

PREA Facility Audit Report: Final

Name of Facility: Illinois Youth Center Warrenville

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/23/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: SONYA LOVE	Date of Signature: 11/23/2021

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	08/16/2021
End Date of On-Site Audit:	08/17/2021

FACILITY INFORMATION	
Facility name:	Illinois Youth Center Warrenville
Facility physical address:	30 W. 200 Ferry Road, Naperville, Illinois - 60563
Facility Phone	
Facility mailing address:	30 W. 200 Ferry Road, Naperville, Illinois - 60563

Primary Contact	
Name:	Lynette Pangburn
Email Address:	Lynette.Pangburn@illinois.gov
Telephone Number:	(630) 983-6231 x200

Superintendent/Director/Administrator	
Name:	Lynette Pangburn
Email Address:	Lynette.Pangburn@illinois.gov
Telephone Number:	(630) 983-6231 x200

Facility PREA Compliance Manager	
Name:	Jolene Harbaugh
Email Address:	jolene.harbaugh@illinois.gov
Telephone Number:	
Name:	Blanca Lopez
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Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Amy McGuire
Email Address:	Amy.McGuire@illinois.gov
Telephone Number:	(630) 983-6231 x206

Facility Characteristics	
Designed facility capacity:	22
Current population of facility:	22
Average daily population for the past 12 months:	23
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	13-21
Facility security levels/resident custody levels:	Maximum Security Level 1/Resident Custody: Minimum/Medium/Maximum
Number of staff currently employed at the facility who may have contact with residents:	129
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	71

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

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Auditor used a data triangulated model to confirm PREA compliance with each standard and substandard. The triangulation model compares, and contrast two or more data points obtained from different sources to confirm PREA compliance. Using a data triangulation or cross examination model approach provides the Auditor with a dual method or in some cases a three-way method to confirm data obtained from multiple sources regarding a standard. Ideally, the triangulated model enhances reliability of data collected and analyzed about a specific facility or agency's overall compliance with the Prison Rape Elimination Act (PREA).

To gain compliance a facility was required to meet each standard. To meet each standard. The Auditor relied upon several factors to determine compliance such as: Resident interviews (random and targeted), the facility tour, staff interviews (random and specialized) (contractor and agency staff) and documented evidence of compliance with an applicable standard.

The resident rubrics list the required number by category of random, targeted inmates, by facility type and population size, represents the absolute number of inmate interviews was determined by the PREA Auditor Handbook, required inmate interviews, Table 1: Required Number of Inmate Interviews, page 50. As a result of the blended population (male and female residents, various security levels, cognitive disabilities, physical disable, and limited English proficient) to ensure that all perspectives and experiences were adequately inclusive in the audit report of findings.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Illinois Youth Center Warrenville serves a female/male population wit multi-service needs. Warrenville is located at 30 W. 200 Ferry Road, Warrenville, IL 60563. The facility opened in 1973.

Facility Characteristics

Facility type; Juvenile (Level 1 maximum male/Level 1 Maximum female)

Average age 17.1

Designated population: 22

Numbers (129) and type of staff positions: administration, custody, noncustody, foodservice, recreation

Configuration and layout of the facility: Cottages Style

Numbers of housing units:8

Number of Segregation Cells: 9

Number of Multiple Occupancy Cells:4

Description of housing units: Cottage Style

Food service and recreation: Yes

Description of programs and services: The facility provides GED and high school diploma academic services, an in-patient substance abuse treatment program, vocational programs, mental health services, clinical services, leisure time activities, parenting education, assessment and family reunification programming.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). 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

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations.

Areas of corrective action:

115.313 Supervision and Monitoring

115.352 Exhaustion of Administrative Remedies

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
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1485 667">The IYC Warrenville PREA Response Plan, Administrative Directive (AD) 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program and AD 04.01.302 Response Procedure addresses Standard 115.311. The directive mandates a zero-tolerance policy towards sexual abuse and sexual harassment. The PREA Response Plan, Administrative Directive and companion policies outlines how IYC Warrenville will make its best efforts to preventing, detecting, and responding to sexual abuse and harassment. The Illinois Department of Juvenile Justice (IDJJ) has a designated Agency Wide PREA Coordinator who oversees the agency's compliance with all PREA related efforts to comply. The PREA Coordinator confirmed having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. Likewise, Warrenville has designated the Treatment Unit Administrator as the a PREA Compliance Manager for the facility. The Auditor interviewed the PCM. The PCM denied having sufficient time but a willingness to accept the role and responsibility of being the facility PCM. The PCM confirmed she had the authority to coordinate the facility's efforts to comply with the PREA standards. The PCM reports to the Assistant Superintendent of Programs.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 353">115.312 (b)-1 All of the above contracts require the agency to monitor the contractor's compliance with PREA standards. The Illinois Department of Juvenile Justice does not contract with other entities for the confinement of its residents.</p> <p data-bbox="229 353 1509 452">115.312 (b)-2 On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards. The Illinois Department of Juvenile Justice does not contract with other entities for the confinement of its residents.</p>

115.313	Supervision and monitoring
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 600">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.103 Youth Health Care Services, Policy IDJJ 04.01.102 Emergency Mental Health Services, Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria, Policy IDJJ 04.01.105 Youth Center Orientation, IDJJ 0429 Screening Tool - Risk of Victimization, Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting, IDJJ Risk of Victimization Screening Tool (SA0002), training curriculum "The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures, address PREA Standard 115.313.</p> <p data-bbox="242 629 1493 1025">The agency has a Consent Decree with the United States District Court for the Northern District of Illinois, Eastern Division dated 12/06/2012 and a corresponding Remedial Plan dated 04/07/2014 which has staffing levels that mirror the requirements of this standard. Policy requires the facility to review the staffing plans on an annual basis. Interviews with the facility Superintendent's designee and the PREA Coordinator, agency head designee, confirmed compliance with the PREA; safety and security procedures are the primary focus when considering staffing patterns and video monitoring. The facility has a good video monitoring system which includes 140 video cameras for monitoring the facility. The system also includes digital video recorders which are capable of storing data for approximately 30 days. The cameras are monitored by the control center. The facility maintains a staffing ratio of 1:8 during waking hours and 1:16 during sleeping hours. Minimum ratios were met at all times except in the case of unforeseen and exigent circumstances would be documented. Duty Administrative Officers (DAO) are required to make and document unannounced rounds. The Duty Administrative Officer's (DAO) interviewed stated several to consider when making unannounced rounds to include staffing ratios, visibility of staff working on the units and blindspots.</p> <p data-bbox="242 1055 1493 1182">By examination the Auditor determined that Illinois Department of Juvenile Justice, has a zero-tolerance policy against sexual abuse which mandates the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p data-bbox="242 1211 1493 1308">Illinois Department of Juvenile Justice has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment is addressed in Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention addresses Standard 115.313.</p> <p data-bbox="242 1337 1493 1563">115.313 (a) The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. According to the PREA Compliance Manager, Warrenville has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. Warrenville provided the Auditor with a staffing by shift outlining staffing numbers during the day as 1:8 and nights 1:16. The plan excluded any direct consideration for the 11-point criteria noted in this standard however some aspects of the criteria were clearly considered during the staffing review.</p> <p data-bbox="242 1592 1493 1720">115.313 (b) The agency PREA Coordinator and PREA Compliance Manager each indicate that Warrenville confirmed that the facility complies with the staffing plan except during limited and discrete exigent circumstances. In circumstances where the staffing plan is not complied with, the facility documents all deviations from the staffing plan. The Auditor was unable to determine compliance this standard requires corrective action.</p> <p data-bbox="242 1749 1493 1975">115.313 (c) The agency PREA Coordinator and PREA Compliance Manager each confirmed that facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances. The facility population is significantly lower than the designated population of 22. On the first day of the facility audit the population of male and female residents was 18. The facility tour confirmed adequate staffing throughout the facility of daytime security staff ratios of a minimum of 1:8 during waking hours. According to the PAQ, in the past 12 months by the PREA Compliance during the audit, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was zero.</p> <p data-bbox="242 2004 1493 2132">According to the agency PREA Coordinator and PREA Compliance Manager the facility maintains security staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. The Auditor reviewed staff schedules from was determined by review of staff schedules[SL1] for the weeks of January 10, 2021, all shifts, April 18, 2021, all shifts, December 27, 2020, July 19, 2020, September 20, 2020, and October 25, 2020, to determine</p>

compliance. During interviews with agency PREA Coordinator and PREA Compliance Manager who conduct unannounced rounds each confirmed that the facility documents any limited and discrete exigent circumstances during which the facility did not maintain staff ratios and ensures only security staff are included when calculating these ratio minimums. According to the PAQ as confirmed by the PREA Compliance Manager during the audit, in the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours. The facility is obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in Standard 115.313.

115.313 (d) The agency has a directive which mandates for each facility to annually review its staffing plan with the PREA Coordinator. 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 this standard. The Auditor found no evidence of any consultation as mandated in 115.313 (d).

The agency has a directive which mandates for each facility to annually review its staffing plan with the PREA Coordinator. 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. The Auditor found no evidence of any consultation as mandated in 115.313 (d).

The agency has a directive which mandates for each facility to annually review its staffing plan with the PREA Coordinator. 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. The Auditor found no evidence of any consultation as mandated in 115.313 (d).

The agency has a directive which mandates for each facility to annually review its staffing plan with the PREA Coordinator. 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. The Auditor found no evidence of any consultation as mandated in 115.313 (d).

115.313 (e) The agency has a directive Institutional Directive effective date 1/01/2012, 01.02.103 Inspection Tours by Administrative Staff, to ensure the safety, sanitation, security, and maintenance procedures are being followed, the Chief Administrative Officer and members of upper management are responsible for visiting and conducting announced and unannounced inspections of the facility. Moreover, the facility has implemented a policy directive (Administrative Directive effective date 12/01/2013, 01.02.103, Inspection Tours by Administrative Staff) 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. The Auditor interviewed (2) intermediate or higher facility staff. Each confirmed the role and responsibility to conduct unannounced rounds to the identify and deter staff sexual abuse and sexual harassment. Unannounced rounds are documented in the unit logbooks. Staff are prohibited from alerting other staff that supervisor are conducting unannounced rounds. Warrenville has a policy and practice of conducting unannounced rounds for night shifts as well as day shifts unless such announcement is related to the legitimate operational functions of the facility.

Evidence relied upon to make auditor determination:

Pre-Audit Questionnaire

Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention

Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures

Institutional Directive Number (ID) 01.02.103 effective date 1/01/2012, Inspection Tours by Administrative Staff

Institutional Directive Number (ID) 05.01.302 effective date 5/01/302, Prohibited Cross-Gender Searches

Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure

Administrative Directive, (AD) 01.02.103 effective date 12/01/2013, Inspection Tours by Administrative Staff

Superintendent's Bulletin 17-005, Unannounced Supervisory Rounds, dated 4/13/2017

Superintendent's Bulletin 2019-01, Unannounced Rounds, dated April 22, 2019

Superintendent's Bulletin 17-004, Staff Entering Cottages – PREA Standard, dated 4/13/2017

Auditor review of files of unannounced rounds

Interviews with the PREA Coordinator

Interviews with the PREA Compliance Manager

Interviews with staff (random)

Inspection Tours Unscheduled (examined) 7 all shifts

Corrective Action

The plan excluded any direct documented consideration of the 11-point criteria noted in this Standard 115.313 (a) however some aspects of the criteria were clearly considered during the staffing review. In calculating adequate staffing levels and determining the need for video monitoring, the staffing plan takes into considers all factors outlined in 115.313 (a) and documents consultation with the agency PREA Coordinator. During an interview with the PREA Coordinator he provided this Writer with documented evidence of full compliance with this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth, Institutional Directive Number (ID) 05.01.302 effective date 5/01/302, Prohibited Cross-Gender Searches and Administrative Directive (AD) 05.01.302 effective date 8/01/2014 address Standard 115.315.</p> <p>115.315 (a) 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. Policies Institutional Directive Number (ID) 05.01.302 effective date 5/01/302, Prohibited Cross-Gender Searches and Administrative Directive (AD) 05.01.302 effective date 8/01/2014, addresses this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in exigent situations or when performed and documented by a medical practitioner.</p> <p>115.315 (b) Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances. According to a sample of random staff (12) interviewed Warrenville refrains from conducting cross-gender pat-down searches except in exigent circumstances. Random and targeted residents interviewed (18) denied being subjected to a cross-gender strip or cross-gender pat-down search. It should be noted that Illinois Department of Juvenile Justice prohibits cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners.</p> <p>115.315 (c) Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches. According to random staff samples during the onsite portion of this audit staff are required to notify a supervisor before conduct a cross-gender strip search and document the incident. It should be noted that Illinois Department of Juvenile Justice prohibits cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. Illinois Department of Juvenile Justice/Warrenville requires all staff of the opposite gender to announce their presence when entering a resident housing unit. Interviews with a sample of Warrenville random and specialized staff all confirmed a responsibility for opposite gender staff to announce their presence when entering a resident housing unit. Likewise, the Auditor interviewed random and targeted residents (18) of the facility, all confirmed that staff of the opposite gender make announcements when entering a housing unit of the opposite gender.</p> <p>115.315 (d) Warrenville has a policies and procedures (Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure) 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.</p> <p>115.315 (e) Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status. Interviews with random staff (100%) confirmed that staff always refrains from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status. More the same random staff where aware that if a resident’s genital status was unknown, Warrenville should determine a genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p>115.315 (f) Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Interviews with random custody staff confirmed that during training security staff are trained on how to conduct cross-gender pat-down searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs . During the audit Warrenville identified zero transgender or intersex residents. The Auditor also interviewed residents with some self-identified as LGBQ. All random and targeted residents indicated being searched in a professional and respectful manner, and in the lest intrusive. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of a resident by a staff member at the Warrenville.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response

Procedures

- Institutional Directive Number (ID) 01.02.103 effective date 1/01/2012, Inspection Tours by Administrative Staff
- Institutional Directive Number (ID) 05.01.302 effective date 5/01/302, Prohibited Cross-Gender Searches
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Administrative Directive (AD) 05.01.302 effective date 8/01/2014, Prohibited Cross-Gender Searches
- Administrative Directive (AD) 04.01.303 effective date 6/01/2017, Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQ) Youth
- Administrative memorandum, 17-004, Staff Entering Cottages -PREA Standard
- Annual Training PPT, Welcome to LGBTIQ Annual Training,
- Fiscal Year 2021 Annual Mandatory Training Curriculum, dated 5/21/2020, includes PREA Response Plan, AD 01.12.135 Reporting of Child Abuse and neglect, CANTS form, AD 95.01.113 Routine Searches of Youth, Standards of Conduct, ID and AD 04.03.108 Response to Medical Emergencies and PREA Mandated Reporter.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1453 533">Illinois Department of Juvenile Justice has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment is addressed in Institutional Directive (ID) Number 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Administrative Directive (AD) Number 04.01.301, Sexual Abuse and Harassment and Intervention, Administrative Directive (AD) Number 04.01.111, American with Disabilities Act (ADA) Accommodations, Administrative Directive (AD) 04.01.303 effective date 6/01/2017, Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Youth, Institutional Directive Number (ID) 05.01.302 effective date 5/01/302, Prohibited Cross-Gender Searches, Administrative Directive (AD) Number 04.01.114 effective date 3/01/2019, Local Youth Grievance Procedure address Standard 115.316.</p> <p data-bbox="240 562 1469 689">115.316 (a) Illinois Department of Juvenile Justice takes appropriate steps by providing written PREA related material to ensure that a resident with a disability has 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.</p> <p data-bbox="240 719 1485 846">Illinois Department of Juvenile Justice takes appropriate steps to ensure that all 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 by providing staff readers to assist residents with this disability.</p> <p data-bbox="240 875 1485 1070">Illinois Department of Juvenile Justice takes 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 by ensuring that to the extent possible mental health practitioners and counselors assist residents with intellectual disabilities by providing appropriate education to allow residents in this vulnerable category have an equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 1099 1485 1272">Warrenville has employed staff who can serve as interpreters for some LEP residents. Educators and counselors assist residents with limited reading skills participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Warrenville provided evidence of efforts to provide LEP residents speaking languages other than Spanish with interpretive services to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 1301 1469 1473">115.316 (b) Warrenville, Illinois Department of Juvenile Justice provided evidence that reasonable steps have been taken 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, these steps include providing interpreters (e.g., Language Line, TTY, closed caption, assistive devices, devices which amplify sound or use of a qualified sign interpreter) who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p data-bbox="240 1503 1469 1630">115.316 (c) Illinois Department of Juvenile Justice and by extension Warrenville confirmed for the Auditor that the facility always refrains 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.</p> <p data-bbox="240 1659 1485 1877">During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.364, or the investigation of the inmate's allegations. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations was confirmed by the PAQ and the PCM as zero.</p> <p data-bbox="240 1906 807 1935">Evidence relied upon to make auditor determination:</p> <ul data-bbox="240 1964 1422 2136" style="list-style-type: none"> <li data-bbox="240 1964 536 1993">• Pre-Audit Questionnaire <li data-bbox="240 2022 1246 2051">• Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment <li data-bbox="240 2080 1422 2136">• Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures

- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interviews with the PREA Coordinator, designated agency head
- Interviews with the PREA Compliance Manager
- PREA related information translated into Spanish to include PREA related information and brochures
- Auditor's observations during the facility tour

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1493 398">Institutional Directive (ID) Number 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) Number 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) Number 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Administrative Directive (AD) Number 01.01.107 Background Investigation, address Standard 115.317.</p> <p data-bbox="240 427 1493 723">115.317 (a) According to the PREA Coordinator and the Assistant Superintendent of Operations Warrenville /Illinois Department of Juvenile Justice prohibits the hiring or promotion of anyone who may have contact with residents who: 1). 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), 2). 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, 3). has been civilly or administratively adjudicated to have engaged in the activity described in the question 1-3 located above. According to the PREA Coordinator, agency head, background investigations, criminal background and Child Abuse and Neglect Tracking System (CANTS) check is completed on all persons prior to employment or prior placement in a safety sensitive position and on staff who provide services to the agency.</p> <p data-bbox="240 752 1493 981">Further, the agency prohibits 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), 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, has been civilly or administratively adjudicated to have engaged in the activity described in the questions 1-3 immediately above. Background investigations coupled with Illinois State Police (ISP), Bureau of Identification protocol uses a fingerprint card or the electronic equivalent when a conditional offer of employment is made to a potential employee.</p> <p data-bbox="240 1010 1493 1104">115.317 (b) According to the PREA Coordinator, designated agency head, the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents, or whether to enlist the services of any contractor who may have contact with residents.</p> <p data-bbox="240 1133 1493 1330">115.317 (c) Before hiring new employees, who may have contact with residents, the agency performs a criminal background record check through the Illinois Department of Children and Family Services. Potential applicants authorize the Illinois Department of Children and Family Services (DFCS) to conduct a search for a history of child abuse and neglect using the Child Abuse Neglect Tracking System (CANTS) . Moreover, Illinois Department of Juvenile Justice also conducts criminal history checks, driver's license checks, employment reference checks, administrative checks, education, and professional license checks before hiring new employees, who may have contact with residents.</p> <p data-bbox="240 1359 1493 1487">The Human Resource (HR) Representative was interviewed. The HR representative confirmed during the interview that before hiring new employees who may have contact with residents, the agency, consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p data-bbox="240 1516 1493 1677">115.317 (d) Illinois Department of Juvenile Justice performs a criminal background record and a child abuse registry check before enlisting the services of any contractor who may have contact with residents, according to the HR representative and by examination of employment records. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.</p> <p data-bbox="240 1706 1493 1904">115.317 (e) Illinois Department of Juvenile Justice conducts criminal background records checks at least every five years on current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees as confirmed through examination of personnel records, CANTS and as confirmed by the HR representative. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.</p> <p data-bbox="240 1933 1493 2094">115.317 (f) Illinois Department of Juvenile Justice asks all applicants and employees who may have contact with residents directly about previous misconduct described in Standard 115.317 (a) in written applications or interviews for hiring or promotions as confirmed through examination of personnel records, CANTS and as confirmed by the HR representative. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.</p> <p data-bbox="240 2123 1417 2150">Illinois Department of Juvenile Justice imposes upon all employees a continuing affirmative duty to disclose any such</p>

misconduct, as confirmed through examination of personnel records, CANTS, and as confirmed by the HR representative. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.

115.317 (g) Illinois Department of Juvenile Justice considers material omissions regarding such misconduct, or the provision of materially false information, grounds for termination as confirmed during an interview with the HR representative. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator/designated head of the agency
- Interview with an HR representative
- Examination of employment files (7) in the past 12 months (new hires)
- Examination of criminal background checks (CANTS)
- Administrative Directive (AD) Number 01.01.107 Background Investigation
- Administrative Directive (AD) Number 03.02.105 Qualifications and Screening for Juvenile Justice Interns
- Administrative Directive (AD) Number 03.02.106 Filing Vacancies
- Illinois Department of Juvenile Justice 0032 Request for Background Investigations
- Illinois Department of Juvenile Justice 0469 PREA Pre-Employment Self-Report
- Illinois Department of Children and Family Services, Acknowledgement of Mandated Reported Status

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1465 398">115.318 (a) Illinois Department of Juvenile Justice in the planning, designed or acquiring of any new facility or planned any substantial expansion or modification of existing facilities, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse, according to the PREA Coordinator/designated agency head</p> <p data-bbox="242 430 1485 656">115.318 (b) Illinois Department of Juvenile Justice has not 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, according to the PREA Coordinator. Any future installs or updating of video monitoring systems would include consideration for how much consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Policies and interviews confirm compliance with this standard. The Warrenville utilizes a video camera system for video surveillance. Cameras are placed strategically locations throughout the facility to ensure the sexual safety and security management of residents and staff alike.</p> <p data-bbox="242 687 1458 779">115.318 (b) The PREA Coordinator, designated agency head, confirmed during his interview that if the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency would consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="242 810 877 837">Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul data-bbox="242 869 944 954" style="list-style-type: none"> <li data-bbox="242 869 507 896">• Pre-Audit Questionnaire <li data-bbox="242 927 944 954">• Interview with the PREA Coordinator/designated head of the agency

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 499">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Administrative Directive (AD) Number 01.12.112 effective date 9/01/2016, Preservation of Physical Evidence, Administrative Directive (AD) Number 01.12.120 effective date 5/01/2017, Superintendent Bulletin 17-006 PREA Response Plan and Administrative Directive (AD) Number 01.12.120 effective date 05/01/2017, Investigations of Unusual Incidents address Standard 115.321.</p> <p data-bbox="242 528 1485 757">115.321 (a) The agency is responsible for initial first responders' protocol into allegations of sexual abuse (including resident-on-resident sexual abuse or staff sexual misconduct), the PREA Coordinator and the Chief Investigator for Warrenville and St Charles confirmed during their individual interviews that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility conducts administrative investigations. The Illinois Department of Corrections and when necessary, Illinois State Police is responsible for conducting sexual abuse investigations into (including resident-on-resident sexual abuse or staff sexual misconduct) potentially criminal behavior.</p> <p data-bbox="242 786 959 813">115.321 (b)-1 The protocol is developmentally appropriate for residents.</p> <p data-bbox="242 842 1485 1003">115.321 (b)-2 The protocol utilized by the agency was adapted from or otherwise based on the most recent edition of the DOJ'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, was confirmed during an interview with the Chief Investigator for Warrenville and St Charles. All staff members have been trained in the evidence protocol.</p> <p data-bbox="242 1032 1469 1160">115.321 (c)-1 Warrenville offers all residents who experience sexual abuse access to forensic medical examinations. Interviews with random and specialized staff confirmed that Warrenville operates a medical infirmary to serve residents of the facility. Forensic medical examinations are conducted off-site at Edwards Hospital Emergency Room (ER). Edwards Hospital ER is an acute-care facility in Naperville, Illinois.</p> <p data-bbox="242 1189 1469 1317">115.321 (c)-2 Interviews with medical and mental health practitioners confirmed that Warrenville offers all residents who experience sexual abuse access to forensic medical examinations at Edwards Hospital. Onsite the facility would triage and stabilize a resident for life threatening injuries then transfer the victim of alleged abuse to Edwards Hospital for an examination by a SANE/SAFE examiner.</p> <p data-bbox="242 1346 1461 1408">115.321 (c)-3 The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, Edwards Hospital.</p> <p data-bbox="242 1438 1477 1666">115.321 (c)-4, Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure confirm that the agency has policies which indicate that a resident of sexual abuse would be offered a forensic medical examination without financial cost to the victim. The Auditor also interviewed the PREA Coordinator who also confirmed that a resident of sexual abuse would be offered a forensic medical examination without financial cost to the victim as indicated in the PAQ.</p> <p data-bbox="242 1695 1414 1794">115.321 (c)-5 The PREA Compliance Manager confirmed during her interview that where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at Edwards Hospital an acute-care facility in Naperville, Illinois.</p> <p data-bbox="242 1823 1445 1886">115.321 (c)-6 When SANEs or SAFEs is not available, Edwards Hospital would utilize a qualified medical practitioner to perform the forensic medical examination.</p> <p data-bbox="242 1915 1477 2013">115.321 (c)-8 According to the PREA Compliance Manager and as confirmed in the PAQ the number of forensic medical exams conducted during the past 12 months was zero. Review of investigative reports support zero forensic medical exams in the past 12 months.</p> <p data-bbox="242 2042 1461 2105">115.321 (c)-9 According to the PREA Compliance Manager the number of exams performed by SANEs/SAFEs during the past 12 months was zero. Review of investigative reports support zero forensic medical exams in the past 12 months.</p> <p data-bbox="242 2134 1414 2161">115.321 (c)-10 Likewise, according to the PREA Compliance Manager the number of exams performed by a qualified</p>

medical practitioner during the past 12 months was zero. Review of investigative reports support zero forensic medical exams in the past 12 months.

115.321 (d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. Warrenville has a Mutual Service Agreement with YWCA Metropolitan Chicago Patterson and McDaniel Family Center and the Illinois Department of Juvenile Justice dated 1/1/2019.

115.321 (d)-3 If and when a rape crisis center is not available to provide victim advocate services, The PREA Compliance Manager confirmed that Warrenville provides a qualified staff member from a community-based organization or a qualified agency staff member.

115.321 (e) -1 The PREA Compliance Manager confirmed that if requested by the victim, a victim advocate, or qualified facility staff member, or qualified community-based organization staff member would accompany and support the resident victim of sexual abuse through the SANE/SAFE forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

115.321 (f)-1 Illinois Department of Juvenile Justice/Warrenville is responsible for administrative investigations. The Illinois State Police conducts investigations into sexual abuse that are potentially criminal.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention
- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager/Mental Health Practitioner
- Interview with a Medical Practitioner
- Interview with the Superintendent
- Illinois Youth Center Mutual Service Agreement, YWCA Metropolitan Chicago/Patterson Rape Crisis and McDaniel Family Center and the Illinois Department of Juvenile Justice dated 1/1/2019

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 398">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure address Standard 115.322.</p> <p data-bbox="242 430 1369 490">115.322 (a)-1 By examination, the Auditor determined that Illinois Department of Juvenile Justice ensures that an administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="242 521 1449 613">115.322 (a)-2 According to the PREA Coordinator and the Superintendent, in the past 12 months, the number of administrative allegations of sexual abuse and sexual harassment that were received was 4. Documentation of reports of sexual abuse and harassment and documentation of investigations findings.</p> <p data-bbox="242 645 1477 739">115.322 (a)-3 According to the PREA Coordinator and the Superintendent in the past 12 months, the number of allegations resulting in an administrative investigation was 4. Documentation of reports of sexual abuse and harassment and documentation of investigative findings.</p> <p data-bbox="242 770 1425 862">115.322 (a)-4 The PREA Coordinator and the Superintendent confirmed that in the past 12 months, the number of allegations referred for criminal investigation was zero. Documentation of reports of sexual abuse and harassment and documentation of investigative findings were reviewed to determine compliance with this standard.</p> <p data-bbox="242 893 1490 1088">115.322 (b)-1 Illinois Department of Juvenile Justice has a policy, institutional and administrative directives that require allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency has a policy and practice 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.</p> <p data-bbox="242 1120 1469 1211">115.322 (b)-2 The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency website provides information regarding criminal investigation upon request to the PREA Coordinator.</p> <p data-bbox="242 1243 1461 1335">115.322 (b)-3 The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Documentation of reports of sexual abuse and harassment and documentation of investigative findings were reviewed to determine compliance with this standard.</p> <p data-bbox="242 1366 879 1395">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1426 1485 2058" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Administrative Directive (AD) 01.12.101 effective date 12/01/2013, Employee Criminal Misconduct • Administrative Directive (AD) 01.02.106 effective 1/01/2016, Reporting of Unusual Incidents • Administrative Directive (AD) 01.12.112 effective date 9/01/2016, Preservation of Physical Evidence • Administrative Directive (AD) 01.12.115 effective date 2/01/2014, Institutional Investigative Assignment • Administrative Directive (AD) 01.12.125 effective date 5/01/2017, Uniform Investigative Reporting • Administrative Directive (AD) 01.12.135 effective date 5/01/2016, Reporting of Child Abuse and Neglect • Superintendent Bulletin 2016-22 Sexual Abuse Response

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 533">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, and Illinois Department of Juvenile Justice, Fiscal Year 2021 Annual Training, Fiscal Year 2021 Annual Mandatory Training Curriculum, dated 5/21/2020, includes PREA Response Plan, AD 01.12.135 Reporting of Child Abuse and neglect, CANTS form, AD 95.01.113 Routine Searches of Youth, Standards of Conduct, ID and AD 04.03.108 Response to Medical Emergencies and PREA Mandated Reporter, Annual Training PPT, Welcome to LGBTIQ Annual Training, all address Standard 115.331.</p> <p data-bbox="240 562 1493 824">115.331 (a) Illinois Department of Juvenile Justice trains all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment. The training curriculum examined includes topic such as staff responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, residents’ right to be free from sexual abuse and sexual harassment, residents and employees right to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in juvenile facilities, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p data-bbox="240 853 1493 1016">115.331 (b) “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, is tailored to the unique needs, attributes, and gender of residents of juvenile facilities. New employees transferring from other facilities within the agency receive additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. During the facility audits the Auditor interviewed a new employee transferring from Warrenville to Warrenville undergoing PREA training specific to the facility.</p> <p data-bbox="240 1046 1493 1272">115.331 (c) Random and specialized staff interviewed during the onsite portion of the audit indicated that they received PREA related training from the agency. Further, all random and specialized staff sampled confirmed that the agency provides each employee with refresher training at least every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. According to the PREA Compliance Manager, Warrenville provides ongoing PREA training to staff via emails, staff briefing, posters, and specific training to address a compliance issue if necessary. All staff sampled receive training annually and the curriculum includes PREA requirements as outlined in Standard 115.331.</p> <p data-bbox="240 1301 1493 1397">115.331 (d) Illinois Department of Juvenile Justice documents, through employee signature or electronic verification, that employees understand the training they have received. The Auditor reviewed the training curriculum, training schedule and sign-in sheet and other related training documentation.</p> <p data-bbox="240 1426 879 1453">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1482 1493 2114" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Administrative Directive (AD) 03.01.307 effective date 2/15/2018, Sexual Harassment, Unlawful Discrimination, and Harassment • Administrative Directive (AD) 04.01.303 effective date 6/01/2017, Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Youth • Administrative Directive (AD) 03.05.107 effective date 7/01/2016, Employee Training • Illinois Department of Juvenile Justice, Fiscal Year 2021 Annual Training, Fiscal Year 2021 Annual Mandatory Training Curriculum, dated 5/21/2020, includes PREA Response Plan, AD 01.12.135 Reporting of Child Abuse and neglect, CANTS form, AD 95.01.113 Routine Searches of Youth, Standards of Conduct, ID and AD 04.03.108 Response to Medical Emergencies and PREA Mandated Reporter

- Annual Training PPT, Welcome to LGBTIQ Annual Training
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Superintendent Bulletin 17-006 PREA Response Plan
- Interview with the PREA Coordinator
- Review of training curriculum
- Interview with the PREA Compliance Manager/Mental Health Practitioner
- Interview with random and specialized staff

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 190 1509 250">Auditor Discussion</p> <p data-bbox="229 250 1509 436">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, Volunteer Zero Tolerance and Orientation Checklist all address Standard 115.332.</p> <p data-bbox="229 436 1509 571">115.332 (a) According to the PREA Compliance Manager, the Illinois Department of Juvenile Justice ensures 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.</p> <p data-bbox="229 571 1509 817">115.332 (b) Warrenville 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. By examination the Auditor determined that all contractors and volunteers sampled (2) received the PREA training, including the zero-tolerance policy, reporting, and responding requirements. The PREA training is documented and maintained on file. Copies of training sign-in sheets and other related documents were reviewed at the facility by the Auditor. At the time of the audit, there were no volunteers or contractors available to be interviewed.</p> <p data-bbox="229 817 1509 907">115.332 (c) Illinois Department of Juvenile Justice/Warrenville maintains documentation confirming that volunteers and contractors understand the PREA training and orientation they have received by the facility.</p> <p data-bbox="229 907 1509 974">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="229 974 1509 1639" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Administrative Directive (AD) 04/01.122 effective date 7/01/2019, Volunteer Services • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • DJJ 0041 Volunteer Zero Tolerance and Orientation Checklist sampled (2) • DJJ 0041 Volunteer Service Agreement and Release • DJJ WRV 9001-PREA Notice Zero Tolerance-Rules of Conduct • CANTS 22 Acknowledgement of Mandated Reporter

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 499">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, DJJ Youth Orientation Handbook, PREA Education sign-off, WRV 4033-Youth Sexual Assault Information and Education-Youth Receipt of Information 6-2017, WRV 4009 – Reception and Classification Orientation Checklist, Administrative Directive Accommodations (AD) 04.01.111 all address Standard 115.333.</p> <p data-bbox="240 528 1493 790">115.333 (a) During the intake and orientation process, Warrenville residents receive PREA related information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. Random and targeted residents (18) confirmed receiving PREA related information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. Random and targeted residents (18) confirmed that the information was age-appropriate and delivered in a manner they understood. Residents detailed for the Auditor multiple methods of reporting sexual abuse and sexual harassment such as submitting a request slip, filing a grievance, telling a trusted staff member or a friend to call the report line. Likewise, residents, family and friends can contact the Ombudsperson using the Securus phones located on each living unit.</p> <p data-bbox="240 819 1493 981">115.333 (b) Warrenville has task a staff person (Youth and Intake Specialist) with the responsibility to conduct resident education within 10 days of intake, by examination the Auditor determined that Illinois Department of Juvenile Justice provides age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, agency policies and procedures for responding to allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 1010 1493 1137">115.333 (c) Interviews with random and targeted residents confirmed receiving the comprehensive education referenced in Standard 115.333(b). The Auditor interviewed the facility Youth and Intake Specialist who confirmed that she provides all residents placed or transferred to Warrenville with orientation and PREA related education within 10 days of intake but ordinarily the same or next business day.</p> <p data-bbox="240 1167 1493 1263">115.333 (d) According to the Youth Intake Counselor, Illinois Department of Juvenile Justice provides resident education in a format accessible to all residents including those who are: Limited English proficient, hard of hearing, deaf visually impaired or otherwise impaired through, if necessary, use of an interpretive language line.</p> <p data-bbox="240 1292 1493 1420">115.333 (e) Illinois Department of Juvenile Justice and by extension Warrenville maintains documentation of resident participation in these all orientation and PREA education training sessions. Interviews with random and targeted residents confirmed receiving orientation and PREA related education with in 10 days of arrival or transfer to the facility conducted by the Intake Counselor in a age-appropriate format they understood.</p> <p data-bbox="240 1449 1493 1881">115.333 (f) During the facility tour the Auditor noted key PREA related information to include how to report, visible on all living units in English and Spanish visible to residents. Likewise, each resident has visible access to key information continuously using posters, notices, resident orientation handbook and other written platforms. PREA and informational posters offer a "Hotline" telephone number, which may be called to report sexual abuse or sexual harassment. Since the "Hotline" telephone number is an 800-toll-free number, residents are made aware during the orientation process that residents can report sexual abuse and sexual harassment to a trusted staff person but not the source of the victimization. The resident orientation handbook includes definitions of sexually abusive behavior and sexual harassment, prevention strategies. The same handbook contains other key information such as the grievance process (emergency grievances) information regarding access to Courts and Attorney, voting, facility rules, tier rule violations, LGBTQI rights and resources, mailing and telephone access information to the Illinois Juvenile Ombudsperson office in Chicago, Il., Department of Family and Children Services (800) 252-2873, the National Sexual Abuse Hotline (800) 656-4673, Sexual Abuse Hotline (800) 252-2873, the YMCA Metropolitan Chicago Rape Crisis Hotline (630) 971-3927., John Howard Association of Illinois, Juvenile Justice Project (312) 291-9237 or www.THEJHA.ORG.</p> <p data-bbox="240 1910 879 1937">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1966 1493 2141" style="list-style-type: none"> <li data-bbox="240 1966 536 1993">• Pre-Audit Questionnaire <li data-bbox="240 2022 1417 2049">• Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention <li data-bbox="240 2078 1425 2141">• Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures

- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- DJJ Youth Orientation Handbook
- Interview with Intake Staff
- Interview with random and targeted residents
- Facility tour
- PREA related posters
- Communication with the Juvenile Ombudsperson Office
- Department of Family and Children Services (800) 252-2873
- National Sexual Abuse Hotline (800) 656-4673,
- Sexual Abuse Hotline (800) 252-2873,
- YMCA Metropolitan Chicago Rape Crisis Hotline (630) 971-3927.,
- John Howard Association of Illinois, Juvenile Justice Project (312) 291-9237 or www.THEJHA.ORG.
- Uptown People's Law, Alan Mills, Chicago, IL
- ACLU of Illinois, Lindsay Miller, Chicago, IL

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, Administrative Directive (AD) 01.12.115 effective date 2/01/2014, Institutional Investigative Assignments address Standard 115.334.</p> <p data-bbox="242 463 1485 589">115.334 (a) Illinois Department of Juvenile Justice conducts administrative investigations. The Illinois State Police conducts criminal investigations for the agency. In addition to PREA general training provided to all employees pursuant to §115.331, Illinois Department of Juvenile Justice ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="242 678 1461 902">115.334 (b) An examination of the National Institute of Corrections, training curriculum for PREA: Investigating Sexual Abuse in a Confinement Setting includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Initial collection of information in a suspected PREA related incidents is conducted by the Chief Investigator. The Chief Investigator is assigned to Warrenville. The investigator completed training at the National Institute of Corrections for PREA: Investigating Sexual Abuse in a Confinement Setting, October 1, 2018.</p> <p data-bbox="242 992 842 1019">115.334 (d) the Auditor is not required to audit this provision</p> <p data-bbox="242 1108 839 1135">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1225 1485 2121" style="list-style-type: none"> <li data-bbox="242 1225 536 1252">• Pre-Audit Questionnaire <li data-bbox="242 1341 1417 1368">• Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention <li data-bbox="242 1458 1425 1512">• Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures <li data-bbox="242 1601 1485 1628">• Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure <li data-bbox="242 1718 871 1744">• Superintendent Bulletin 2016-22 Sexual Abuse Response <li data-bbox="242 1834 879 1861">• Superintendent Bulletin 2016-23 on Prevention and Abuse <li data-bbox="242 1951 1461 2004">• Certificate of completion, D. Colbert-Mitchell, National Institute of Corrections, PREA; Investigating Sexual Abuse in a Confinement Setting, dated October 1, 2018. <li data-bbox="242 2040 1062 2067">• Internet search, National Institute of Corrections, PREA Training for Investigators <li data-bbox="242 2103 715 2130">• Interview with investigative staff (Warrenville)

115.335	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 434">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, Administrative Directive (AD) 03.03.102 effective date 7./01/102, Employee Training address Standard 115.335.</p> <p data-bbox="242 463 1477 790">115.335 (a) By examination the Auditor confirmed that Illinois Department of Juvenile Justice ensures 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, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. More, other training includes online specialized training for psychologists and victim advocacy training. The agency ensures all full and part-time medical and mental health practitioners, who work regularly in its facilities, have been trained according to the practitioner's status in the organization. All mental health and medical staff have received the required specialized training on victim identification, interviewing, reporting and clinical interventions. Medical and mental health practitioners interviewed during the onsite portion of the audit confirm completed general PREA education in addition to specialized training for medical and mental health practitioners.</p> <p data-bbox="242 819 1453 882">115.335 (b) Warrenville medical practitioners do not conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to the Delnor Hospital where a SANE is always available.</p> <p data-bbox="242 911 1485 1072">115.335 (c) Illinois Department of Juvenile Justice/Warrenville maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The Auditor examined (6) certifications of completion from the National Institute of Corrections, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Interviews with medical and mental health practitioners confirmed awareness of their role and responsibilities regarding a PREA related incident.</p> <p data-bbox="242 1102 1490 1232">Policies, Annual Training Lesson Plan and PowerPoint Presentation address the mandates of this standard. Employees receive training annually and support documentation is on file. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA.</p> <p data-bbox="242 1261 1490 1391">115.335 (d) Warrenville medical and mental health care practitioners employed by Illinois Department of Juvenile Justice also receive training mandated for employees by §115.331. Further, medical, and mental health care practitioners contracted by Illinois Department of Juvenile Justice or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332,</p> <p data-bbox="242 1420 879 1449">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1476 1485 1912" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Internet search national Institute of Corrections, training lesson plan, PREA: Coordinators Role and Responsibilities, dated 7/23/2016

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.341.</p> <p data-bbox="242 463 1485 624">115.341 (a) Within 72 hours of the resident’s arrival at Warrenville , Illinois Department of Juvenile Justice obtains and uses information about each resident’s personal history and behavior to reduce risk of sexual abuse or sexual abusive behavior. Information is also periodically updated as needed throughout a resident’s confinement. Interviews with random and targeted resident (18) sampled during the onsite audit confirmed participating in a risk screening for victimization or abusiveness during the intake process within 72 hours of their arrival; though, they are routinely screened on the day of arrival.</p> <p data-bbox="242 656 1493 714">115.341 (b) By examination the Auditor determined that Illinois Department of Juvenile Justice PREA screening assessments are conducted using an objective screening instrument.</p> <p data-bbox="242 745 1485 1173">115.341 (c) The PREA screening assessments, at a minimum, considers: Prior sexual victimization or abusiveness, survey any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse, current charges and criminogenic history, age of the resident, level of emotional and cognitive development, physical size and stature, history of mental illness or mental disabilities, any history of intellectual, developmental or physical disabilities, a residents’ own perception of vulnerability, and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Risk management staff review all relevant pre-sentence documentation and information from other confinement facilities and reassess a resident’s risk level, as necessary, within 30 days of arrival. Agency policy prohibits residents from being disciplined for refusing to answer, or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability to inform program, bed assignment, education with the goal of keeping residents at a high risk of being sexually abused/sexually harassed separate from those residents who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis.</p> <p data-bbox="242 1205 1485 1464">115.341 (d) PREA screening assessments and risk of victimization and abusiveness if ascertained through conversations with the resident during the intake process and medical mental health screenings. Random and targeted residents sample confirmed that risk management staff ascertain information through conversation, during the classification assessment, court records, case files, behavioral records, or other relevant documentation from the resident’s Master Record File. Random and targeted residents(18) sample confirmed that risk management staff indicated that risk management staff were professional and respectful and considered they’re on views of vulnerability and sexual identity on a case-by-case basis. Interviews with risk management staff and a random review of risk screening assessments support the finding that the facility follows this standard.</p> <p data-bbox="242 1496 1445 1588">115.341 (e) According to the PREA Compliance Manager, personal identifying and sensitive information dissemination is limited and controlled to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.</p> <p data-bbox="242 1619 879 1646">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1677 1485 2139" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with random and targeted residents

- Interview with risk management staff

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 208 451 235">Auditor Discussion</p> <p data-bbox="242 271 1492 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.342.</p> <p data-bbox="242 463 1492 656">115.342 (a) According to the PREA Compliance Manager, Illinois Department of Juvenile Justice uses 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, bed, work, education and program assignments. Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. From the information provided by the facility, there were zero residents who self-identified as being bisexual, gay, transgender or intersex, 2 cognitive-emotional 2 vulnerable developmental disabilities during the onsite audit.</p> <p data-bbox="242 687 1492 947">115.342 (b) According to the PREA Compliance Manager/Mental Health Practitioner residents are 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. During the facility audit zero residents were in isolation. During any period of isolation, Illinois Department of Juvenile Justice/Warrenville always refrain from denying residents daily large-muscle exercise, denying residents any legally required educational programming or special education services. Further, Health Administrator interviewed confirmed that medical practitioner conducts daily visits to residents in isolation. The PREA Coordinator/ Mental Health Practitioner also confirmed that treatment staff conducts daily visits to residents in isolation. Residents in isolation also have access to other programs with a very limited work opportunity.</p> <p data-bbox="242 978 1492 1238">115.342 (c) Illinois Department of Juvenile Justice/Warrenville always refrain always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. From the information provided by the facility, there were zero residents who self-identified as being transgender or intersex, during the onsite audit. According to the PREA Compliance Manager the agency always refrains from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status, refrains from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive.</p> <p data-bbox="242 1270 1492 1597">115.342 (d) During his interview the PREA Coordinator/ designated agency head confirmed that Illinois Department of Juvenile Justice decision to where to assign a transgender or intersex resident to a facility for male or female residents the agency considers, on a case-by-case basis, whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems . During the same interview the PREA Coordinator/designated agency head confirmed that when making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident’s health and safety, and whether a placement would present management or security problems. From the information provided by the facility, there were zero residents who self-identified as being bisexual, gay, transgender or intersex. Additionally, zero residents indicated sexual victimization or abusiveness during risk screening. No residents could be interviewed in those categories to support of this standard.</p> <p data-bbox="242 1628 1492 1753">115.342 (e) During separate interviews the PREA Coordinator and the PREA Compliance Manager each confirmed that placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident. Zero transgender or intersex residents were identified during the onsite portion of this audit.</p> <p data-bbox="242 1785 1492 1910">115.342 (f) During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed that each transgender or intersex resident’s own views with respect to his or her own safety given serious consideration when making facility, housing placement decisions, programming assignments and their own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments.</p> <p data-bbox="242 1942 1492 2031">115.342 (g) During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed that each transgender or intersex Transgender and intersex residents would be given the opportunity to shower separately from other residents.</p> <p data-bbox="242 2063 1492 2152">115.342 (h)) During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed for the Auditor that if a resident is isolated pursuant to 115.342 (b) Warrenville would clearly document: The basis for the facility’s concern for the resident’s safety and the reason why no alternative means of separation could be arranged for the resident.</p>

115.342 (i) During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed for the Auditor that 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, Warrenton would conduct a placement review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS. A resident may be placed in confinement unrelated to PREA under the provisions of general confinement requirements as outlined in Administrative Directive (AD) 05.01.303 effective date 1/01/2019, Youth Confinement, in Crisis Status or a Medical Hold. All confinement decisions are documents. Crisis Care is a response to a resident behavior that is suggestive of acute mental and emotional disturbances, suicidal ideations, or increased risk of mental or emotional crisis. The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero, as confirmed in the PAQ, review of investigative reports, interviews with random and targeted residents.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention
- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Administrative Directive (AD) 05.01.303 effective date 6/01/2016, Behavioral Intervention and De-escalation
- Administrative Directive (AD) 05.01.303 effective date 1/01/2019, Youth Confinement
- Administrative Directive (AD) 04.01.304 effective 8/01/2014, Discrimination and Harassment of Youth
- Administrative Directive (AD) 04.01.303 effective date 6/1/2017, LGBTQI Youth
- Administrative Directive (AD) 04.03.104 effective date 7/01/2016, Evaluation of Youth with gender Dysphoria
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Coordinator/designated head
- Interview with the PREA Compliance Manager.
- Interviews with random and targeted residents
- Interview with risk management staff
- Mental Health Protocol Manual
- Mental Health Risk Victimization Screening Tool
- Mental Health Intake Assessment Form
- Bunk Issue Form

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.351.</p> <p data-bbox="242 463 1474 624">115.351 (a) The agency has established multiple internal ways for residents to privately report: Sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The youth orientation handbook provided residents with various methods to report sexual abuse, sexual harassment, or retaliation such as notifying an attorney or the Courts, calling or writing the Ombudsperson Office, telling a trusted staff person, third-party reporting or filing a grievance.</p> <p data-bbox="242 656 1490 882">115.351 (b) The agency also provides 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, Independent Ombudsperson Office, 1112 S. Wabash Avenue, 2 floor, Chicago, Il. 60605. Residents are also providing telephone contact information by dialing I for collect, dialing 685. This line is not recorded. The private entity or office able to receive and forward resident reports of sexual abuse and sexual harassment to agency officials. According to the Ombudsperson Office resident can opt to remain anonymous on request. According to the PREA Coordinator and PREA Compliance Manager Illinois Department of Corrections never houses residents detained solely for civil immigration purposes</p> <p data-bbox="242 913 1485 1072">115.351 (c) Random and specialized staff sampled confirmed during individual interviews that they accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Investigative reports examined confirmed multiple methods of referrals were made to initial the investigative process into allegations of sexual abuse or sexual harassment. More, random, and specialized staff sampled confirmed that they would immediately document any verbal reports of sexual abuse and sexual harassment and notify a supervisor after securing the safety of the victim.</p> <p data-bbox="242 1104 1479 1364">115.351 (d) Warrenville provides residents with access to tools necessary to make a written report and a method for staff to privately report sexual abuse and sexual harassment of residents. Family and friends of residents may report sexual abuse/sexual harassment by contacting facility staff, calling the PREA Hotline, or other third-party personnel. All interviewed residents confirmed awareness of the multiple methods of reporting sexual abuse/assault allegations. During the facility tour the Auditor noted posters and other documents on display throughout the facility which also explain reporting methods. Random and specialized staff confirmed knowledge of various methods of reporting sexual abuse/assault allegations. Interviews with staff and residents, observations of posters addressing reporting methods, and an examination of policy/documentation confirm the agency’s compliance with this standard.</p> <p data-bbox="242 1395 879 1422">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1453 1485 2145" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Administrative Directive (AD) 01.12.120 effective date 5/01/2017, Investigations of Unusual Incidents • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Superintendent Bulletin 17-006 PREA Response Plan • DJJ Employee Checklist • DJJ FY Annual Training Curriculum • DJJ Review of Youth Orientation Handbook, page 23-24

- Review of Youth Orientation Handbook-Warrenville
- Facility tour
- PREA Posters A, B, and C
- YMCA MOU Agreement
- Interview with the PREA Coordinator/designated head
- Interview with the PREA Compliance Manager.
- Interviews with random and targeted residents
- Interview with random and specialized staff
- Interview with the Ombudsperson Office

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.352.</p> <p data-bbox="242 461 1075 488">115.352 (a) Illinois Department of Juvenile Justice is not exempt from this standard.</p> <p data-bbox="242 517 1490 712">115.352 (b) Problematic, by examination the Auditor determined that Illinois Department of Juvenile Justice/Warrenville places time limits on grievances and the rule does not make a distinction between a PREA related grievance regarding sexual abuse and a general complaint regarding property, staff conduct, mail or dietary issues. The Youth Orientation Handbook, Grievances, page 5, indicates that “grievances must be filed within 60 days after discovery of the incident or problem.” Further, the same handbook omits informing residents that the agency refrains from requiring a resident to use any informal grievance process or to otherwise attempt to resolve the complaint with staff, an alleged incident of sexual abuse.</p> <p data-bbox="242 741 1481 972">115.352 (b) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. Problematic, Illinois Department of Juvenile Justice, Youth Orientation Handbook, Grievances, page 5, permit residents to submit a grievance regarding issues or complaints. The term PREA as it relates to filing a grievance was omitted as a potential issue. Illinois Department of Juvenile Justice, Youth Orientation Handbook, page 6, provides residents with an intricate decision-tree. The decision-tree is not age appropriate. Found on the left margin of the DJJ 04.01.114, Local Youth Grievance Procedure decision-tree is written “Youth submits a grievance using Grievance Form (DJJ 046) must be submitted within 60 days of the event.”</p> <p data-bbox="242 1001 1474 1095">Illinois Department of Juvenile Justice, Youth Orientation Handbook, Grievances, page 5, omits informing residents that the agency always refrains from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="242 1124 1481 1254">115.352 (c) Illinois Department of Juvenile Justice, Youth Orientation Handbook, Grievances, page 5, omits ensuring 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. Nor does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="242 1283 1490 1713">115.352 (d) The agency has a procedure (DJJ 04.01.114) that mandates the issuance of a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The computation of the 90-day period excludes time consumed by the resident in preparing the administrative appeal. In circumstances where the agency determines that the 90-day period 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 Standard 115.352 (d)(3)], the PCM/agency would notify the resident in writing of any such extension and provide a date by which a decision will be made on the complaint. 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, the resident considers the absence of a response to be a denial at that level. Standard 115.352 (d)-2, by examination, in the past 12 months, the number of grievances that were filed that alleged sexual abuse was zero. Standard 115.352 (d)-3 by examination, in the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero. Standard 115.352 (d)-4, by examination, in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero.</p> <p data-bbox="242 1742 1490 2139">115.352 (e) Illinois Department of Juvenile Justice allows third party reporters such as fellow residents, staff members, family members, attorneys, and outside advocates, are all permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. More, according to the PREA Compliance Manager, if a third-party should file a PREA related grievance or request on behalf of a resident (other than a parent or legal guardian), Illinois Department of Juvenile Justice/Warrenville may require as a condition of processing the grievance that the alleged victim agree to have the grievance filed on his behalf and may also require that the alleged victim personally pursue any subsequent steps in the administrative remedy process. The PREA Compliance Manager confirmed that Illinois Department of Juvenile Justice/Warrenville would document the decision made by the resident. Illinois Department of Juvenile Justice/Warrenville allows a grievance regarding allegations of sexual abuse, including appeals, to be filed by a parent or legal guardian on behalf of a resident or juvenile. Further, 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, the grievance is not conditioned on the resident or juvenile agreeing to have the request filed on his or her behalf.</p>

115.352 (f) By examination, Illinois Department of Juvenile Justice has established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, Illinois Department of Juvenile Justice/Warrenville Grievance Officer will respond, immediately forwarding the grievance (any portion alleging a substantial risk of imminent sexual abuse, to the CAO for a response at which immediate corrective action may be taken. More, after receiving an emergency grievance as described above, Illinois Department of Juvenile Justice/Warrenville would provide the resident with an initial response within 48 hours. After receiving an emergency grievance described above, Illinois Department of Juvenile Justice/Warrenville would issue a final agency decision within 5 calendar days. More, the initial response and final agency decision will document the agency's determination, actions taken and indicate if the resident is in substantial risk of imminent sexual abuse.

115.352 (g) If Illinois Department of Juvenile Justice/Warrenville disciplines a resident for filing a grievance related to alleged sexual abuse, it does so ONLY where the agency demonstrates that the resident filed the grievance in bad faith. The Auditor found no evidence of a resident being disciplined for filing a grievance in bad faith.

There were zero grievances filed involving PREA related issues during the past 12 months. There were zero grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were zero grievances alleging sexual abuse filed by residents in which the resident declined third party assistance. This standard requires corrective action.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention
- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Coordinator/designated head
- Interview with the PREA Compliance Manager.
- Interviews with random and targeted residents
- Interview with random and specialized staff
- Interview with the Ombudsperson Office
- Review of investigative reports (2)
- Review of the Youth Orientation Handbook

Corrective Action:

The agency/Warrenville will include all requirements of this standard in the Youth Orientation Handbook to include informing residents that there are no time limits on filing a PREA related grievance. Illinois Department of Juvenile Justice will provide the Auditor with a copy of all changes. Residents will be informed of the changes to the handbook through a poster notice or electronic notification process. Steps will be taken to ensure that the resident handbook is age-appropriate specifically the grievance decision tree located on page 6 of the Youth Orientation Handbook. The handbook was modified to include each provision outlined in Standard 115.352. The PREA Coordinator provided the Auditor with a copy of the revised resident handbook. Residents will be alerted of the changes by posted notice or using an electronic information sharing platform.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.353.</p> <p data-bbox="240 461 1449 622">115.353 (a) By examination the Auditor determined that Warrenville provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility has a MOU with a local victim advocacy group. The Auditor reviewed the signed MOU document.</p> <p data-bbox="240 651 1477 748">By interviewing the PREA Compliance Manager, PREA Coordinator and facility Superintendent, the Auditor determined that Warrenville does not detain residents solely for civil immigration purposes. This provision of Standard 115.353 does not apply.</p> <p data-bbox="240 777 1461 871">By examination the Auditor determined that the agency/Warrenville enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Calls are not recorded. Residents are advised in writing that the calls are not being monitored.</p> <p data-bbox="240 900 1493 1030">115.353 (b) By examination of the Youth Orientation Handbook and resident interview of a sample of random and targeted residents, the Auditor determined that the facility informs 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.</p> <p data-bbox="240 1059 1401 1120">115.353 (c) Illinois Department of Juvenile Justice maintains an agreement or MOU (YMCA) with community service providers that can provide residents with confidential emotional support services related to sexual abuse.</p> <p data-bbox="240 1149 1437 1310">115.353 (c) Illinois Department of Juvenile Justice maintains documented evidence of a MOU (YMCA) with a local crisis service provider to provide residents with confidential emotional support services related to sexual abuse. Residents are provided information regarding contact information for a local crisis service provider for sexual abuse which includes the address and telephone contact information. Calls are not recorded. The agency maintains copies of agreements or documentation showing attempts to enter into such agreements.</p> <p data-bbox="240 1339 1469 1469">115.353 (d) Through interviews with a sample of random and targeted residents the Auditor confirmed that residents are provided with reasonable and confidential access to their attorneys or other legal representation. Through interviews with a sample of random and targeted residents the Auditor confirmed the facility provide residents with reasonable access to parents or legal guardians.</p> <p data-bbox="240 1498 1465 1594">Policies and the Resident Handbook address the requirements of this standard. The Resident Handbook provides the contact information for alternate services and the information is also posted in the housing units. Psychology Services staff members have all received victim advocacy support training.</p> <p data-bbox="240 1624 879 1650">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1680 1485 2145" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04.01.131 effective date 05/01/18, Institutional Procedure • Institutional Directive (ID) 05.01.106 effective date 11/01/2019, Youth Visitors • Administrative Directive (AD) 05.01.106 effective date 11/01/2011, Youth Visitors • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response

- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Coordinator/designated head
- Interview with the PREA Compliance Manager
- Interview with the Superintendent.
- Interviews with random and targeted residents
- Interview with random and specialized staff
- Facility tour
- John Howard Hotline and poster
- PREA posters A, B and C
- Review of the Youth Orientation Handbook
- Reviewed MOU with YMCA for emotional services
- DJJ Youth Orientation Handbook
- Youth orientation Handbook - Warrenton
- Poster Notice D - Rights Violated - Legal Assistance
- Poster Notice E - Ombudsman Notice

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.354.</p> <p data-bbox="242 521 1469 815">115.354 (a) Illinois Department of Juvenile Justice established a method to receive third-party reports of sexual abuse and sexual harassment. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Policies, Parent Handbook, PREA Posters, PREA Brochure and Child Abuse Hotline number meet the mandates of this standard. The posters and telephone numbers and the Website https://www2.illinois.gov/idjj/Pages/default.aspx assist third party reporters in reporting allegations of sexual abuse/sexual harassment. The residents (random and targeted) interviewed indicated they were aware of third-party reporting and would probably feel more comfortable reporting an incident of sexual abuse to someone inside the facility. Calls to toll-free telephone numbers must be coordinated with a member of the unit team. Illinois Department of Juvenile Justice maintains two hotline reporting numbers for residents and staff.</p> <p data-bbox="242 846 839 873">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 958 1485 2107" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04.01.131 effective date 05/01/18, Institutional Procedure • Institutional Directive (ID) 05.01.106 effective date 11/01/2019, Youth Visitors • Administrative Directive (AD) 05.01.106 effective date 11/01/2011, Youth Visitors • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated head • Interview with the PREA Compliance Manager • Interview with the Superintendent. • Interviews with random and targeted residents • Interview with random and specialized staff • Facility tour • Poster Notice F- John Howard Hotline and poster • PREA Poster Notices - A, B and C • Review of the Youth Orientation Handbook • Reviewed MOU with YMCA for emotional services • DJJ Youth Orientation Handbook

- Youth Orientation Handbook - Warrenville
- Notice D - Rights Violated - Legal Assistance
- Notice E - Ombudsman Notice

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.361.</p> <p data-bbox="240 465 1493 757">115.361 (a) Illinois Department of Juvenile Justice requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The Auditor interview of random and specialized staff confirmed that staff received PREA related training. Inclusive in the training is the requirement for staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. Further, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment and or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.</p> <p data-bbox="240 790 1493 880">115.361 (b) Illinois Department of Juvenile Justice requires all staff to comply with any applicable mandatory child abuse reporting laws. Interviews with specialized staff, medical and mental health practitioners confirm their understanding of their role and responsibility to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="240 913 1493 1037">115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, Illinois Department of Juvenile Justice/Warrenville staff/contractors are 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.</p> <p data-bbox="240 1070 1493 1429">115.361 (d) Illinois Department of Juvenile Justice/Warrenville, medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials pursuant to Standard 115.361 (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. Illinois Department of Juvenile Justice/Warrenville, medical and mental health practitioners are required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with a sample of medical and mental health practitioners confirmed their duty to report sexual abuse to designated supervisors and officials pursuant to Standard 115.361 (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. According to targeted resident interviewed during the onsite portion of this audit medical and mental health practitioners inform residents of their duty to report, and the limitations of confidentiality, at the initiation of the delivery of services. Policy requires the information concerning the identity of the alleged resident victim and the specific facts of the case be shared with staff on a need-to-know basis, due to their involvement with the victim’s welfare and/or the investigation of the incident.</p> <p data-bbox="240 1462 1493 1753">115.361 (e) Upon receiving any allegation of sexual abuse, the facility Superintendent or his or her designee would promptly report the allegation to the appropriate office. Confirmed during separate interviews with the Superintendent and PREA Compliance Manager that upon receiving any allegation of sexual abuse, the facility Superintendent or his or her designee would 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. If an alleged victim is under the guardianship of the child welfare system, the facility Superintendent or his or her designee would promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians. More, if a juvenile court retains jurisdiction over the alleged victim, the facility head or designee would also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation.</p> <p data-bbox="240 1787 1493 1944">115.361 (f) According to the facility Superintendent, PREA Compliance Manager and PREA Coordinator, Warrenville reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. During this Auditors interview with the Chief Investigator for Warrenville and Warrenville confirmed that each facility reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.</p> <p data-bbox="240 1977 879 2004">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 2033 1417 2123" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention

- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Institutional Directive Number (ID) 04.01.131 effective date 05/01/18, Institutional Procedure
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Administrative Directive (AD) 01.12.135 effective date 5/01/2016, Reporting of Child Abuse and Neglect
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Superintendent Bulletin 17-006 PREA Response Plan
- Illinois Department of Juvenile Justice, MH-004, effective date 4/01/2016, Mandated Abuse and Neglect Reporting
- Interview with the PREA Coordinator/designated head
- Interview with the PREA Compliance Manager, Treatment Unit Administrator
- Interview with the Superintendent.
- Interviews with random and targeted residents
- Interview with random and specialized staff
- Facility tour
- Review of the Youth Orientation Handbook
- Internet search

115.362	Agency protection duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 434">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.362.</p> <p data-bbox="240 465 1485 725">115.362 (a) As indicated in an interview with the PREA Coordinator/designated agency head and facility Superintendent, when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect the resident. Random and specialized staff sampled during the on site portion of the audit confirmed an awareness and understanding that when they become aware or suspect that a resident is being sexually abused or sexually harassed they must take immediate action to protect the victim, to include separating the victim/predator, securing the crime scene to protect possible physical evidence, prevent the destruction of potential evidence and contact the Operations Lieutenant, PREA Compliance Manager, facility Superintendent, investigations and medical staff. In the past 12 months, there was zero instances in which Warrenville staff determined that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="240 757 879 784">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 815 1485 1792" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Superintendent Bulletin 17-006 PREA Response Plan • Interview with the PREA Coordinator/designated head • Interview with the PREA Compliance Manager, Treatment Unit Administrator • Interview with the Superintendent. • Interviews with random and targeted residents • Interview with random and specialized staff • Facility tour • Review of the DJJ Youth Orientation Handbook • Review of Youth Orientation Handbook - Warrenville • Internet search

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1493 434">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.363</p> <p data-bbox="242 465 1465 591">115.363 (a) The facility Superintendent confirmed during his interview that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility at Warrenville will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The head of the facility that received the allegation will notify the appropriate investigative agency.</p> <p data-bbox="242 622 1487 748">115.363 (b) The facility Superintendent confirmed during his interview that notification should take place as soon as possible, but no later than 72 hours after receiving the allegation. Policy addresses the requirements of this standard. Policy requires that any resident allegation of sexual abuse occurring while confined at another facility be reported to the Superintendent where the alleged abuse occurred within 72 hours of receipt of the allegation.</p> <p data-bbox="242 779 1091 806">115.363 (c) The agency/facility would document that it has provided such notification.</p> <p data-bbox="242 837 1474 931">115.363 (d) The facility head or agency office that receives such notification ensures that the allegation is investigated in accordance with PREA standards. In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero, according to the facility Superintendent.</p> <p data-bbox="242 963 877 990">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1021 1487 1653" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04.01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 17-006 PREA Response Plan • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated head • Interview with the PREA Compliance Manager • Interview with the Superintendent

115.364	Staff first responder duties
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 434">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.364.</p> <p data-bbox="240 465 1485 757">115.364 (a) Random and specialized staff interviewed during the onsite portion of the audit confirmed that 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, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.</p> <p data-bbox="240 788 1461 949">115.364 (b) If the first staff responder is not a security staff member, the responder is required by policy to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Specialized staff interviews confirmed that first responder (non-custody) is required by policy to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. 115.364 (b)-3 According to the PAQ and the examination of investigative records, the number of times a non-security staff member was the first responder was one.</p> <p data-bbox="240 981 879 1008">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1039 1485 1724" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04.01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Superintendent Bulletin 17-006 PREA Response Plan • Interview with specialized staff • Interview with the PREA Compliance Manager • Interview with random staff • Review of YMCA MOU

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.365.</p> <p data-bbox="242 463 1485 790">115.365 (a) Warrenville has developed a local written institutional plan (Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure) 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. By examination the Auditor confirmed that the facility has developed a written plan to coordinator actions among staff first responders in response to an allegation of sexual abuse. The plan details actions and first responder duties, reporting procedures, physical evidence collection/preservation and medical/mental health care responsibilities. The PREA Response Plan was developed to assist staff in immediately responding to allegations of prohibited and/or illegal sexually abusive behavior. The plan includes role and responsibilities such as first responder, evidence collection, mental health, victim advocacy (Elgin Community Crisis Center), SANE/SAFE hospital (Edwards Hospital), medical, housing and retaliation monitoring.</p> <p data-bbox="242 822 879 848">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 880 1485 1512" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Superintendent Bulletin 17-006 PREA Response Plan • Interview with specialized staff • Interview with the PREA Compliance Manager, Treatment Unit Administrator • Interview with random staff

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.366 (a) The agency is responsible for collective bargaining on the agency's behalf prohibited from entering 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. PREA compliant language is inclusive in the agreement. The agency/Warrenville has a Collective Bargaining Agreement with the State of Illinois and the American Federation of State, County and Municipal Employees, Council 31. The Collective Bargaining Agreement does not prohibit the facility from removing 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. Staff interviews confirmed compliance with this standard.</p> <p>115.366 (b) The Auditor is not required to audit this provision.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with facility Superintendent • Interview with the PREA Compliance Manager • Interview with PREA Coordinator/designated agency head

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.367.</p> <p data-bbox="242 463 1493 624">115.367 (a) 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, Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures. The agency has designated and charged the PREA Compliance Manager, with the role and responsibility of facilitating monitoring retaliation.</p> <p data-bbox="242 687 1493 815">115.367 (b) During an interview with the PCM/Retaliation Monitor confirmed that the agency employs multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="242 846 1493 1072">115.367 (c) During an interview with the PCM/Retaliation Monitor confirmed that 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, the PCM would 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, 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, act promptly to remedy any such retaliation, monitor any resident disciplinary reports or housing changes, program changes, negative performance reviews of staff, and reassignment of staff.</p> <p data-bbox="242 1104 1493 1196">115.367 (d) During an interview with the PCM/Retaliation Monitor confirmed that in the case of residents, retaliation monitoring would also include periodic status checks at least every 30, 60 and 90-day reviews to ensure compliance with this standard.</p> <p data-bbox="242 1227 1493 1319">115.367 (e) During an interview with the PCM/Retaliation Monitor confirmed that 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.</p> <p data-bbox="242 1350 847 1377">115.367 (f) The Auditor is not required to audit this provision.</p> <p data-bbox="242 1464 879 1491">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1523 1493 2157" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Administrative Directive (AD) 04.01.301 effective 8/1/2014, Sexual Abuse and Harassment and Intervention • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Superintendent Bulletin 17-006 PREA Response Plan • Interview with the PREA Compliance Manager • Interview with the Chief Investigator

- Review of investigations

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 235">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.368</p> <p data-bbox="240 463 1485 723">115.368 (a) The PCM/Retaliation Monitor confirmed during interview that the facility does not place resident victims in seclusion after an allegation has been reported. Only under exigent circumstances, would Warrenville use segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342. Even under exigent circumstances placement in segregation/seclusion would be a last measure only to protect the victim until other alternatives were utilized to safeguard the alleged resident victims of sexual abuse/sexual harassment. During the facility tour the Auditor determined that zero residents were housed in segregation for PREA related reasons. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero, confirmed according to PAQ and during an interview with the Chief Investigator.</p> <p data-bbox="240 754 879 779">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 810 1485 1503" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04.01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Superintendent Bulletin 17-006 PREA Response Plan • Interview with the PREA Compliance Manager • Interview with the Chief Investigator • Review of logbooks • Facility tour

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.371.</p> <p data-bbox="242 463 1465 589">115.371 (a) According to the Chief Investigator for Warrenville and Warrenville when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Illinois Department of Juvenile Justice conducts such investigations for all allegations, including third party and anonymous reports.</p> <p data-bbox="242 620 1437 745">115.371 (b) According to the Chief Investigator for Warrenville and Warrenville where sexual abuse is alleged, Illinois Department of Juvenile Justice uses investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334. By examination the Auditor determined that the Chief Investigator completed the requisite training as outlined in PREA Standards.</p> <p data-bbox="242 777 1481 938">115.371 (c) According to the Chief Investigator for Warrenville and St Charles, confirmed that in his role of investigator he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, reviews prior reports and complaints of sexual abuse involving the suspected perpetrator, gathers available physical and DNA evidence and any available electronic monitoring data.</p> <p data-bbox="242 969 1493 1095">115.371 (d) The Chief Investigator for the Warrenville and Warrenville confirmed for the Auditor that he always refrains from terminating an investigation solely because the source of the allegation recants the allegation. A review of investigative report for this review period the Auditor found no evidence that an investigation was terminated prematurely because the source of the allegation recanted the allegation.</p> <p data-bbox="242 1184 1469 1444">115.371 (e) Criminal investigations are investigated by the Illinois Department of Corrections and when necessary, with the Illinois State Police. Both external agencies have the legal authority to conduct compelled interviews when the quality of evidence appears to support criminal prosecution, the Illinois Department of Corrections and when necessary, the Illinois State Police conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. According to the Superintendent, the facility would fully cooperate with any outside agency that initiates an investigation. The Superintendent or his/her designee such as the PREA Compliance Manager, would serve as the facility liaison and provide requested information to outside investigative agencies, as well as access to the resident.</p> <p data-bbox="242 1476 1489 1704">115.371 (f) The Chief Investigator for the Warrenville and St Charles confirmed during his interview that he assesses the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual’s status as resident or staff. The Chief Investigator for the Warrenville and St Charles confirmed during his interview that the agency investigates all 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 with an investigation. The Auditor reviewed investigative reports form this reporting period and found no evidence to suggest the use of a polygraph examination or other truth-telling device as a condition for proceeding.</p> <p data-bbox="242 1794 1485 1919">115.371 (g) The review of investigative reports confirmed that administrative investigations for this review period included an effort to determine whether staff actions or failures to act contributed to the abuse, 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.</p> <p data-bbox="242 1951 1425 2013">115.371 (h) Criminal investigations would be 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.</p> <p data-bbox="242 2045 1458 2134">115.371 (i) All substantiated allegations of conduct that appears to be criminal referred for prosecution. 115.371 (i)-2 The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit was one.</p>

115.371 (j) According to the Chief Investigator for Warrenville and St Charles, Illinois Department of Juvenile Justice retains 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.

115.371 (k) According to the Chief Investigator for Warrenville and St Charles, Illinois Department of Juvenile Justice, the agency ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation. The investigation would continue to a conclusion.

115.371 (l) The Auditor is not required to audit this provision.

115.371 (m) According to the Superintendent, PREA Coordinator, PREA Compliance Manager, and Chief Investigator, when an outside agency investigates sexual abuse, Illinois Department of Juvenile Justice cooperates with outside investigators and endeavor to remain informed about the progress of the investigation. Internal investigations are initiated by the Superintendent, and then forwarded to the Chief Investigator for additional investigation, if warranted. Samples of administrative investigations were reviewed by the Auditor. Investigations that appear to be criminal are referred to the Illinois Department of Corrections and if necessary to the Illinois State Police.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention
- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Institutional Directive Number (ID) 04.01.131 effective date 05/01/18, Institutional Procedure
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Administrative Directive (AD) 01.12.120 effective date 5/01/2017, Investigations of Unusual Incidents
- Administrative Directive (AD) 01.12.101 effective date 12/01/2013, Employee Criminal Misconduct
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Compliance Manager
- Interview with the Chief Investigator
- Review of investigations (2)
- Interview with the PREA Coordinator,
- Interview with the Superintendent
- Interview with the PREA Compliance Manager, Treatment Unit Administrator
- Facility tour

115.372	<p>Evidentiary standard for administrative investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.372.</p> <p>115.372 (a) The Chief Investigator for Warrenville and St Charles confirmed with the Auditor that 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. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04.01.131 effective date 5/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/01/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Review of investigative reports • Interview with the Chief Investigator
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.373.</p> <p data-bbox="242 461 1469 555">115.373 (a) Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Auditor examined said notice from the current review period.</p> <p data-bbox="242 584 1414 678">115.373 (b) Illinois Department of Corrections where necessary, Illinois State Patrol conduct the investigation into a resident’s allegation of sexual abuse at Warrenville, Illinois Department of Juvenile Justice would request the relevant information from the investigative agency in order to inform the resident of the outcome of an investigation.</p> <p data-bbox="242 707 1477 904">115.373 (c) The PREA Compliance Manager confirmed during her interview that 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, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility, the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="242 934 1485 1095">115.373 (d) The PREA Compliance Manager confirmed during his interview that 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 or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Investigative findings are available to the victim’s family, administration, and the Illinois Department of Children’s Services.</p> <p data-bbox="242 1124 1437 1187">115.373 (e) The PREA Coordinator and PREA Compliance Manager both confirmed that Illinois Department of Juvenile Justice documents all such notifications or attempted notifications.</p> <p data-bbox="242 1216 847 1243">115.373 (f) The Auditor is not required to audit this provision.</p> <p data-bbox="242 1272 879 1299">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1328 1485 2022" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Review of investigative reports. • Interview with the Chief Investigator • Interview with the PREA Compliance Manager, Treatment Unit Administrator • Interview with the PREA Coordinator • Interview with the Superintendent

115.376	Disciplinary sanctions for staff
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 465">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures and sample separation notice address Standard 115.376.</p> <p data-bbox="240 501 1477 591">115.376 (a) The PREA Coordinator/designated head of the agency confirmed during his interview that all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Auditor examined one sample.</p> <p data-bbox="240 627 1437 680">115.376 (b) The PREA Coordinator/designated head of the agency confirmed during his interview that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="240 716 1485 940">Policy and interviews address the requirements of this standard. Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of residents engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated, if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies by the facility, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews.</p> <p data-bbox="240 976 1477 1102">115.376 (c) The PREA Coordinator/designated head of the agency confirmed during his interview that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be 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</p> <p data-bbox="240 1137 1477 1263">115.376 (d) The PREA Coordinator/designated head of the agency confirmed during his interview that 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), and/or relevant licensing bodies).</p> <p data-bbox="240 1294 879 1321">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1352 1485 1809" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated agency head

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.377.</p> <p data-bbox="242 463 1436 555">115.377 (a) The PREA Coordinator/designated head of the agency confirmed during his interview that any contractor or volunteer who engages in sexual abuse prohibited from contact with residents, reported to: Law enforcement agencies (unless the activity was clearly not criminal) and/or relevant licensing bodies.</p> <p data-bbox="242 586 1469 678">115.377 (b) The PREA Coordinator/designated head of the agency confirmed during his interview that in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the agency/facility would take appropriate remedial measures, and consider whether to prohibit further contact with residents.</p> <p data-bbox="242 710 1466 835">During the past 12 months, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy and volunteer/contractor training files, as well as volunteer/contractor and staff interviews. At the time of the audit, no contractors of volunteers were available for interview.</p> <p data-bbox="242 866 879 891">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 922 1485 1500" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Administrative Directive (AD) 01.12.120 effective date 5/01/2017, Investigations of Unusual Incidents • Administrative Directive (AD) 03.02.108 effective date 4/01/2021, Standards of Conduct • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated agency head

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.378.</p> <p data-bbox="242 463 1477 589">115.378 (a) The Superintendent and the PREA Compliance Manager confirmed during separate interviews that 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.</p> <p data-bbox="242 620 1477 714">115.378 (b) The Superintendent and the PREA Compliance Manager confirmed during separate interviews that 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.</p> <p data-bbox="242 745 1493 871">In the event a disciplinary sanction results in the isolation of a resident, the agency/Warrenville would ensure that the resident is not denied daily large-muscle exercise, is not denied access to any legally required educational programming or special education services, access to other programs however access to work opportunities would be limited but to the extent possible.</p> <p data-bbox="242 902 1485 996">115.378 (c) When determining what types of sanction, if any, should be imposed, the Superintendent and the PREA Compliance Manager confirmed during separate interviews that the disciplinary process would consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior.</p> <p data-bbox="242 1028 1485 1220">115.378 (d) The PREA Compliance Manager confirmed during separate interviews that Warrenville offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions. Warrenville does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, the facility refrains from requiring such participation as a condition to accessing general programming or education.</p> <p data-bbox="242 1252 1485 1346">115.378 (e) The PREA Coordinator/designated head of the agency confirmed during his interview that the agency would consider disciplining a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="242 1377 1485 1503">115.378 (f) The PREA Coordinator/designated head of the agency confirmed during his interview that consensual sex of any nature is prohibited between staff, contractors. For disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred DOES NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="242 1534 1477 1928">115.378 (g) The agency prohibits any sexual activity between residents, volunteers, and contractors. The agency prohibits sexual activity between residents. Residents that sexually abuse or harass staff (not consensual) will be disciplined. Illinois Youth Center, Warrenville, Youth Orientation Handbook informs residents of the disciplinary consequences for violation of rules at the facility. During the intake process, the agency takes appropriate measures to inform residents of their rights regarding the disciplinary process. Illinois Youth Center, Warrenville, Resident Youth Orientation Handbook outlines disciplinary sanctions for juvenile residents placed at the facility. Warrenville does not use seclusion in cases of alleged sexual abuse or sexual harassment, except in exigent circumstances. The agency/Warrenville does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. daily visits from a medical or mental health care clinician. Residents (random and targeted) sampled during the onsite portion of the audit confirmed receiving resident orientation during the intake process and receiving a Youth Orientation Handbook-Warrenville which includes information on PREA, the disciplinary process and consequences for violating rules.</p> <p data-bbox="242 1960 879 1986">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 2018 1425 2157" style="list-style-type: none"> <li data-bbox="242 2018 536 2045">• Pre-Audit Questionnaire <li data-bbox="242 2076 1417 2103">• Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention <li data-bbox="242 2134 1425 2161">• Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response

Procedures

- Institutional Directive Number (ID) 04.01.131 effective date 05/01/18, Institutional Procedure
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Administrative Directive (AD) 05.01.303 effective date 1/01/2019, Youth Conduct
- 20-2504 Discipline and Grievances, DJJ 20 Illinois Administrative Code 2504
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Coordinator/designated agency head
- Interview with the PREA Compliance Manager, Treatment Unit Administrator
- Interview with random and targeted residents
- Review of the DJJ Youth Orientation Handbook disciplinary code and rules
- Review of the Youth Orientation Handbook-Warrenville disciplinary code and rules

115.381 Medical and mental health screenings; history of sexual abuse

Auditor Overall Determination: Meets Standard

Auditor Discussion

Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, (LGBTQI) Youth, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.103 Youth Health Care Services, Policy IDJJ 04.01.102 Emergency Mental Health Services, Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria, Policy IDJJ 04.01.105 Youth Center Orientation, IDJJ 0429 Screening Tool - Risk of Victimization, Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting, IDJJ Risk of Victimization Screening Tool (SA0002), training curriculum "The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures, address Standard 115.381.

115.381 (a) According to the PREA Compliance Manager/Treatment Unit Administrator/Psychologist, if risk 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, Warrenton 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. More, the Auditor examined risk of victimization screening tool (IDJJ Risk of Victimization Screening Tool (SA0002)) for resident on site during the audit.

115.381 (b) According to the PREA Compliance Manager/Treatment Unit Administrator/Psychologist, 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, Warrenton staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

115.381 (c) According to the PREA Compliance Manager/Treatment Unit Administrator/Psychologist, medical practitioner each confirmed during separate interviews that any information related to sexual victimization or abusiveness that occurred in an institutional setting is 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.

115.381 (d) According to the PREA Compliance Manager/Treatment Unit Administrator/Psychologist, medical practitioner each confirmed during separate interviews that 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.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Mental Health Intake Screening Form
- Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program
- Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures
- Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, (LGBTQI) Youth
- Policy IDJJ 04.01.101 Non-Emergency Mental Health Services
- Policy IDJJ 04.01.102 Emergency Mental Health Services
- Policy IDJJ 04.01.103 Youth Health Care Services
- Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria
- Policy IDJJ 04.01.105 Youth Center Orientation
- IDJJ 0429 Screening Tool - Risk of Victimization
- Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting
- IDJJ Risk of Victimization Screening Tool (SA0002)
- Interviews with Specialized and Random Staff

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.103 Youth Health Care Services, Policy IDJJ 04.01.102 Emergency Mental Health Services, Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria, Policy IDJJ 04.01.105 Youth Center Orientation, IDJJ 0429 Screening Tool - Risk of Victimization, Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting, IDJJ Risk of Victimization Screening Tool (SA0002), training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures, address Standard 115.382.</p> <p>115.382 (a) According to the PREA Compliance Manager/Treatment Unit Administrator/Psychologist, medical practitioner each confirmed during separate interviews that 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.</p> <p>115.382 (b) According to the PREA Compliance Manager/Treatment Unit Administrator/Psychologist, medical practitioner each confirmed during separate interviews, if no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, Warrenville staff first responders would take preliminary steps to protect the victim pursuant to § 115.362 and immediately notify the appropriate medical and mental health practitioners, Superintendent, PREA Coordinator and PREA Compliance Manager.</p> <p>115.382 (c) According to the PREA Compliance Manager/Treatment Unit Administrator/Psychologist, medical practitioner each confirmed during separate interviews, a resident victim of sexual abuse would be 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.</p> <p>115.382 (d) According to the PREA Compliance Manager/Treatment Unit Administrator/Psychologist, medical practitioner each confirmed during separate interviews, treatment services would be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures • Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI) Youth • Policy IDJJ 04.01.101 Non-Emergency Mental Health Services • Policy IDJJ 04.01.102 Emergency Mental Health Services • Policy IDJJ 04.01.103 Youth Health Care Services • Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria • IDJJ 0429 Screening Tool - Risk of Victimization • IDJJ Risk of Victimization Screening Tool • Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting • MOU with Community Crisis Center • MOU with the YMCA • Interview with the following: Specialized and Random Staff • Interview with Random and Targeted Residents

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.103 Youth Health Care Services, Policy IDJJ 04.01.102 Emergency Mental Health Services, Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria, Policy IDJJ 04.01.105 Youth Center Orientation, IDJJ 0429 Screening Tool - Risk of Victimization, Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting, IDJJ Risk of Victimization Screening Tool (SA0002), training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures, address Standard 115.383.</p> <p>115.383 (a) Warrenville offers 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, according to the medical practitioner interviewed during the onsite audit.</p> <p>115.383 (b) Warrenville evaluates 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 according to the medical practitioner interviewed during the onsite audit.</p> <p>115.383 (c) Warrenville provides victims of sexual abuse with medical and mental health services consistent with the community level of care, according to the medical practitioner interviewed during the onsite audit.</p> <p>115.383 (d) Warrenville is a male facility. At the time of the onsite portion of this audit, zero transgender-male were identified as being placed in the facility. This provision does not apply to this facility.</p> <p>115.383 (e) Warrenville is a male/female facility. At the time of the onsite portion of this audit, zero transgender-male or transgender-females were assigned to the facility. If pregnancy results from the conduct described in paragraph § 115.383(d), a medical practitioner confirmed for the Auditor that victims of sexual abuse would receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.383 (f) According to the medical practitioner interviewed during the onsite audit, resident victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.383 (g) The PREA Coordinator, PREA Compliance Manager and Superintendent all confirmed during separate interviews that treatment services provided to the victim would be without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.383 (h) The PREA Compliance Manager confirmed during her interview that Warrenville would 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.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Sexual Assault Prevention and Intervention Program Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures • Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI) Youth 6. Policy IDJJ 04.01.101 Non-Emergency Mental Health Services • Policy IDJJ 04.01.102 Emergency Mental Health Services • Policy IDJJ 04.01.103 Youth Health Care Services • Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria • IDJJ Risk of Victimization Screening Tool

- Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting
- MOU with Community Crisis Center
- Interviews with specialized and random staff
- Interviews with random and targeted residents
- Interview with a medical practitioner (contractor)
- Interview with the PREA Compliance Manager, Treatment Unit Manager
- Interview with the PREA Coordinator, designated agency head
- Interview with the facility Superintendent
- Interview with a Social Worker (contractor)

115.386	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 434">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard115.386.</p> <p data-bbox="240 465 1410 555">115.386 (a) By examination the Auditor determined that Warrenville conducts 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.</p> <p data-bbox="240 586 1481 649">115.386 (b) By examination the Auditor determined that Warrenville does conduct incident review ordinarily occur within 30 days of the conclusion of the investigation.</p> <p data-bbox="240 680 1481 801">115.386 (c) By examination the Auditor determined that Warrenville incident review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team is composed of upper-level management officials, including the Superintendent, Health Care Administrator, and the Treatment Unit Administrator.</p> <p data-bbox="240 833 1487 1128">115.386 (d) By examination the Auditor determined that the Warrenville incident review team: Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility, examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assesses the adequacy of staffing levels in that area during different shifts. assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepares 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 PREA Coordinator/designated facility head.</p> <p data-bbox="240 1160 1356 1223">115.386 (e) According to the facility Superintendent the facility would either implement the recommendations for improvement or document its reasons for not doing so.</p> <p data-bbox="240 1254 877 1281">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1312 1091 1910" style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Retaliation Monitor - Youth (Form DJJ 0498) • PREA Retaliation Monitor - Youth (examples) • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures • Interview with the PREA Coordinator, designated facility head • Interview with the facility Superintendent • Interview with the PREA Compliance Manager, Treatment Unit Administrator • Examination of investigative reports for this review period • Interview with incident review team member • Examination of PREA Incident Review (12 months)

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.387.</p> <p>115.387 (a) According to the PREA Compliance Manager and the PREA Coordinator both interviewed during the onsite portion of the audit, Illinois Department of Juvenile Justice collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The data collected is captured using a software program entitled Youth 360. Youth 360 includes information aggregated to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice.</p> <p>115.387 (b) The agency aggregates the incident-based sexual abuse data at least annually, according to the PREA Coordinator, designated agency head.</p> <p>115.387 (c) 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.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures • 2020 Annual Illinois Department of Juvenile Justice PREA Report • 2019 Annual Illinois Department of Juvenile Justice PREA Report • 1018 Annual Illinois Department of Juvenile Justice PREA Report • 2017 Annual Illinois Department of Juvenile Justice PREA Report • 2016 Annual Illinois Department of Juvenile Justice PREA Report • 2015 Annual Illinois Department of Juvenile Justice PREA Report • 2014 Annual Illinois Department of Juvenile Justice PREA Report • Interview with the PREA Coordinator, designated agency head • Interview with the PREA Compliance Manager, Treatment Unit Administrator • Interview with facility Superintendent

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.388.</p> <p data-bbox="242 463 1469 589">115.388 (a) Illinois Department of Juvenile Justice reviews data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas, taking corrective action on an ongoing basis as needed and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p data-bbox="242 620 1457 678">115.388 (b) Illinois Department of Juvenile Justice includes 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.</p> <p data-bbox="242 710 1465 768">115.388 (c) Illinois Department of Juvenile Justice, 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.</p> <p data-bbox="242 799 1423 893">115.388 (d)) Illinois Department of Juvenile Justice, the agency, indicates the nature of any material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.</p> <p data-bbox="242 925 884 952">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 983 1090 1697" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • 2017 Illinois Department of Juvenile Justice PREA Report • 2020 Annual Illinois Department of Juvenile Justice PREA Report • 2019 Annual Illinois Department of Juvenile Justice PREA Report • 2018 Annual Illinois Department of Juvenile Justice PREA Report • 2017 Annual Illinois Department of Juvenile Justice PREA Report • 2016 Annual Illinois Department of Juvenile Justice PREA Report • 2015 Annual Illinois Department of Juvenile Justice PREA Report • 2014 Annual Illinois Department of Juvenile Justice PREA Report • Interview with the PREA Coordinator, designated agency head • Interview with the PREA Compliance Manager, Treatment Unit Administrator • Interview with facility Superintendent

115.389	Data storage, publication, and destruction
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1493 434">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.389.</p> <p data-bbox="240 465 1453 591">115.389 (a) The agency ensure that data collected pursuant to § 115.387 are securely retained. The agency maintains sexual abuse data collected for at least ten years after the date of its initial collection. The agency monitors and makes available aggregated sexual abuse data from its facilities and contracted agency facilities on its website. That data can be found https://www2.illinois.gov/idjj/Pages/default.aspx. All personal identifiers are removed before posting the information.</p> <p data-bbox="240 622 1481 712">115.389 (b) The agency makes all aggregated sexual abuse data, from each facility 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.</p> <p data-bbox="240 743 1485 869">115.389 (c) The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. The agency monitors and makes available aggregated sexual abuse data from its facilities and contracted agency facilities on its website. That data can be found https://www2.illinois.gov/idjj/Pages/default.aspx. All personal identifiers are removed before posting the information.</p> <p data-bbox="240 900 1465 967">115.389 (d) The agency maintains 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.</p> <p data-bbox="240 999 879 1025">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1057 1098 1883" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 01.05.105 Use of Computers • Illinois Juvenile Justice Website: https://www2.illinois.gov/idjj/Pages/default.aspx • 2017 Illinois Department of Juvenile Justice PREA Report • 2020 Annual Illinois Department of Juvenile Justice PREA Report • 2019 Annual Illinois Department of Juvenile Justice PREA Report • 2018 Annual Illinois Department of Juvenile Justice PREA Report • 2017 Annual Illinois Department of Juvenile Justice PREA Report • 2016 Annual Illinois Department of Juvenile Justice PREA Report • 2015 Annual Illinois Department of Juvenile Justice PREA Report • 2014 Annual Illinois Department of Juvenile Justice PREA Report • Interview with the PREA Coordinator, designated agency head • Interview with the PREA Compliance Manager, Treatment Unit Administrator • Interview with facility Superintendent

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1477 333">115.401 (a) By examination the Auditor determined that the agency ensured that each facility operated by the agency in the prior three-year audit period, was audited at least once.</p> <p data-bbox="242 365 1461 456">115.401 (b) This is the third year of the current audit cycle, the agency ensured 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.</p> <p data-bbox="242 488 1206 515">115.401 (h) The Auditor had access to, and the ability to observe, all areas of the audited facility.</p> <p data-bbox="242 546 1433 607">115.401 (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="242 638 1027 665">115.401 (m) The Auditor permitted to conduct private interviews with residents.</p> <p data-bbox="242 696 1477 757">115.401 (n) Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The Auditor received zero correspondence from residents of the facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The agency has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision.</p>

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 staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	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: 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 functions of the facility? (N/A for non-secure facilities)	yes
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	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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 coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	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 abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
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 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.)	yes
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 interviews?	yes
	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 not responsible for investigating allegations of sexual abuse.)	yes
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 (c)	Policies to ensure referrals of allegations for investigations	
	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))	na
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
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	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 (b)	Specialized training: Investigations	
	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.)	yes
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.)	na

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 (a)	Obtaining information from residents	
	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
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	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 the agency attempt to ascertain information about: Physical disabilities?	yes
	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	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
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 the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	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 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.)	yes
	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 is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
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 prosecution?	yes
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 harassment policies?	yes
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 take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
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 for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	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 (d)	Access to emergency medical and mental health services	
	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.)	yes
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.)	yes

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
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	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 the confinement of its residents.)	yes
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.)	yes
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 publication would present a clear and specific threat to the safety and security of a facility?	yes
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.)	no
	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.)	yes
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