coordinator and staff that conduct unannounced rounds Findings: A) The facility has developed, implemented, and continues to maintain a comprehensive staffing plan designed to ensure adequate staffing levels and effective video monitoring to protect residents from sexual abuse. In developing the plan, the facility considered generally accepted juvenile detention and secure residential practices, as well as any judicial findings of inadequacy. It also reviewed any findings from federal investigative agencies and internal or external oversight bodies. The staffing plan reflects a thorough evaluation of the facility’s physical plant, including blind spots or areas where staff or residents may be isolated. Consideration was given to the composition of the resident population, the number and placement of supervisory staff, and the programs and activities occurring on each shift. The facility also reviewed applicable state and local laws, regulations, and standards, along with the prevalence of both substantiated and unsubstantiated incidents of sexual abuse. Any other relevant operational or safety factors were incorporated to ensure the plan remains responsive and effective. This was reflected in the site review and staff interviews.

	During the site review the auditor compared the written staffing plan against the current observations and determined that the staffing plan adequately assesses the staffing and/or electronic monitoring needs of the facility with sexual safety in mind, and, that the facility is staffed according to the plan, as it is written. Staffing ratios in the housing unit are 1:8 during waking hours and 1:16 during sleeping hours. No blind spots were observed. Room checks in housing areas occur within 15-minute staggered intervals. The facility has sufficient camera placement. B) The facility consistently maintains full compliance with its staffing plan and reported that no deviations occurred within the last 12 months. In the rare event that a deviation would occur, facility policy requires thorough documentation of the specific reason for the deviation, along with any immediate mitigation measures implemented to ensure the continued safety and supervision of residents. This was reflected in the site review and staff interview. C) The facility has consistently met the required minimum staffing ratios of 1:8 during waking hours and 1:16 during sleeping hours, as required prior to the October 1, 2017, deadline. Any deviations due to exigent circumstances are uncommon and are thoroughly documented, including the steps taken to address the situation. The PAQ reflects that no deviations have occurred in the past 12 months. This is reflected in staff interviews. D) In coordination with the PREA Coordinator, the facility conducts an annual review of the staffing plan and its monitoring systems. This review evaluates staffing levels, supervision practices, camera placement and effectiveness, and overall resource adequacy. Any recommended changes or adjustments are documented as part of the annual review process. This is reflected in staff interviews. E) The facility maintains a written policy requiring intermediate-level or higher supervisors to conduct unannounced rounds on all shifts, including night shifts. These rounds are conducted without prior notice to staff, except when operational needs require otherwise, and are documented to demonstrate ongoing supervisory oversight and compliance. This was reflected in the site review and staff interviews. Based on a thorough analysis of evidence, the facility meets this standard.
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.315 Limits to Cross-Gender Viewing and Searches Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention

Program

2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures

3. Pre-Audit Questionnaire

4. 05.01.302 Prohibited Cross-Gender Searches

5. Staff PREA Training Curriculum

6. Staff PREA Training Logs

7. Site Review: Cross-Gender Viewing & Searches

8. Interviews with random staff and residents

Findings:

A) The facility has a clear policy that limits cross-gender strip searches and visual body cavity searches to emergency situations or to qualified medical staff. The auditor reviewed the policies and post orders and confirmed that staff receive training on these requirements to ensure they understand when such searches are permitted and how to conduct them appropriately. This approach ensures searches are conducted professionally, respectfully, and in a manner that protects resident dignity in compliance with PREA standards. The auditor did not observe any cross-gender searches. This was reflected in the site review.

B) The facility does not house female residents. According to the PAQ, no cross-gender searches have occurred. This was reflected in staff and resident interviews.

C) All cross-gender searches are required to be documented. If a cross-gender search occurs, the facility documents the date, time, location, staff involved, and the specific circumstances requiring the search. This documentation is maintained and available for review to ensure accountability and compliance with PREA requirements.

D) The Facility policy states: "Each youth center shall implement policies, procedures, and a staffing plan that enable youth to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine searches of living area conducted." Staff are also required to announce their presence when entering a housing unit of the opposite gender if another cross-gender staff member is not already present. These practices support resident privacy and dignity while maintaining safe and effective supervision in accordance with PREA standards.

E) This provision is no longer applicable to your compliance finding.

F) This provision is no longer applicable to your compliance finding.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 15.316 Residents with Disabilities and Residents Who Are Limited English Proficient Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Staff PREA Training Curriculum 5. Staff PREA Training Attendance Logs 6. Policy 04.01.11 ADA Accommodations 7. IDDJJ Youth Orientation Handbook 8. Language Line Instructions For interpreters 9. Administrative Directive 04.01.105 Department Youth Orientation 10. Site Review: Interpretation Services 11. Interviews with the Acting Director, random staff, and residents with a disability. There were no residents that were limited English proficient. Findings: A) The facility maintains policies, procedures, and contractual agreements to ensure residents with disabilities have equal access to all efforts to prevent, detect, and respond to sexual abuse and sexual harassment. This includes access to PREA education, reporting options, and protective measures. When needed, the facility provides interpretive services, assistive devices, and accessible formats to ensure understanding and participation. The auditor verified these practices through a review of posted materials and contractual documents, confirming compliance with PREA standards. This was reflected in the site review and staff and resident interviews. B) The department has policies in place to ensure residents with limited English proficiency (LEP) have meaningful access to programs, services, and activities. These policies and supporting contracts prevent language barriers from interfering with communication between staff and LEP individuals. As a result, residents are able to understand facility rules, their rights, and the protections available under

	PREA in accordance with required standards. PREA posters in English and Spanish were observed throughout the facility. This was reflected in the site review and resident interviews. C) The facility contracts with qualified professional language interpreter services and provides translated materials to support accurate and accessible communication. Offender interpreters are not used, particularly in matters involving allegations of sexual abuse or sexual harassment, ensuring confidentiality and compliance with PREA requirements. This was reflected in staff and resident interviews. Based on a thorough analysis of evidence, the facility meets this standard.
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.317 Hiring and Promotion Decisions Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Five PREA Pre-Employment Self Report Forms 5. Policy 01.02.107 Background Investigations 6. Five Authorization for Background Check Forms 7. Interview with HR staff Findings: A) The facility enforces a policy prohibiting the hiring or promotion of any individual who may have contact with residents and who has engaged in sexual abuse in any confinement setting, been convicted of coercive sexual activity, or been civilly or administratively adjudicated for such conduct. Background check files were reviewed. B) All allegations and incidents of sexual harassment are reviewed and considered in every hiring and promotion decision. This was reflected in HR staff interviews.

	C) Prior to hiring, the facility conducts criminal background checks, consults relevant child abuse registries, and makes reasonable efforts to obtain information from prior institutional employers regarding substantiated allegations of sexual abuse or resignations during investigations. This was reflected in HR staff interviews. D) This same vetting process is applied to contractors with resident contact, including background checks and registry consultations. Background check files were reviewed. This was reflected in HR staff interviews. E) The facility conducts criminal background checks at least every five years for current employees and contractors or uses a system for ongoing record monitoring. This was reflected in HR staff interviews. F) Applicants and employees are required to disclose any prior misconduct related to sexual abuse. These disclosures are collected during hiring, promotion, and evaluations, and staff remain under a continuing obligation to report such conduct. This was reflected in HR staff interviews. G) Any material omissions or false information related to sexual misconduct are grounds for immediate termination. H) In accordance with applicable law, the facility provides substantiated information on sexual abuse or harassment to institutional employers upon request when a former employee applies for a position. This was reflected in HR staff interviews. Based on a thorough analysis of evidence, the facility meets this standard.
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.318 Upgrades to Facilities and Technologies Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Interviews with the Acting Director and the Superintendent Findings: A) The facility has not made any upgrades to the facility in the last 12 months. This

	was reflected in staff interviews. B) The facility has not added or upgraded their video monitoring system in the last 12 months. This was reflected in staff interviews. As this standard is not applicable to this facility, it is considered in compliance.
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.321 Evidence Protocol and Forensic Medical Examinations Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. MOU with Resilience for Victim Services 5. Qualified Licensed Wellpath Clinical Mental Health Staff List 6. Illinois Complied Statute 410 ILCS 70-1 Assault Survivors Emergency Act. 7. Interviews with random staff and PREA Compliance Manager. There were no residents who reported sexual abuse and no SAFE/SANE staff employed. Findings: A) The agency has adopted and consistently follows a uniform evidence protocol designed to maximize the potential for obtaining usable physical evidence in both administrative proceedings and criminal prosecutions involving allegations of sexual abuse. This was reflected in staff interviews. B) The evidence protocol implemented by the agency is developmentally appropriate for youth and is adapted from 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 other similarly comprehensive and authoritative protocols developed after 2011. C) All residents who report sexual abuse are provided access to forensic medical examinations at no financial cost, when such examinations are evidentiary or

	medically appropriate. These examinations are conducted at John H Stroger JR. Hospital of Cook County and are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. In circumstances where SAFEs or SANEs are unavailable, qualified medical practitioners conduct the examinations. The agency maintains documentation of all efforts to secure SAFEs or SANEs. In the past 12 months, no forensic exams have been conducted. D) The agency makes a victim advocate from Resilience available to support any resident victim of sexual abuse. In the absence of a local rape crisis center, the agency provides a qualified staff member from a community-based organization or a trained agency staff member to fulfill this role. All efforts to obtain services from a rape crisis center are documented. The agency ensures that any rape crisis center used is independent from the criminal justice system and offers a comparable level of confidentiality to that of nongovernmental service providers. This was reflected in staff interviews. E) As requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member is made available to accompany and support the victim throughout the forensic medical examination and any investigatory interviews. This individual provides emotional support, crisis intervention, information, and referrals. This was reflected in staff interviews. F) In instances where the agency is not solely responsible for investigating an allegation of sexual abuse, it formally requests that the investigating agency adhere to the standards outlined in paragraphs (a) through (e) of this section. G) Auditor is not required to audit this provision. H) All individuals designated as qualified agency staff members or qualified community-based organization staff members have been screened for appropriateness to serve in this role and have received education and training specific to sexual assault and forensic examination procedures. Based on a thorough analysis of evidence, the facility meets this standard.
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.322 Policies to Ensure Referrals of Allegations for Investigations Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program

2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures

3. Pre-Audit Questionnaire

4. Policy 01.12.115 Institutional Investigative Assignments

5. PREA Tracking Sheet Log

6. Agency Website

7. Interviews with the Acting Director and investigative staff

Findings:

A) The agency ensures that every allegation of sexual abuse or sexual harassment is promptly and thoroughly investigated through either a criminal or administrative process. No allegation is dismissed without appropriate review, and each report is taken seriously, documented, and responded to in accordance with established procedures. The facility policy establishes a written approval process for the temporary or permanent assignment of institutional investigators.

The facility policy states: " In investigating alleged or possible sexual abuse, investigators shall collect and tag evidence from the scene in accordance with Administrative Directive 01.12.112. An investigation of all alleged and possible sexual abuse or sexual harassment shall be conducted in accordance with Administrative Directive 01.12.120, except the initial report shall be provided to the Chief Administrative Officer within 24 hours of the onset of the investigation. When notified, the Chief Administrative Officer shall notify the Deputy Director." This was reflected in staff interviews.

B) The agency has implemented and fully operationalized a formal written policy requiring that all allegations potentially involving criminal conduct be promptly referred to the appropriate law enforcement or legal authority. This policy is publicly accessible on the agency's website and through other available platforms, reinforcing transparency and public accountability. All referrals are clearly documented to ensure proper tracking, oversight, and compliance with PREA requirements. This was reflected in staff interviews.

The auditor reviewed 14 incident reports documented in the PREA Tracking Sheet Log and 4 completed investigations of these:

8 involved Staff-on-Resident sexual harassment allegations; seven were determined to be unfounded and one remains ongoing.

1 involved a Staff-on-Resident sexual assault allegation, which was determined to be unsubstantiated.

4 involved Resident-on-Resident sexual harassment allegations; three were found to be unfounded and one unsubstantiated.

1 involved a Resident-on-Resident allegation that was substantiated.

The documentation reviewed demonstrates that allegations are properly classified, investigated, referred when appropriate, and tracked through to disposition in

	accordance with agency policy and PREA standards. C) In cases where an external agency is responsible for conducting criminal investigations, the agency's policy clearly defines the roles and responsibilities of both the agency and the external investigative authority. This ensures a coordinated and efficient response that protects the rights and safety of all parties involved. D) The Auditor is not required to audit this provision. E) The Auditor is not required to audit this provision. Based on a thorough analysis of evidence, the facility meets this standard.
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.331 Employee Training Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. PREA Tracking Sheet Log 5. PREA Training Curriculum 6. Module 4 Training Memo 7. Staff Pre-Service Training 8. Policy 01.12.105 Reporting of Unusual Incidents 9. Policy 01.12.135 Reporting of Child Abuse and Neglect 10. Interviews with random staff Findings: A) The facility makes sure every staff member who has contact with residents truly understands their role in prevention, detection, reporting, and response. Staff receive thorough training on the zero-tolerance policy, their specific responsibilities, residents' rights to be free from sexual abuse and harassment, and protections

	against retaliation for reporting. The staff learn about the dynamics of sexual abuse and harassment in youth facilities, common reactions of juvenile victims, and how to recognize and respond to signs of threatened or actual abuse. They are guided on how to distinguish between consensual behavior and abusive conduct, how to maintain professional boundaries, and how to avoid inappropriate relationships. Mandatory reporting laws and requirements to notify outside authorities are clearly covered. This comprehensive approach ensures staff are well prepared in carrying out their PREA responsibilities. This was reflected in staff interviews. B) Staff receive clear guidance on privacy, professional boundaries, cross-gender supervision, and proper search procedures. The focus is always on protecting resident dignity while maintaining safety and compliance. This added attention ensures the facility exceeds standard expectations in this area. C) The facility provides full refresher training every two years to keep knowledge current and reinforce expectations. In alternate years, employees receive updated information on PREA policies and any procedural changes. This ongoing reinforcement keeps staff engaged, informed, and aligned with best practices not just minimally compliant. D) To ensure accountability, the training academy keeps detailed documentation of all PREA-related training. Records are maintained for employees, volunteers, contractors, and interns, including initial training, refreshers, and any specialized instruction. This tracking demonstrates a strong commitment to transparency, oversight, and sustained compliance. Based on a thorough analysis of evidence, the facility meets this standard.
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.332 Volunteer and Contractor Training Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Volunteer Orientation Manual

	5. Volunteer Service Orientation Checklist 6. Volunteer Service Agreement and Release 7. Ten Volunteer/ Contractor PREA Training Acknowledgments 8. Volunteer/contractor Rules of Conduct 9. Interviews with three contractors and five volunteers Findings: A) All volunteers, contractors, and interns who have contact with Residents receive training on their responsibilities related to the facility's sexual abuse and sexual harassment prevention, detection, and response policies. This ensures that anyone working or providing services within the facility understands PREA expectations and their role in maintaining a safe environment. This was verified through training records. This was reflected in interviews. B) The training includes, at a minimum, clear instruction on the facility's zero-tolerance policy regarding sexual abuse and sexual harassment of Residents, the consequences for violating that policy, and the procedures for reporting any knowledge, suspicion, or allegation of misconduct. Participants are informed of their duty to report concerns immediately and are provided guidance on how to do so through appropriate channels. This was verified through training records. This was reflected in interviews. C) The facility maintains records of all individuals who receive PREA-related training, including employees, volunteers, contractors, and interns. Documentation reflects completion of standard PREA training, refresher courses, and any specialized PREA instruction, ensuring accountability and verification of compliance with training requirements. This was verified through training records. This was reflected in interviews. Based on a thorough analysis of evidence, the facility meets this standard.
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.333 Resident Education Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program

2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures

3. Pre-Audit Questionnaire

4. Screening Tool-Risk for Victimization

5. Policy 04.01.105 Department Youth Orientation

6. Youth Orientation Handbook

7. Youth Orientation Checklist

8. Informational PREA Posters

9. Site Review: Intake PREA Information; Interpretation Services

10. Interviews with random residents and intake staff

Findings:

A) At intake, each resident receives written the youth handbook about PREA in a format they can understand. This information explains the facility's zero-tolerance policy for sexual abuse and sexual harassment and clearly outlines how to report any concerns. Staff ensure the information is reviewed with the resident, so they understand their rights and the available reporting options from the very beginning of their stay. As part of the site review, the auditor observed how sexual safety information (PREA information/zero-tolerance information) is provided at the point of intake or transfer. Interpretation service information is readily available to intake staff. This was reflected in the site review and staff and resident interviews.

B) Within 10 days of intake, residents receive more comprehensive PREA education, either in person or through video. This education covers their right to be safe and free from sexual abuse, harassment, and retaliation. It also explains facility policies, reporting methods, available support services, and how to get help if needed. During the site review, the auditor observed how comprehensive education is provided and verified that each unit contained continuous PREA information through signage posted. This was reflected in the site review and staff and resident interviews.

C) Residents who were housed at the facility prior to the implementation of PREA standards received the required education within one year of adoption. Additionally, residents who transfer from another facility are provided updated information if policies or reporting procedures differ, ensuring everyone has current and accurate information. This was reflected in staff interviews.

D) The facility ensures PREA education is accessible to all residents. Accommodations are provided for individuals who are deaf, hard of hearing, or visually impaired. Interpretation or translation services are available for those with limited English proficiency. Staff also take steps to assist residents with disabilities or low literacy levels, so they fully understand the information being provided. PREA posters were visible in all living areas. This was reflected in staff interviews.

	E) The facility maintains documentation of PREA education sessions, including records showing which residents attended and received the required information. F) PREA information remains readily available throughout the facility. Posters, resident handbooks, and other written materials are posted in housing units and common areas to reinforce key messages and ensure residents always know how to report concerns and access help. This was reflected in the site review.
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.334 Specialized Training: Investigations Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Memo on Investigators PREA Training Verifications 5. Interview with the investigator Findings: A) All 3 facility investigators received specialized training on conducting sexual abuse investigations in confinement settings, in addition to the standard PREA training required for all employees. This ensures investigators have the knowledge and skills necessary to effectively manage sensitive allegations within a custodial environment. Training records were reviewed. This was reflected in staff interviews. B) Staff assigned to the facility's Investigations Unit receive additional specialized training specific to investigating sexual abuse and sexual harassment in a correctional setting. In addition to standard PREA training, this instruction includes techniques for interviewing sexual abuse victims in a trauma-informed manner; the proper application of Miranda and Garrity warnings; procedures for collecting and preserving sexual abuse evidence in a prison setting; and understanding the criteria and level of evidence required to substantiate a case for administrative action or referral for criminal prosecution. This training ensures investigations are conducted professionally, objectively, and in accordance with legal standards. Training records were reviewed. This was reflected in staff interviews.

	C) The facility maintains documentation verifying that investigators have completed the required specialized training. Training records are retained and available for review to confirm compliance with PREA standards. Training records were reviewed. D) The auditor is not required to audit this provision. Based on a thorough analysis of evidence, the facility meets this standard.
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.335 Specialized Training: Medical and Mental Health Care Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Mental/Medical Staff Training Curriculum and Attendance Acknowledgements 5. Interviews with medical/mental health staff. Findings: A) Medical and mental health staff receive specialized PREA training that focuses on their specific roles and responsibilities. They are trained to recognize the signs and symptoms of sexual abuse, properly preserve physical evidence when applicable, respond to victims in a professional and supportive manner, and report allegations in accordance with facility policy and PREA requirements. This training is provided at the time of hire and is reinforced annually. Documentation of completed training is maintained in each staff member's personnel file. This was reflected in staff interviews. B) Staff who manage coordination for forensic medical exams must follow established professional and medical protocols. The facility's medical staff does not conduct these exams; rather, trained professionals carry them out at external locations to guarantee correct evidence gathering and appropriate patient care. C) Completion of required training is documented and verified, whether the training is provided in-house or through qualified outside providers. Records are maintained to confirm compliance with this standard.

	D) In addition to their specialized training, medical and mental health practitioners also complete general PREA training required for their position to ensure they understand the facility's overall zero-tolerance policy and reporting procedures. Based on a thorough analysis of evidence, the facility meets this standard.
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.341 Screening for Risk of Sexual Victimization and Abusiveness Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Screening Tool-Risk for Victimization 5. Policy 04.01.130 Programs and Case Management 6. Mental Health Intake Screening-Dynamic Factor Review Form 7. Bunk Issues Form 8. PREA Screenings 9. Site Review: PREA Risk Screening; Record Storage 10. Interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening and random residents Findings: A) The facility ensures that all residents are assessed at intake and upon transfer for their risk of being sexually victimized or sexually abusive. This screening process allows staff to make informed housing, supervision, and programming decisions based on identified risk factors. The auditor reviewed initial assessments. During the

	site review, the auditor asked staff to walk through the process and do a mock intake for demonstration purposes. This was reflected in the site review and staff and resident interviews. B) Intake screenings are completed within 72 hours of arrival, allowing the facility to promptly identify potential vulnerabilities or risk factors and implement appropriate safety measures in accordance with PREA requirements. This was reflected in the site review. C) The screening process utilizes a structured and objective assessment tool to ensure fairness, consistency, and individualized evaluation. This standardized approach supports accurate identification of risk factors and appropriate placement decisions. This was reflected in the site review and staff interviews. D) The facility reviews multiple risk factors during the assessment process, including age, physical stature, developmental disabilities, mental illness, sex offender status based on offense history, first-time offender status, past history of victimization, physical disabilities, and the resident's own perception of vulnerability. This comprehensive review supports informed housing and supervision decisions. This was reflected in the site review and staff interviews. E) The agency has implemented procedures regarding the distribution of responses to questions asked under this standard within the facility, ensuring that staff or other residents do not access sensitive information inappropriately. Risk screenings are maintained in secure areas with limited access. This was reflected in the site review and staff interviews. Based on a thorough analysis of evidence, the facility meets this standard.
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.342 Placement of Residents in Housing, Bed, Program, Education, and Work Assignments Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Screening Tool-Risk for Victimization

5. Policy 04.01.130 Programs and Case Management

6. Mental Health Intake Screening-Dynamic Factor Review Form

7. Bunk Issues Form

8. Policy 05.01.303 Youth Confinement

9. Interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening, Superintendent and Medical/Mental Health staff. There were no residents held in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. There were no staff that supervise isolation. No residents identified as LGBTI.

Findings:

A) Information gathered through the risk assessment process is actively used to guide housing, work, education, and program assignments. The goal is to reduce the likelihood of sexual abuse by separating residents who may be at high risk of victimization from those who may pose a higher risk of being sexually abusive. Staff use this information when making placement decisions to ensure supervision levels and living arrangements promote safety and stability. This was reflected in staff interviews.

B) Safety decisions are individualized and based on each resident's specific screening results. Rather than applying a one-size-fits-all approach, the facility considers the unique needs, vulnerabilities, and risk factors of each person to determine appropriate housing and programming. This individualized process helps ensure residents are placed in environments that support their safety and well-being. This was reflected in staff interviews.

C) This provision is no longer applicable to your compliance finding.

D) This provision is no longer applicable to your compliance finding.

E) This provision is no longer applicable to your compliance finding.

F) This provision is no longer applicable to your compliance finding.

G) This provision is no longer applicable to your compliance finding.

H) When a resident is placed in isolation, the agency documents both the specific safety concerns that led to the placement and the rationale for determining that no less restrictive alternatives were appropriate at the time. According to the information submitted no resident has been placed in isolation in the last 12 months.

(I) For any resident placed in isolation under these circumstances, the agency conducts a formal review every 30 days to determine whether continued placement is necessary and to explore any possible alternatives that may allow the resident to safely transition out of isolation.

	Based on a thorough analysis of evidence, the facility meets this standard.
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.351 Resident Reporting Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Policy 01.12.105 Reporting of Unusual Incidents 5. Employee PREA Training Curriculum 6. Policy 01.12.135 Reporting of Child Abuse and Neglect 7. Site Review: Signage; Internal and External Reporting Method; Sending and Receiving Mail; Record Storage; Staff Reporting 8. Interviews with PREA Compliance Manager, random staff and residents. There were no residents who reported sexual abuse. Findings: (a) Residents are provided with multiple private methods to report sexual abuse or sexual harassment, retaliation for reporting, and any staff neglect or misconduct that may have contributed to an incident. Residents at IYC Chicago can report sexual abuse to the DCFS hotline if they wish to make reports independently and/or outside of IDJJ. The facility ensures that reporting options are accessible and clearly explained through orientation materials, posted notices, and established procedures. This allows Residents to choose the method that feels safest and most appropriate for them. How to report signage is posted in each unit and other places within the facility. Drop boxes were observed in each unit and other areas within the facility and are kept secured. Postal mail is free and goes out five days a week. A test call was made to the Hotline. This was reflected in the site review and staff and resident interviews. (b) Residents may also report allegations directly to an external law enforcement agency, including anonymously. That agency forwards the report to the facility for review and action, providing an additional reporting avenue and supporting

	transparency and accountability. Contact information for the external entity is prominently posted in all housing units and included in the resident handbook to ensure visibility and accessibility. The hotline number was tested. This was reflected in the site review and staff and resident interviews. (c) Staff are required to accept reports in any form, including verbal, written, anonymous, or third-party reports. Verbal reports are documented immediately to ensure timely follow-up and investigation. Residents are not required to follow a specific format or use a designated form in order to make a report. This was reflected in staff and resident interviews. (d) Staff are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment that occurred in the facility, any retaliation against Residents or staff who reported such incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This ensures prompt action and compliance with PREA reporting requirements. This was reflected in staff interviews. (e) The agency provides a method for staff to privately report sexual abuse and sexual harassment of residents. Staff were able to explain this process to the auditor. This was reflected in the site review and staff interviews. Based on a thorough analysis of evidence, the facility meets this standard.
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.352 Exhaustion of Administrative Remedies Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Policy 04.01.114 Youth Grievance Procedure 5. Youth Handbook 6. Youth Orientation Checklist

7. Site Review: Signage; Third Party Reporting

8. There were no residents who reported sexual abuse to interview.

Findings:

(a) The agency maintains formal administrative procedures for addressing resident grievances related to allegations of sexual abuse. These procedures are fully implemented and available to all residents within the facility.

(b) The agency does not impose any time limit on when a resident may submit a grievance concerning sexual abuse. Residents are not required to use an informal grievance process or attempt resolution with staff before filing a formal grievance regarding sexual abuse.

(c) Residents may file grievances related to sexual abuse without being required to submit them to the staff member who is the subject of the complaint. The agency ensures that such grievances are not referred to any staff member named in the allegation, thereby maintaining the integrity of the review process.

(d) The agency issues a final decision on the merits of any grievance related to sexual abuse within 90 days of its initial submission. This 90-day timeframe excludes any period during which the resident is preparing or pursuing an administrative appeal. If necessary, the agency may extend the response time by up to 70 additional days. In such cases, the resident is provided written notice of the extension and the expected date of response. If a resident does not receive a response within the required timeframe, including any extension, the grievance may be treated as denied at that level.

(e) Third parties including residents, staff, family members, attorneys, and outside advocates are permitted to assist with or file grievances on behalf of residents alleging sexual abuse. If the third party is not a parent or legal guardian, the agency may require the resident's written consent to proceed and may request the resident to complete subsequent steps in the grievance process. If the resident declines to proceed, the agency documents that decision. Parents or legal guardians of juvenile residents may file grievances and appeals without needing the juvenile's agreement. Signage is posted in areas where third party reporters may have access too, such as visitation and public lobby. Third party reporting method was tested. This was reflected in the site review.

(f) The agency has procedures in place for responding to emergency grievances that allege a substantial risk of imminent sexual abuse. These grievances are immediately routed to a supervisory level where prompt corrective action can be taken. Residents receive an initial response within 48 hours, and a final decision is issued within five calendar days. Both responses document whether the resident was determined to be at substantial risk and describe the actions taken to address the concern.

(G) The agency strictly prohibits disciplinary action against any resident for filing a

	grievance related to sexual abuse unless it is determined, through clear evidence, that the grievance was submitted in bad faith. No grievances have been filed in the past 12 months. Based on a thorough analysis of evidence, the facility meets this standard.
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.353 Resident Access to Outside Support Services and Legal Representation Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. MOU with Resilience for Victim Services 5. Resilience Survivor Packet 6. Resilience Flyer 7. Youth Handbook 8. Policy 04.01.100 Family Engagement 9. Site Review: Signage; Outside Emotional Support Services; Sending and Receiving Mail 10. Interviews with Superintendent, PREA Compliance Manager, and random residents. There were no residents who reported sexual abuse. Findings: (a) The agency provides all residents with access to outside victim advocates (Resilience) for emotional support related to sexual abuse. Information about national, state, and local advocacy organizations including toll-free rape crisis hotlines is posted prominently throughout the facility and included in the resident handbook. The numbers for the Department of Children and Family Services and the Chicago Rape Crisis Hotline are on posters and in the Youth Handbook. How to report signage is displayed on postings throughout the facility and a test call made.

	Postal mail goes out five days a week and postage are free. This was reflected in the site review and resident interviews. (b) Residents are allowed to communicate confidentially with these advocacy organizations. Prior to such communication, the agency informs residents of any applicable monitoring procedures and mandatory reporting obligations under state law to ensure informed consent and transparency. This was reflected in resident interviews. (c) The agency maintains a memorandum of understanding (MOU) agreement with Resilience a community-based service provider that offers confidential emotional support services to victims of sexual abuse. (d) The agency ensures that all residents are able to communicate confidentially with their attorneys or legal representatives. For juvenile residents, the agency also facilitates confidential communication with parents or legal guardians, reinforcing the resident's right to support and legal counsel. This was reflected in staff and resident interviews. Based on a thorough analysis of evidence, the facility meets this standard.
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.354 Third-Party Reporting Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Policy 01.12.135 Reporting of Child Abuse and Neglect 5. Agency Website 6. Site Review: Signage; Third Party Reporting Findings: (a) The facility has established procedures that allow third parties including family

	members, legal representatives, and advocacy organizations to report sexual abuse or harassment on behalf of residents. Information about how to file such reports is made publicly available through the agency website and is accessible to both residents and third parties. The numbers for the Department of Children and Family Services and the Chicago Rape Crisis Hotline are on posters and in the Youth Handbook. This was reflected in the site review and review of agency website. Based on a thorough analysis of evidence, the facility meets this standard.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	15.361 Staff and Agency Reporting Duties Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Interviews with the Medical/Mental Health staff, PREA Compliance Manager, Superintendent and random staff. Findings: (a) According to the agency policy staff are required to immediately report any knowledge, suspicion, or information regarding incidents of sexual abuse, sexual harassment, retaliation against individuals involved in such reports, or staff neglect or violations of responsibilities that may have contributed to an incident. This reporting requirement applies to incidents occurring both within the agency and at other facilities. This was reflected in staff interviews. (b) Staff adhere strictly to mandatory child abuse reporting laws, ensuring that all applicable allegations involving minors are referred without delay to the appropriate state or local child protection authorities. This was reflected in staff interviews. (c) The agency enforces strict confidentiality protocols. Staff are prohibited from disclosing any information related to a report of sexual abuse or harassment, except to individuals who are directly involved in providing treatment to the resident, conducting investigations, or ensuring facility security. This was reflected in staff interviews. (d) Medical and mental health practitioners employed by or working in the facility

	are required to report all suspected incidents of sexual abuse to designated supervisory personnel and the appropriate outside agencies. Prior to delivering services, these practitioners inform residents of their obligation to report and clearly explain any limitations on confidentiality. This was reflected in staff interviews. (e) When an allegation involves a juvenile resident, the facility heads, or designated official promptly notifies the appropriate agency officials and the resident's parent or legal guardian. If the juvenile is in the custody of a child welfare agency, their caseworker is contacted. If the juvenile is under the jurisdiction of the juvenile justice system, their attorney or legal representative is also notified within 14 days of the allegation. This was reflected in staff interviews. (f) The agency ensures that all allegations of sexual abuse or harassment including those made anonymously or by third parties are immediately referred to the appropriate investigative authorities for review and action, in accordance with PREA standards. This was reflected in staff interviews. Based on a thorough analysis of evidence, the facility meets this standard.
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.362 Agency Protection Duties Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Interviews with the Acting Director, Superintendent, and random staff Findings: (a) Upon learning that a resident is at substantial risk of imminent sexual abuse, the facility takes immediate steps to protect the resident. These measures may include housing reassignments, separation from potential aggressors, and other safety driven interventions. According to the information submitted no residents have been in substantial risk of imminent sexual abuse in the last 12 months. This was reflected in interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.363 Reporting to Other Confinement Facilities Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. One Notification of Sexual Abuse that occurred at another Facility 5. Interviews with the Acting Director and the Superintendent Findings: (a) When the facility head received an allegation that a resident was sexually abused while confined at another facility notification was made to the facility head of that facility and the appropriate investigative agency. In the past 12 months, one allegation was received. This was reflected in interviews with staff. (b) Such notification is provided as soon as possible, but no later than 72 hours after receiving the allegation. (c) The Auditor reviewed the memo sent that provided such notification. (d) The facility head that received such notification ensured that the allegation is investigated in accordance with these standards. This was reflected in interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.364 Staff First Responder Duties Evidenced Analyzed:

	1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Policy 01.12.112 Preservation of Physical Evidence 5. Interviews with security and non-security staff first responders, and random staff. There were no residents who reported sexual abuse. Findings: (a) When the facility receives a report that a resident has been sexually abused, the first responding staff member is required to take immediate and appropriate action. The alleged victim and alleged abuser are separated right away to ensure safety and prevent further contact. Staff preserve and protect the area as a potential crime scene until appropriate steps can be taken to collect evidence. This was reflected in interviews with staff. If the incident occurred within a timeframe that allows for the collection of physical evidence, staff request that the alleged victim avoid actions that could compromise evidence, such as washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. During the same timeframe, staff also ensure that the alleged abuser does not take any actions that could destroy physical evidence. These steps are taken carefully and respectfully, with attention to the victim's well-being. This was reflected in interviews with staff. (b) If the first staff member to respond is not a security staff member, they are required to instruct the alleged victim not to take actions that could destroy evidence and to immediately notify security staff. Security staff then assume control of the scene and continue the response in accordance with facility policy and PREA standards. Based on a thorough analysis of evidence, the facility meets this standard.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.365 Coordinated Response Evidenced Analyzed:

	1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Interview with the Superintendent Findings: (a) The facility has implemented a written Coordinated Response Plan that outlines the roles and responsibilities of staff, medical and mental health practitioners, investigators, and leadership in responding to sexual abuse allegations. This plan ensures a streamlined and effective response from initial report through post-incident follow-up and support. This was reflected in interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.366 Preservation of Ability to Protect Residents from Contact with Abusers Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. A Collective Bargaining Contract between the State of Illinois and AFSEME 5. Interview with the Superintendent Findings: (a) The facility has adopted policies ensuring that no collective bargaining or other agreements restrict the ability to remove staff alleged to have committed sexual abuse from contact with residents during an investigation. This was reflected in interviews with staff. (b) The Auditor is not required to audit this provision. Based on a thorough analysis of evidence, the facility meets this standard.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.367 Agency Protection Against Retaliation Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Retaliation Monitoring Report Form for Staff 5. Retaliation Monitoring Report Form for Residents 6. Interviews with the Acting Director, Superintendent, and designated staff charged with monitoring retaliation. There were no residents who reported sexual abuse or being held in isolation for risk of sexual victimization or who alleged to have suffered sexual abuse. Findings: (a) The facility has clear procedures in place to protect residents and staff from retaliation for reporting sexual abuse or sexual harassment, or for participating in an investigation. Retaliation in any form is not tolerated, and reports of retaliation are taken seriously and addressed promptly. According to the information provides there has not been any allegations of retaliation in the last 12 months. (b) Protection strategies may include changes to housing or work assignments, separation from the alleged abuser, increased supervision, and access to emotional support services. These measures are tailored to the individual's needs to ensure their continued safety and well-being. This was reflected in interviews with staff. (c) The facility monitors for possible retaliation for at least 90 days following a report. Monitoring efforts include reviewing disciplinary actions, housing and job assignment changes, and performance evaluations to identify any patterns that could suggest retaliatory behavior. This was reflected in interviews with staff. (d) Periodic status checks are conducted with residents to ensure they feel safe and to determine whether any additional protective measures are needed. This was reflected in interviews with staff. (e) Any resident or staff member who expresses fear of retaliation receives appropriate protection, even if no overt retaliatory action has yet occurred. This was reflected in interviews with staff.

	(f) The Auditor is not required to audit this provision. Based on a thorough analysis of evidence, the facility meets this standard.
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.368 Post-Allegation Protective Custody Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Site Review: Isolation 5. Interviews with Superintendent and medical/mental health staff. There are no residents held in isolation or staff that supervise isolation and the facility does not employ medical staff. Findings: (a) If protective custody were ever necessary, the facility would follow the requirements outlined in Standard 115.43. This would include first reviewing and documenting all available alternatives to involuntary segregation. Any such placement would be limited to no more than 30 days, unless clearly justified and properly documented. Residents placed in protective custody would continue to have access to programs, education, work opportunities, and other services to the greatest extent possible. The facility would document the specific reasons for the placement and conduct required 30-day reviews to determine whether continued separation is necessary. During the review period, the facility did not place any residents in involuntary segregation for protective purposes following an allegation of sexual abuse. This was reflected in interviews with staff.

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.371 Criminal and Administrative Agency Investigations

Evidenced Analyzed:

1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program
2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures
3. Pre-Audit Questionnaire
4. Site Review: Record Storage
5. Interviews with Superintendent, PREA Coordinator, PREA Compliance Manager, and investigator. There were no residents that reported sexual abuse.

Findings:

(a) The agency conducted investigations into all allegations of sexual abuse and sexual harassment, including those submitted anonymously or by third parties. All investigations are assigned to trained investigators with specialized knowledge in handling cases involving juvenile populations. The auditor reviewed 15 investigations. This was reflected in interviews with staff.

(b) Where sexual abuse is alleged, the agency uses investigators who have received special training in sexual abuse investigations involving juvenile victims. This was reflected in interviews with staff.

(c) Investigators collect and review all available evidence relevant to each allegation, including physical evidence, electronic data, and witness statements. They also examine any prior complaints or allegations involving the same alleged perpetrator to identify patterns or corroborating information. This was reflected in interviews with staff.

(d) Investigations continue regardless of whether the alleged victim recants their original statement. The agency remains committed to ensuring that all allegations are fully explored and resolved based on the evidence. This was reflected in interviews with staff.

(e) When the available evidence suggests possible grounds for criminal prosecution, the agency must consult with prosecutors before conducting compelled interviews to determine whether such interviews could hinder future criminal proceedings. This was reflected in interviews with staff.

(f) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. This was reflected in interviews with staff.

	(g) Administrative investigations include a full analysis of whether staff actions or failures to act contributed to the incident. The findings are documented in detailed written reports that describe the evidence considered and the basis for the conclusions reached. This was reflected in the site review and interviews with staff. (h) In criminal investigations, findings are thoroughly documented and include supporting materials such as witness statements, forensic reports, and relevant records. This was reflected in interviews with staff. (I) Substantiated allegations of conduct that appear to be criminal are referred for prosecution. This was reflected in interviews with staff. (j) The agency retains all investigation records for the duration of the subject's incarceration or employment, plus an additional five years, unless state law allows for a shorter retention period for juvenile cases. Reports are kept secured with restricted access. This was reflected in the site review. (k) The departure of the victim or the alleged perpetrator from the agency does not terminate the investigation. All allegations are pursued to completion, regardless of the individual's custody or employment status. This was reflected in interviews with staff. (l) Auditor is not required to audit this provision. (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. This was reflected in interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.372 Evidentiary Standard for Administrative Investigations Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Policy 01.12.120 Investigations of Unusual Incidents

	5. Interview with investigator Findings: (a) The facility uses the preponderance of the evidence standard when determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations. Findings are based on whether it is more likely than not that the incident occurred, not on the higher criminal standard of proof beyond a reasonable doubt. This was reflected in interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.373 Reporting to Residents Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Resident Notifications of Investigation Conclusions 5. Interviews with the Superintendent and investigation staff. There were no residents who reported sexual abuse. Findings: (a) Upon the conclusion of any investigation into a resident's allegation of sexual abuse, the policy requires that the resident be promptly informed of the outcome. The resident is to be notified whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. This was reflected in interviews with staff. (b) When an investigation is conducted by an external agency, the agency actively requests the results of the investigation to ensure that the resident receives timely and accurate notification of the outcome. (c) If the allegation involves staff misconduct and is not determined to be unfounded, the agency notifies the resident of the following, as applicable:

	1. The staff member is no longer assigned to the resident's unit. 2. The staff member is no longer employed at the agency. 3. The staff member has been indicted on a charge related to the sexual abuse; or 4. The staff member has been convicted of a charge related to the sexual abuse. (d) When the allegation involves another resident, the agency notifies the alleged victim if: 1. The alleged abuser has been indicted on a charge related to the abuse; or 2. The alleged abuser has been convicted of a related offense. (e) All notifications to residents are documented. (f) The Auditor is not required to audit this provision. Based on a thorough analysis of evidence, the facility meets this standard.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.376 Disciplinary Sanctions for Staff Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Policy 01.12.101 Employee Criminal Misconduct 5. Policy 03.02.108 Standards of Conduct Findings: (a) Staff are subject to disciplinary sanctions, up to and including termination, for violating the facility's sexual abuse or harassment policies. According to the information in the PAQ no staff have been disciplined for violating the zero-tolerance for violating the sexual abuse or harassment policy. (b) Termination is the presumptive disciplinary action for staff found to have

	engaged in sexual abuse. (c) In other policy violations, sanctions are based on the nature of the violation, the staff member's history, and consistency with disciplinary actions imposed in similar cases. (d) Any terminations or resignations in lieu of termination related to sexual misconduct are reported to law enforcement, unless the behavior was clearly not criminal, and to any applicable licensing boards. Based on a thorough analysis of evidence, the facility meets this standard.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.377 - Corrective action for contractors and volunteers Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Interview with the Superintendent Findings: (a) Any contractor or volunteer who engages in sexual abuse is immediately prohibited from further contact with residents and referred to law enforcement and relevant licensing agencies unless the behavior is clearly not criminal. According to the information in the PAQ no volunteer/contractor have been disciplined for violating the zero-tolerance for violating the sexual abuse or harassment policy. (b) For other violations of facility policy, appropriate corrective action is taken, which may include removal of resident contact privileges. This was reflected in interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.

115.378	Interventions and disciplinary sanctions for residents
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	Auditor Overall Determination: Meets Standard Auditor Discussion 115.378 Interventions and Disciplinary Sanctions for Residents Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. 04.01.140 Youth Discipline 5. 05.01.303 Youth Confinement 6. Youth Handbook 7. Interviews with medical and mental health staff and the Superintendent Findings: (a) Residents may be subjected to disciplinary sanctions only after a formal disciplinary process confirms, either administratively or criminally, that the resident committed resident-on-resident sexual abuse. According to the information in the PAQ one resident has been disciplined for violating the zero-tolerance for sexual abuse or harassment policy. (b) Sanctions are proportionate to the abuse, the resident's disciplinary history, and comparable sanctions for similar behavior. If isolation is imposed, the resident continues to receive large-muscle exercise, educational programming (including special education if applicable, daily clinical visits, and access to other programs and services as feasible. This was reflected in interviews with staff. (c) Disciplinary decisions consider whether a mental illness or disability contributed to the resident's behavior. This was reflected in interviews with staff. (d) The facility may require participation in counseling or interventions to address underlying behaviors. However, participation is not required for general access to programs or education. This was reflected in interviews with staff. (e) Residents may only be disciplined for sexual contact with staff if it is determined the staff member did not consent. (f) Residents who report sexual abuse in good faith, based on a reasonable belief that the conduct occurred, are not disciplined for false reporting if the allegation is unsubstantiated. (g) The facility may prohibit all sexual activity between residents and may discipline
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	residents for engaging in such behavior. Non-coerced sexual activity is not treated as sexual abuse. Based on a thorough analysis of evidence, the facility meets this standard.
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.381 Medical and Mental Health Screenings; History of Sexual Abuse Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Screening Tool-Risk for Victimization 5. Policy 04.01.130 Programs and Case Management 6. Mental Health Intake Screening-Dynamic Factor Review Form 7. Policy 04.04.100 General Health Provisions 8. Mental Health Diagnostic and Treatment Form 9. Authorization for Release or Request for Information 10. Mental Health Screenings 11. Site Review: Record Storage 12. Interviews with medical and mental health staff, staff responsible for risk screening and one resident that disclosed sexual victimization at risk screening. Findings: (a) If a resident reports prior victimization during screening, the facility ensures a follow-up meeting with a qualified medical or mental health practitioner within 14 days. This was reflected in interviews with staff and residents. (b) Residents identified as having previously perpetrated sexual abuse are also referred for a mental health follow-up within 14 days. This was reflected in interviews with staff.

	(c) Information on prior victimization or abusiveness is restricted to staff necessary for medical, mental health, or classification decisions, in compliance with all applicable privacy laws. The facility ensures a follow-up meeting with a qualified medical or mental health practitioner within 14 days. Medical records were securely maintained with restricted access. Information about past abuse is shared only on a need-to-know basis for safety, treatment, or management decisions. This was reflected in interviews with staff. This was reflected in the site review. (d) Informed consent is obtained before disclosing information about non-institutional sexual victimization unless the resident is under 18. This was reflected in interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.382 Access to Emergency Medical and Mental Health Services Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Mental Health Intake Screening-Dynamic Factor Review Form 5. Policy 04.04.100 General Health Provisions 6. Interviews with security and non-security staff first responders; and medical and mental health staff. There were no residents that reported sexual abuse. Findings: (a) Resident victims of sexual abuse are provided timely, unimpeded access to emergency medical treatment and crisis intervention, as determined by medical professionals. This was reflected in interviews with staff. (b) If no qualified practitioners are available at the time of the report, first responders take immediate protective steps and promptly notify medical and mental health staff. This was reflected in interviews with staff. (c) Victims are offered timely access to emergency contraception and STI

	prophylaxis, as medically appropriate and consistent with accepted standards of care. This was reflected in interviews with staff. (d) All emergency services are provided at no cost to the resident, regardless of whether they identify the abuser or cooperate with the investigation. Based on a thorough analysis of evidence, the facility meets this standard.
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.383 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Mental Health Intake Screening-Dynamic Factor Review Form 5. Policy 04.04.100 General Health Provisions 6. Interviews with medical and mental health staff. There were no residents that reported sexual abuse. Findings: (a) Residents who have experienced sexual abuse are offered medical and mental health evaluations and follow-up treatment. (b) When residents are transferred, released, or moved to another facility, they receive referrals for continued care to ensure continuity of services. This was reflected in interviews with staff. (c) All care is provided at a community-level standard to ensure adequate quality. This was reflected in interviews with staff. (d) This is an all-male Facility. (e) This is an all-male Facility. This was reflected in interviews with staff.

	(f) STI testing is offered as medically indicated to support the victim's health. (g) All services are provided at no cost to the resident, regardless of participation in the investigation. (h) The facility attempts to conduct a mental health evaluation of any known resident-on-resident abuser within 60 days of discovery and offers treatment where appropriate. This was reflected in interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.386 Sexual Abuse Incident Reviews Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Staffing Plan Reviews 5. Two Incident Reviews 6. Interviews with Superintendent, PREA Compliance Manager and members of the incident review team Findings: (a) A sexual abuse incident review is conducted following every completed investigation, except in cases determined to be unfounded (b) The reviews occurred within 30 days of the investigation's conclusion. (c) The review team included upper-level managers and input from supervisors, investigators, and clinical staff. This was reflected in interviews with staff. (d) As reflected in interviews with staff, the team examines: 1. Whether policy or procedural changes are needed. 2. Potential motivations including bias or group dynamics.

	3. Whether the physical layout contributed to the incident. 4. Staffing adequacy at the time of the incident. 5. The use or need for video monitoring or technological improvements. 6. Findings and recommendations are documented and submitted to the facility head and PREA compliance manager. (e) Recommended changes are implemented, or the facility documents reasons for not doing so, ensuring continuous improvement. Based on a thorough analysis of evidence, the facility meets this standard.
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.387 Data Collection Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Agency Website 5. PREA Staffing Plan 6. 2024 Illinois Department of Juvenile Justice PREA Report 7. PREA Facility PREA Audit Report Findings: (a) The agency collects standardized, uniform data on all allegations of sexual abuse. (b) Data is aggregated at least annually to identify patterns and trends. (c) The agency ensures that its data addresses all questions from the most recent DOJ Survey of Sexual Violence. (d) Data collection includes incident reports, investigation outcomes, and review findings.

	(e) Data is also collected from any contracted private facilities. (f) Upon request, the agency submits the previous calendar year's data to DOJ by June 30. Based on a thorough analysis of evidence, the facility meets this standard.
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.388 Data Review for Corrective Action Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. PREA Staffing Plan 5. 2022-2024 PREA Reports 6. Interviews with the Acting Director, PREA Coordinator and PREA Compliance Manager Findings: (a) Aggregated data is reviewed to evaluate the effectiveness of the agency's prevention and response efforts. This was reflected in interviews with staff. This includes: 1. Identifying areas needing improvement. 2. Taking corrective actions as needed. 3. Preparing an annual report outlining findings and responses. (b) The annual report compares current and past data and actions to assess progress. (c) The agency head approves the report and ensures public availability via the agency's website. This was reflected in interviews with staff. (d) Any redactions for safety or security are noted by category. This was reflected in

	interviews with staff. Based on a thorough analysis of evidence, the facility meets this standard.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.389 Data Storage, Publication, and Destruction Evidenced Analyzed: 1. Policy 04.01.301 Youth Sexual Abuse and Harassment Prevention and Intervention Program 2. Policy 04.01.302 Sexual Abuse and Harassment - Response Procedures 3. Pre-Audit Questionnaire 4. Agency Website 5. Site Review: Record Storage 6. Interview with PREA Coordinator Findings: (a) The agency securely stores all collected sexual abuse data to prevent unauthorized access. This was reflected in the site review and interviews with staff. (b) Aggregated data is published annually, including data from any contracted facilities. (c) Personal identifiers are removed before publication to protect resident privacy. As evidenced by reviewing the department website it contains all information as required by this standard. The department website contains all information as required by this standard. The website was reviewed to verify that sexual abuse data is publicly made available and does not include any personally identifiable information. (d) All data is retained for at least 10 years unless a longer period is required by law. Historical data was reviewed on the agency website. Based on a thorough analysis of evidence, the facility meets this standard.

115.401	Frequency and scope of audits
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	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401 Frequency and Scope of Audits Evidenced Analyzed: 1. Agency Website 2. Site Review: Notice of Audit; Access to Facility 3. Issue Log 4. Notice of Audit Findings: (a) Audit reports are available on the agency website. This is the first year of the current (5th) audit cycle. During each three-year period, the agency ensured that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. (b) The agency ensured that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. The agency met this standard during the prior year. (h) The auditor had access to and was able to observe during the site review all areas of the facility. (i) The auditor received copies of any relevant documents requested. (m) The facility permitted the auditor to conduct interviews with any residents that were requested by the auditor. Resident interviews were conducted in a private setting without staff present. (n) A Notice of Audit was provided to the facility by the auditor at least six weeks in advance. The Notice provided information pertaining to the audit and provided a name and mailing address of the auditor should residents wish to send confidential correspondence to the auditor. No correspondence was received. The Notice was observed posted in each unit and other areas within the facility. The Notice was dated with the posting date and photos were provided to the auditor with written assurance that the Notice was posted at least six weeks in advance of the audit. Based on a thorough analysis of evidence, the facility meets this standard.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	115.403 Audit Contents and Findings Evidenced Analyzed: 1. Agency Website Findings: (a) All final PREA audit reports from the Agency’s five facilities are published on the agency website. Based on a thorough analysis of evidence, the facility meets this standard.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	Limits to cross-gender viewing and searches	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency 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?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying 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 §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: 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)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: 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	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: 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)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: 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?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency 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 contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	

	Unless prohibited by law, does the agency 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? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	Policies to ensure referrals of allegations for investigations	

(c)		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured 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?	yes

115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (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)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	

	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334	Specialized training: Investigations	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341	Obtaining information from residents	

(a)		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented 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?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
115.342 (c)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	Placement of residents	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	Placement of residents	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no

115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does	yes

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	

	Does the facility 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?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into 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?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes

	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare	yes

	system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation?	yes
115.361 (f)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.362 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.363 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
	Does the head of the facility that received the allegation also notify the appropriate investigative agency?	yes
115.363 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.363 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.363 (d)	Reporting to other confinement facilities	

	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, 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?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment 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?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

	prosecution?	
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	

	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.371 (m)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.372 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.373 (a)	Reporting to residents	
	Following an investigation into a resident's allegation of sexual abuse suffered in the facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.373 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.373 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes

	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual	yes

	harassment policies?	
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are 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, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are 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, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse 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?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382	Access to emergency medical and mental health services	

(d)		
	Are treatment services 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?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims 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?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	

	Are treatment services 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?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct 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?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility 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?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data 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?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes