

# PREA Facility Audit Report: Final

**Name of Facility:** Illinois Youth Center Chicago

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 12/01/2021

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"/>
<b>Auditor Full Name as Signed:</b> Robert Manville	<b>Date of Signature:</b> 12/01/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Manville, Robert
<b>Email:</b>	robertmanville9@gmail.com
<b>Start Date of On-Site Audit:</b>	09/14/2021
<b>End Date of On-Site Audit:</b>	09/16/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Illinois Youth Center Chicago
<b>Facility physical address:</b>	136 North Western Avenue, Chicago, Illinois - 60612
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Superintendent Idowu
<b>Email Address:</b>	Olukayode.Idowu@illinois.gov
<b>Telephone Number:</b>	3126335219

Superintendent/Director/Administrator	
<b>Name:</b>	Superintendent Idowu
<b>Email Address:</b>	Olukayode.Idowu@illinois.gov
<b>Telephone Number:</b>	3126335219 ext. 4090

Facility PREA Compliance Manager	
<b>Name:</b>	Dianna Kucera
<b>Email Address:</b>	dianna.kucera@illinois.gov
<b>Telephone Number:</b>	O: (312) 520-6332

Facility Characteristics	
<b>Designed facility capacity:</b>	146
<b>Current population of facility:</b>	16
<b>Average daily population for the past 12 months:</b>	27
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	13 to 20 years old
<b>Facility security levels/resident custody levels:</b>	Level 2 Medium
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	129
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	44
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	21

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	John Albright	<b>Email Address:</b>	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.

On August 12 Illinois Youth Center - Chicago placed Audit Notices (in English and Spanish) in strategic locations throughout the center where residents routinely live, enter and exit buildings, and participate in programming.

The Illinois Youth Center – Chicago and the Nakamoto Group determined to complete an OAS audit. Robert Marville, a certified PREA auditor was assigned to conduct the audit. The center was asked to complete the Pre-Audit Questionnaire (PAQ) which was uploaded by the center on August 3, 2020 Pertinent documentation received during the pre-audit phase was reviewed and follow-up clarification or requests for additional documentation and revised submittals were assessed. Documentation reviewed included, but not limited to, educational materials, training logs, posters, brochures, agency policies and procedures.

### Site Review:

Immediately following the opening meeting, a tour of center was conducted. The auditor was escorted by the center's PREA Compliance Manager. The auditor was given unimpeded access to all areas of the center.

During the tour, the PREA Audit notice was posted on the bulletin boards in various hallways, as well as copies of the PREA brochure written in both English and Spanish (this is the same brochure given to youth during the intake process). Posters containing both the hotline to the Internal Investigations John Howard and Resilience Victim Advocate hotline are prominently posted in the main lobby area and hallways. There are also posters with Chicago Child Abuse hotline and RANN hotline. Additional areas of focus during the center tour included an assessment of limits to cross-gender viewing (can residents shower, dress, and use the toilet facilities without exposing themselves to employees of the opposite gender). External advocacy and agency hotline information was assessed while touring the facilities. Postings (in English and Spanish) regarding PREA violation reporting and the agency's zero tolerance policy for sexual abuse and sexual harassment were prominently displayed in all living units, and throughout the center.

A review of logbooks and records revealed documentation of safety and PREA rounds. The Facility Superintendent makes continuous rounds throughout the center. Staff announce their presence prior to entering a dormitory housing resident of the other gender. There are posting in each living unit, day room, and food service area that includes Zero Policy for sexual abuse or sexual harassment, ways of reporting sexual abuse or sexual harassment, victim advocacy group phone number and address and Department of Juvenile Justice PREA hotline.

During the tour and in reviewing cameras it was determined that the facility had several multipurpose sleeping rooms that had cameras placed in such a way that they were pointed directly at the toilet and sink combination areas. A corrective action plan was required. The center placed block out on the cameras to provide privacy for residents to use the toilet without being viewed by persons of the opposite gender.

### Staff Interviews:

The center is staffed by 129 persons when fully staffed. The Facility Superintendent oversees the overall operations of the center. There are a minimum of two staff always assigned to the facility. The facility requires a minimum of one (1) direct care staff for 8 residents during always waken hours and a minimum ratio of one (1) direct care staff for 16 residents on duty at other times

A total of 16 random direct care staff were interviewed all shifts regarding training, their knowledge of first responder duties, reporting mechanisms for staff and residents, and their perception of sexual safety and appropriate offender privacy issues. Nine (9) specialized staff were interviewed. The specialized staff included the Facility Manager, PREA Compliance Manager, Shift Supervisors, Education staff, Nurse, Administrative Assistant that manages the Human Resource division, and retaliation monitor. These staff have collateral duties that include all areas required for a PREA audit. Telephone interviews were conducted by the Agency Head designee, Agency PREA coordinator and Agency contracting supervisor and an agency investigator The Auditor spoke with a representative from the mental health and victim advocates Rape Victim Advocates, The John Howard Association of Illinois who monitors the federal consent decree, and John H. Stroger, Jr. Hospital of Cook County located in Chicago, IL. Through interviews, the Auditor found the and staff to be very aware and knowledgeable of PREA. Staff was knowledgeable about the facility's zero-tolerance policy, their first responder responsibilities, mandated reporting responsibilities, and reporting/referral mechanisms to ensure a safe environment for residents and staff. Staff was aware of and followed the agency's prohibition of cross-gender viewing and cross-gender pat-down searches. No cross-gender strip searches are allowed by the agency or facility at IYC - Chicago.

### Resident Interviews:

At the time of the audit there were 25 residents assigned to the facility. Fourteen (14) residents were asked to be interviewed. Through interviews, the Auditor found the residents to be very aware and knowledgeable of PREA. Resident interviews support staff's compliance with the facility's prohibition of cross-gender viewing and cross-gender pat-down searches.

#### Staff File Review:

The auditor requested random personnel background checks and reviewed 10 employee training records two contractor files. The employee records included three staff that had been employed at the facility more than 5 years, 3 of the staff were promoted and four of the staff were employed in the last 12 months. Background checks and child registry checks are completed by and maintained on file. The contractor files had the same email indicating background clearance and contained PREA training documentation.

#### Staff Training Records Review

The auditor requested some specific and some random training files for employees. Including in the specific list was training staff, director, PCM, shift supervisor and eight random monitors. Staff received PREA related training as part of their initial orientation, annually as part of their cycle refresher training, and during roll call. This was verified by the Auditor's review of 10 randomly selected staff training records All training records provided included initial PREA training, yearly updated training and specialized training for medical and mental health staff.

#### Resident File Review

All resident files were reviewed. The resident's file contained documentation of Intake Screening, Intake PREA notification, Rescreening and formalized PREA Education. The center utilized the screening conducted by the Illinois Intake Center as part of the process for screening. A corrective action plan was required to meet the mandates of the PREA standards. A memo and conversations with the PREA Compliance Manager determined that the facility has added the screening instrument that is administered to all resident that arrive at the facility. The facility had conducted rescreening as part of the safety plan and the formal treatment team meeting that occurs within 30 days of arrival at the center

#### Investigation Review:

One Investigator was interview. There have been no allegations of sexual abuse or sexual harassment at the facility for the preceding 12 plus months. The Illinois State Patrol conducts criminal investigations. Illinois Department of Juvenile Justice have trained staff that conduct administrative investigations.

## 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.

The mission of the Illinois Department of Juvenile Justice (the agency) is to enhance public safety and positive youth outcomes by providing strength-based, individualized services to youth in a safe learning and treatment environment so that they may successfully reintegrate into their communities. The Mission Statement of IYC Chicago is: The management and staff at Illinois Youth Center-Chicago in partnership with the community and parents are committed to providing a variety of programs, activities and services specifically designed to address the specific needs of our youth and prepare them for a meaningful and productive reentry into their families and society. Our educational, mental health, behavioral and substance abuse programs are administered by qualified and trained staff and designed to provide our youth with the focus, opportunities and tools needed to make positive changes and build effective and lasting life skills.

IYC - Chicago is located on the west side of the city. Prior to the pandemic the the facility houses approximately 80 youth per day. There are approximately 140 employees at the center. Staff receives ongoing behavioral management and de-escalation training. The center provides individualized programming to meet the needs of each youth, such as GED and high school diploma academic services, an in-patient substance abuse treatment program, mental health services, medical services, leisure time activities, assessments, parenting groups, and family engagement programming. In addition, the center receives many volunteer services, including religious services, a musical theatre workshop, and therapeutic canine companionship and training modules. Some volunteer programs include off-site activities. The goal of this entry is to promote public safety while providing an environment that improves the outcomes of our youth.

The resident custody level is minimum/medium and the facility security level is medium. At the time of the audit, residents are housed in one of three housing areas at the facility, designated as A, B, and C Wings for an average length of 90–180 days.

A Wing has a capacity of 36 youth. There is a shower area located in the living unit that has appropriate partitions and doors to allow residents to shower and change clothing without being viewed by person of the opposite gender. There are telephone and drop boxes located in the living unit. There is a bulletin board that include PREA information.

B Wing has the capacity of 50 youth. There is a shower area located in the living unit that has appropriate partitions and doors to allow residents to shower and change clothing without being viewed by person of the opposite gender. There are telephone and drop boxes located in the living unit. There is a bulletin board that include PREA information.

C Wing houses has a capacity of 22. There is a shower area located in the living unit that has appropriate partitions and doors to allow residents to shower and change clothing without being viewed by person of the opposite gender. There are telephone and drop boxes located in the living unit. There is a bulletin board that include PREA information.

D Wing was not being used during the audit.

Each housing wing includes a day room/common area with Juvenile Justice Specialists and other staff offices attached, and a separate room that can be viewed by staff with washers and dryers for the residents to do their own laundry. There is a separate bathroom and shower facilities on each wing, and residents shower separately. Resident's rooms have a large, unbarred window that allow outside light and viewing, and most rooms have two beds with a few having only one bed. At the time of the audit very few residents were double-bunked at the facility.

The center has 7 rooms that are used as multipurpose rooms. Resident may be housed in this unit for de-escalation, time out, or medical or mental health needs. These rooms have a toilet. There is a shower area located in this area that has all of the appropriate barriers for resident to shower and change clothing without being viewed by person to the opposite gentler.

There is a medical area located on the hallway on the administrative level that includes examination areas and offices. There is curtains for residents to undress for examinations and treatment. IYC Chicago has a 24/7 nursing station. Off-site medical care is provided by John H. Stroger, Jr. Hospital of Cook County located in Chicago, IL. A medical doctor visits the facility weekly and is available on-call at all times. IYC - Chicago contracts for private providers to provides substance abuse treatment for the residents.

## 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.

<b>Number of standards exceeded:</b>	3
<b>Number of standards met:</b>	40
<b>Number of standards not met:</b>	0

Exceeds

115.383 - Access to medical and mental health Care.

115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers.

115.331 - Employee training

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 1150 387">Policy: Illinois Department of Juvenile Justice (IDJJ) 01.02.102 Duty Administrative Officers</p> <p data-bbox="240 418 1067 445">Policy: IDJJ 04.01.301 Sexual Abuse and Harassment Prevention and Intervention</p> <p data-bbox="240 477 1257 504">Policy: Youth Center - Chicago 04.01.301 Sexual Abuse and Harassment Prevention and Intervention</p> <p data-bbox="240 535 1027 562">Policy: IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 593 1171 620">Policy: IDJJ 04.01.3010 Sexual Abuse and Harassment Prevention and Intervention Program</p> <p data-bbox="240 651 651 678">Facility Memo: Key Staff Responsibilities</p> <p data-bbox="240 710 1046 736">Policy: IDJJ 04.01.3020 Sexual Abuse and Harassment – Response Procedures</p> <p data-bbox="240 768 873 795">Policy: IDJJ 01.02.103 Inspection Tours by Administrative Staff</p> <p data-bbox="240 826 855 853">Policy: IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 884 414 911">PREA Response</p> <p data-bbox="240 943 467 969">Facility Organizational</p> <p data-bbox="240 1001 593 1028">Chart 14. Youth Orientation Manual</p> <p data-bbox="240 1059 427 1086">Agency Org Chart</p> <p data-bbox="240 1117 422 1144">Facility Org Chart</p> <p data-bbox="240 1176 1477 1236">Illinois Department of Juvenile Justice is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The purpose of Administrative Directive (AD) 04.01.302 Sexual Abuse and Harassment Response Procedures.</p> <p data-bbox="240 1267 1461 1391">PREA is not seen as a facility role, however all staff from volunteers to the Agency Director have definitive roles in developing life skills for residents including developing appropriate boundaries for all staff and residents and supporting residents in this phase of their life. Resident’s support team includes community service providers, case managers, clinical supervisors, and advocacy services that are utilized as an extension of support for resident.</p> <p data-bbox="240 1422 1485 1749">As a resident of this center, everyone has the right to be free from sexual abuse, sexual harassment, neglect, and exploitation. This includes not being subjected to sexually assaultive, abusive, and/or harassing behavior from staff and other residents. DJJ policies establishes that the division of youth services, all facilities, staff, residents, volunteers, contractors, or visitor are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights and will be provided access to interpreters, presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, blind or have low vision. While housed at Illinois Youth Center there is no such thing as consensual sex, meaning no person regardless of age can “agree” to have sex or sexual contact with staff or another resident. If the center learns that a resident is subjected to or a substantial risk of imminent sexual abuse, the center shall take immediate action to protect the resident. Within this policy all references to sexual abuse includes sexual harassment, as appropriate.</p> <p data-bbox="240 1780 1477 2007">At the time of the audit, Illinois Department of Juvenile Justice the Deputy Director of Operations was the acting PREA Coordinator. During the corrective action period, a full time staff has been employed as the PREA coordinator. DJJ mandate site specific employee designated to coordinate the facility’s efforts to comply with the PREA standards as set forth in this policy at each facility. There is staff member that is appointed as the PREA compliance manager at Illinois Youth Center (IYC). The PREA compliance managers oversees the centers efforts to comply with the PREA standards. The PREA Compliance Manager with sufficient time and authority to coordinate the facilities PREA efforts. The PREA compliance manager (PCM) was extremely knowledgeable and enthusiastic about PREA.</p> <p data-bbox="240 2038 1485 2130">Any employee, supervisor or manager who violates PREA mandates and in accordance with the agency’s Standards of Conduct, is subject to disciplinary action, including termination. All volunteers, vendors, contractors, and their representatives shall also comply with this policy, or the working relationship/contract may be severed.</p>

All claims of sexual assault will be immediately reported to the Illinois Department of Juvenile Justice and when violation of law to local law enforcement agency.

Residents are informed orally about the zero-tolerance policy and the PREA program during in-processing. Additional interpretive services are available for residents who do not speak or read English. The agency provides resources to facilities to support the needs for deaf and blind residents. Both institution staff and residents are provided with a wealth of opportunities to become aware of PREA policies and procedures. In general discussion with youth, it was obvious that the youth at IYC that youth feel safe and comfortable to discuss protecting each other from sexual abuse or sexual harassment.

Compliance was determined by review of multiple PREA policies, Administrative Directors, posters and interviews with staff and residents.

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Statement of Fact</p> <p>Illinois Department of Justice does not contract with service providers for confinement of residents.</p>

115.313	<b>Supervision and monitoring</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 362 1150 389">Policy: Illinois Department of Juvenile Justice (IDJJ) 01.02.102 Duty Administrative Officers</p> <p data-bbox="240 421 1066 448">Policy: IDJJ 04.01.301 Sexual Abuse and Harassment Prevention and Intervention</p> <p data-bbox="240 479 873 506">Policy: IDJJ 01.02.103 Inspection Tours by Administrative Staff</p> <p data-bbox="240 537 753 564">Policy: IDJJ 01.02.102 Duty Administrative Officers</p> <p data-bbox="240 595 855 622">Policy: IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 654 703 680">IDJJ Facility Vulnerability Assessment Review</p> <p data-bbox="240 712 429 739">Staffing Plan 2021</p> <p data-bbox="240 770 588 797">Unannounced Rounds (Examples)</p> <p data-bbox="240 828 1485 949">DJJ Policies mandates that supervisor will conduct and document unannounced rounds. The policy also mandates that Facility Superintendent conducts unannounced visits on all shifts during the night and weekend. The center maintains a log of these reviews that confirm their visits. Policy requires that staff will not be alerted to the unannounced unscheduled rounds occurring.</p> <p data-bbox="240 981 1453 1079">Unless there is an exigent circumstance staff of the opposite gender entering a unit will announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing. Staff would document on the unit log if an exigent circumstance occurred.</p> <p data-bbox="240 1111 1481 1205">Each year during the agency reviews of staffing includes needs for cameras, staffing or rearranging the staffing plan to meet the required staff in order to maintain a safe and secure operation. Their staffing plan's annual reviews conducted in 2019 &amp; 2020 were found to be following this standard.</p> <p data-bbox="240 1236 507 1263">The staffing plan included:</p> <ol data-bbox="240 1294 1485 1921" style="list-style-type: none"> <li>1) Generally accepted detention and correctional/secure residential practices.</li> <li>(2) Any judicial findings of inadequacy.</li> <li>(3) Any findings of inadequacy from Federal investigative agencies.</li> <li>(4) Any findings of inadequacy from internal or external oversight bodies.</li> <li>(5) All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated).</li> <li>(6) The composition of the resident population.</li> <li>(7) The number and placement of supervisory staff.</li> <li>(8) Institution programs occurring on a particular shift.</li> <li>(9) Any applicable State or local laws, regulations, or standards.</li> <li>(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>(11) Any other relevant factors.</li> </ol> <p data-bbox="240 1953 1469 2114">The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The Facility Superintendent provided a daily roster that indicates the staffing utilized during the prior 24 hours.</p>

The facility did not report deviations from the staffing plan during the past 12 months. The staff to-youth ratios of a minimum of 1: 8 during the resident waking and minimum of 1:16 during sleeping hours is always maintained, the facility has a mechanism in place for call outs and staff volunteer to stay over if needed IYC utilizes staff monitoring to protect the residents from sexual abuse and harassment. Based on conversations with the PREA compliance manager and facility superintendent it was obvious that the facilities review all areas of the center for additional staffing and resident movement in order to meet the requirement of this standard.

The direct care staff were noted to be located throughout the center during the tour or review of cameras monitoring. The facilities utilize the standard of minimum of 1 to 8 direct care staff during waking hours and minimum of 1 to 16 during sleeping hours. Random interviewed direct care confirmed that they are assigned based on activities at each unit which will impact the staffing plan. The random staff stated that the center does not count control operators toward meeting this requirement. The Facility Superintendent provided a daily roster that indicates the staffing utilized during the prior 24 hours.

The Center's On call staff conduct and document unannounced rounds on all shifts and all areas of the facility to monitor and deter staff sexual abuse and harassment. Compliance was determined by review of policies, documentation and interview with staff confirm compliance with this standard.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 544 300">IYCH Pre-Audit Questionnaire</p> <p data-bbox="242 329 756 358">Superintendent's Bulletin #18 Knock and Announce</p> <p data-bbox="242 387 826 416">Policy: IDJJ 05.01.302 Prohibited Cross-Gender Searches</p> <p data-bbox="242 445 1158 474">Policy: IDJJ 04.01.301 Sexual Abuse and Harassment Prevention and Intervention Program</p> <p data-bbox="242 504 743 533">Policy: IDJJ 05.01.113 Routine Searches of Youth</p> <p data-bbox="242 562 579 591">PREA PowerPoint Training slides</p> <p data-bbox="242 620 525 649">IYCH PREA Response Plan</p> <p data-bbox="242 678 552 707">Corrective Action Plan pictures</p> <p data-bbox="242 736 474 766">Corrective Action Plan:</p> <p data-bbox="242 795 1477 949">The center has several single rooms (cells) that have multipurpose uses. The center had placed cameras in the rooms that provided direct view of residents using the toilet. A corrective action plan was required. The center placed a block out of the toilet area so resident are not seen when using the toilets area. Pictures of the cameras modification provide documentation that resident are afforded the ability to use the toilet without being viewed by staff. There is a shower in the same area that resident are used to shower and change clothing without being view by staff.</p> <p data-bbox="242 978 1493 1133">Policy: IDJJ 05.01.113 Routine Searches of Youth requires all pat searches be conducted by staff of the same gender except in exigent circumstances and then with the approval of the senior person in charge. Staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. In addition, staff and resident interviews indicated that the opposite gender staff are prohibited from entering the bathroom/shower area while residents are showering.</p> <p data-bbox="242 1171 1485 1460">There have been no cross-gender pat down searches, cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months. Also, there have been no exigent circumstances of cross gender pat down, strip or visual body cavity searches conducted of residents in the past 12 months. Part of the Training for initial and then yearly training also confirmed that staff are trained on the mandate that all staff of the opposite gender must announce their presence when entering a housing unit and how to conduct a cross gender pat search. Staff training records, and unit staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Staff and resident interviews and observations while touring the center confirmed that female staff announce their presence when entering the housing areas. I most instances other residents and staff would also announce that a female was entering the housing areas.</p> <p data-bbox="242 1498 1485 1883">Interviews with staff/residents, personal observations and an examination of Policy and supporting documentation confirm compliance with this standard. Staff also receive training and all staff interviewed were aware of Policy that staff do not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. Staff training records, and staff interviews verified that they had received training which includes who may be searched and the professional manner to complete searches. Training includes how to search transgender or intersex residents in a professional manner. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined 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. Interviews with staff/residents, personal observations and an examination of Policy and supporting documentation confirm compliance with this standard. Each living unit has showers that do not have any opening which assures resident can shower without being viewed by staff or other residents.</p> <p data-bbox="242 1921 1477 1980">Compliance was determined by review of the center's showers, review of policies, training and training roster and interviews with residents and staff. Further compliance was determined by review of the corrective action plan.</p>

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Policy: IDJJ 05.05.101 Youth Reception and Classification Process</p> <p>Policy: IDJJ 05.04.111 ADA Accommodations</p> <p>Language Line Solutions Contract</p> <p>Options for Reporting Sexual Abuse and Harassment Pamphlet</p> <p>Employee Training Acknowledgements</p> <p>IYCC PREA Response Plan PREA Audit Report</p> <p>Youth Orientation Manual</p> <p>Speak up Speak out- Sexual Abuse Hotline Pamphlet</p> <p>Annual Refresher Training Curriculum</p> <p>DJJ includes policies and directives that residents with disabilities and residents who are limited English Proficient mandates that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision.</p> <p>Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The facility reported that in the past 12 months there have been no instances where resident interpreters, resident 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</p> <p>The comprehensive education is accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they will report to the supervisor the need for an additional resource. The supervisor will notify the Facility Superintendent who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters. The center has contract with sign language interpretation, English as a second language interpreters, and written translation services. All staff indicated they would not utilize resident to provide interpretation services.</p> <p>Compliance was determined by review of the MOUs and contracts, interviews with random staff and review of documented training programs utilized for resident education.</p>

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 421 1474 481">Department of Children and Family Services (DCFC), Child Abuse and Neglect Tracking System (CANTS) Authorization for Background Check (form CFS 689</p> <p data-bbox="240 510 1302 539">Department of Children and Family Services (DCFC), Child Abuse and Neglect Tracking System (CANTS)</p> <p data-bbox="240 568 639 598">Policy: IDJJ 03.02.106 Filing Vacancies</p> <p data-bbox="240 627 730 656">IDJJ Request for Background Investigation Form</p> <p data-bbox="240 685 1007 714">Policy: IDJJ 03.02.100 Administrative Review of Personnel or Service Issues</p> <p data-bbox="240 743 863 772">DCFS Acknowledgement of Mandated Reporter Status (Form)</p> <p data-bbox="240 801 1059 831">Policy: IDJJ 03.02.105 Qualifications and Screening for Juvenile Specialist Interns</p> <p data-bbox="240 860 727 889">Policy: IDJJ 01.02.107 Background Investigation</p> <p data-bbox="240 918 783 947">Policy: IDJJ 01.12.101 Employee Criminal Misconduct</p> <p data-bbox="240 976 695 1005">Policy: IDJJ 03.02.108 Standards of Conduct</p> <p data-bbox="240 1034 813 1064">IDJJ PREA Pre-Employment Self-Report (Form DJJ0469</p> <p data-bbox="240 1093 571 1122">Ten (10) Personnel File Reviews</p> <p data-bbox="240 1151 1493 1211">DJJ shall not hire or promote anyone who may have contact with youth and shall not enlist the services of any contractor who may have contact with youth, who.</p> <ol data-bbox="240 1240 1474 1783" style="list-style-type: none"> <li data-bbox="240 1240 1474 1301">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).</li> <li data-bbox="240 1330 1474 1391">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; or</li> <li data-bbox="240 1420 1474 1509">3. Has been civilly or administratively adjudicated to have engaged in 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.</li> <li data-bbox="240 1538 1474 1599">4. DJJ shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with youth.</li> <li data-bbox="240 1628 1474 1688">5. Before hiring new employees, who may have contact with youth, the division shall adhere to requirement of background checks and child registry review.</li> <li data-bbox="240 1718 1474 1778">6. DJJ shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.</li> </ol> <p data-bbox="240 1816 1474 1973">DJJ shall conduct background checks on all DJJ staff, volunteers, interns, and contractors every five (5) years, or sooner, if DJJ is made aware of a criminal offense that may have been committed by an employee. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. DJJ shall require the following background checks on all DJJ staff, volunteers, interns, and contractors and any applicant that is being considered for employment or promotion with DJJ:</p> <ol data-bbox="240 2002 667 2145" style="list-style-type: none"> <li data-bbox="240 2002 667 2031">1. Criminal background or records check.</li> <li data-bbox="240 2060 667 2089">2. Sexual offender registry check; and</li> <li data-bbox="240 2119 667 2145">3. Child abuse and neglect registry check.</li> </ol>



DJJ shall require a check of licenses and certifications on all staff who are required by the classification specification to have or maintain a license or certification. The center shall complete a background check on each staff, intern, contracted staff, and volunteer prior to being offered employment.

DJJ policy mandates that facilities will not hire or promote anyone who has been civilly or administratively adjudicated to have been convicted of engaging in or attempted to engage in sexual activity by any means. Also, the agency does not hire anyone who has engaged in sexual abuse in a prison, jail, community confinement facility, or anyone, who has used or attempted to use force in the community to engage in sexual abuse

The Agency Policy says any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. Prior to a promotion the facility will conduct a promotion board. Prior to meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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. Policy states any incidents of sexual harassment by a staff member will be taken into consideration if the staff member is eligible for promotion. The interview questions for employment also address previous misconduct. The evidence shows the facility considers any incident 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.

The auditor requested background verification for staff hired in the last year, staff that had five years or more tenure at the facility and staff that were promoted. The agency provided an email from Central office Personnel that provided the date of the five year background checks were completed including NCIC and the Child abuse registry. The agency conducts background check and child abuse registry reviews during every 3 and 4 years to make certain that everyone has had a background check and registry review prior to their 5 year tenure. Compliance was determined by review of personnel and PREA policies, review of the background and child registry checks on randomly selected staff, interview of the Facility Superintendent, and Personnel Staff.

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policies and interviews confirm compliance with this standard. There have been no modifications or upgrades to the monitoring systems during the auditing period. IYC-C utilizes a video camera system for video surveillance. Cameras are placed strategically throughout the complex to ensure the safety and security of both residents and staff. During the review of the facility cameras several cameras provided direct observation of resident's utilizing the toilet. The modification of the cameras in these areas were completed during the corrective action plan audit phase.

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>POLICY AND DOCUMENT REVIEWED:  Policy: IDJJ 04.01.301 Sexual Abuse and Harassment Prevention and Intervention  Policy: IDJJ 04.01.3020 Sexual Abuse and Harassment Prevention and Intervention Procedures  Policy: IDJJ 04.01.302 Sexual Abuse and Harassment Prevention and Intervention Procedures  Resilience Victim Advocacy Services of Chicago  Youth Orientation Manual  PREA Response Plan  Sexual Assault Advocates Handout  Illinois Ombudsman</p> <p>Documentation and staff interviews confirmed with Illinois Department of Corrections (IDOC) and the Illinois State Police conducts the criminal investigations and the agency and Department of Social Services conduct administrative investigations of allegations of sexual abuse and sexual harassment for residents. Memorandum of Agreement with IDOC and the Illinois State Police stating that they agree to follow a uniform evidence protocol developmentally appropriate for youth when conducting investigations. This was also confirmed through interview with the agency Director and facility Investigator.</p> <p>Interviews with random staff indicated they were knowledgeable of procedures to immediately separate the victim and perpetrator; keep the youth safe; notify their supervisor; write out an incident report using an incident report form and secure the area for useable physical evidence. Supervisory staff indicated they would also notify the Superintendent and the Duty Administrative Officer (DAO); makes appropriate referrals to medical and mental health; and, if needed, residents will be transported to John H. Stroger, Jr. Hospital of Cook County for forensic medical examination by qualified medical staff. Victim advocate services are provided by Resilience Victim Advocacy Services of Chicago, Illinois. The Hotline number is posted in each housing. The agency also has postings for the Chicago Child Abuse, RANN and Resilience Victim Advocacy Services.</p> <p>The center has not had any allegation of sexual abuse or sexual harassment and no resident have received a SANE examination.</p> <p>The center utilizes an Investigator for non-criminal investigations from an area center that has been trained in Sex Abuse and harassment in a confinement setting. The PCM has requested that the MOA be updated since it is presently from the Rape Crisis Center which is the same agency as Resilience. The Resilience took over the Rape Crisis Center and provides the same program as RCC did at the center.</p> <p>Compliance with this standard was determined through policy reviews, review of documentation, and interviews with staff.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Policy IDJJ 04.01.301 Sexual Abuse and Harassment Prevention and Intervention</p> <p>Policy IDJJ 04.01.302 Sexual Abuse and Harassment Prevention and Intervention Procedures</p> <p>Policy IDJJ 01.12.105 Reporting of Unusual Incidents</p> <p>Policy IDJJ 01.12.125 Uniform Investigative Reporting System</p> <p>Policy IDJJ 01.12.112 Preservation of Evidence</p> <p>Policy IDJJ 01.12.115 Institutional Investigative Assignments</p> <p>Policy IDJJ 01.12.120 Investigations of Unusual Incidents</p> <p>PREA Response Plan</p> <p>The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. All staff are required to refer all alleged incidents of sexual abuse, harassment, or misconduct to shift supervisor utilizing a Mandatory Reporting form. The DJJ PREA policy describes how investigative responsibilities are handled for allegations of sexual abuse and harassment can be found at the Illinois DJJ's website. This information is available in both English and Spanish. Further the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve criminal behavior. Staff including the Facility Superintendent and residents indicated that any allegations that are received by residents, staff, volunteers, or contractors would be "Hot Line" by the person with the most information when possible. During the last year there were no report of sexual abuse or sexual harassment. Compliance was verified by reviewing policies, procedures, agency website and interviews with agency designee, facility superintendent, Investigator and PREA compliance manager.</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 657 389">Policy IDJJ 03.03.102 Employee Training</p> <p data-bbox="240 418 1059 448">Policy IDJJ 04.01.301 Sexual Abuse and Harassment Prevention and Intervention</p> <p data-bbox="240 477 1193 506">Policy IDJJ 04.01.3010 Sexual Abuse and Harassment Prevention and Intervention Procedures</p> <p data-bbox="240 535 451 564">PREA Power Point 1</p> <p data-bbox="240 593 451 622">PREA Power Point 2</p> <p data-bbox="240 651 451 680">PREA Power Point 3</p> <p data-bbox="240 710 676 739">LGBTQI Presentation Updated – April 2021</p> <p data-bbox="240 768 544 797">Staff Acknowledgement forms</p> <p data-bbox="240 880 1398 940">DJJ Employee Training policy mandates that prior to having contact with the residents all staff, volunteers, teachers, counselors, contractors, volunteers, and interns who have contact with the residents will be trained on:</p> <ol data-bbox="240 969 1458 1727" style="list-style-type: none"> <li data-bbox="240 969 1043 999">1. The center Zero Tolerance Policy for sexual abuse and sexual harassment.</li> <li data-bbox="240 1028 1422 1088">2. How to fulfill their responsibilities under the center sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures.</li> <li data-bbox="240 1117 986 1146">3. Residents' right to be free from sexual abuse and sexual harassment.</li> <li data-bbox="240 1176 1458 1205">4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</li> <li data-bbox="240 1234 1011 1263">5. The dynamics of sexual abuse and sexual harassment juvenile facilities.</li> <li data-bbox="240 1292 1114 1321">6. The common reactions of juvenile victims of sexual abuse and sexual harassment.</li> <li data-bbox="240 1350 1394 1411">7. 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.</li> <li data-bbox="240 1440 847 1469">8. How to avoid inappropriate relationships with residents.</li> <li data-bbox="240 1498 1406 1559">9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.</li> <li data-bbox="240 1588 1358 1617">10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and</li> <li data-bbox="240 1646 836 1675">11. Relevant laws regarding the applicable age of consent.</li> <li data-bbox="240 1704 847 1733">12. Cross Gender and Transgender/Intersex Frisk Searches</li> </ol> <p data-bbox="240 1762 1449 1921">All new employees sign the "Acknowledgement of New Hire Orientation PREA Training" form indicating they received the training and understand their responsibilities for all the different training modules and tested upon completion of the initial PREA training. A review of all staff and training education forms, including a power point presentation, lesson plan, and observation of the day-to-day operations as well as staff interviews confirmed the staff is receiving their required PREA training.</p> <p data-bbox="240 1951 1481 2078">At the facility, the staff is trained continually about the PREA standards during shift briefings and the completion of various online trainings. Training records are documented on staff computerized training files. The training files contain each training provided including the dates, times, and duration of training. A pre and post-test will be given to ensure the staff, volunteers, and contractors understand the training received.</p> <p data-bbox="240 2107 1422 2136">The center provides a power point presentation of the training program provided to staff. The power point presentation</p>

provided all the information noted in the policy.

IYC-C also provides training on a continuous basis on Safety First and Safe Boundaries training programs with staff.

Included in the annual training is refresher training on effective social engineering which assists staff in implementation of the youth growth programs including opportunities for residents to openly discuss history of sexual victimization and PREA programs. All staff are provided training in communication skills with residents and training on working with residents with mental health, desecration and signs of past trauma including sexual victimization by licensed mental health providers.

The agency has added a video training program on conducting cross gender or transgender and Intersex frisk searches (pat down). All staff are required to complete this training. Training roster and training records were reviewed and documented this training.

At the facility, it was evident through documentation, interviews and observation of the day-to-day operations the staff is trained continually about the PREA standards during shift briefings, monthly staff meetings, and the completion of various on-line and instructor led trainings.

A review of the training records of 10 staff indicated staff have received the training. An interview with random staff confirmed that they received the training and refresher training as mandated by policy and exceed expectation on additional training provided by mental health staff.

115.332	<p><b>Volunteer and contractor training</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Policy IDJJ 04.01.122 Contract Personnel Training</p> <p>Policy IDJJ 04.01.1220 Volunteer Services</p> <p>Policy IDJJ 0042 Volunteer Service Orientation</p> <p>IYCPM Volunteer Notice of Zero Tolerance Policy</p> <p>Volunteer Orientation Manual</p> <p>Volunteer Packet</p> <p>Volunteer Files</p> <p>Prior to having contact with the residents all volunteers and contractors receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents. Full-time contract staff with resident contact shall comply with the same training as full time staff. All volunteers, interns and contractors receive and sign an acknowledgement form upon completion of the PREA training they received. The training consists of a power point presentation that includes policies, PREA definitions, reporting requirements and other required procedures. Prior to the Pandemic the center had a robust volunteer program that was and is an integral part of providing services to the residents. The program has started back training and developing strategies to reinvolve some of the 65 trained volunteers.</p> <p>A review of the background checks and documentation of PREA training located in the volunteer files were reviewed and documentation was completed on three of the files. Compliance was determined by review of the center policy, review of volunteer files and interviews with staff that work with volunteers.</p>
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115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1118 297">The following polices, directives, memorandum and agency or facility supplements were</p> <p data-bbox="240 304 501 331">PREA Education material</p> <p data-bbox="240 338 443 365">Resident Handbook</p> <p data-bbox="240 371 603 398">Acknowledgement-Youth Education</p> <p data-bbox="240 405 655 432">General Population Orientation Checklist</p> <p data-bbox="240 439 876 465">Mental Health Diagnostic and Treatment Note (Form DJJ 0282)</p> <p data-bbox="240 472 655 499">Receipt of PREA Training (examples) 20.</p> <p data-bbox="240 506 778 533">Screening Tool: Risk of Victimization (Form DJJ 0429)</p> <p data-bbox="240 539 647 566">PREA PowerPoint Training Presentation</p> <p data-bbox="240 573 719 600">Policy IDJJ 04.01.105 Youth Center Orientation</p> <p data-bbox="240 607 849 633">Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 640 753 667">Policy SA-002 Risk of Victimization Screening Tool</p> <p data-bbox="240 674 1023 701">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 707 1038 734">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 741 1085 768">ID 04.01.3010 Sexual Abuse and Harassment and Intervention Program Procedures</p> <p data-bbox="240 775 612 801">PREA Youth Curriculum with Video's</p> <p data-bbox="240 808 751 835">End Silence - PREA Comic Training Tool for Youth</p> <p data-bbox="240 842 887 869">Reception and Classification Youth Receipt of PREA Information</p> <p data-bbox="240 875 632 902">Orientation Checklist/Signature Sheets</p> <p data-bbox="240 965 1489 1090">Resident PREA Education mandate that PREA information, both orally and in writing for residents to receive comprehensive age-appropriate education information regarding safety, background information on PREA, prevention/intervention, selfprotection, reporting and treatment/ counseling, and confidentiality. During the intake process provide residents education on</p> <p data-bbox="240 1099 1469 1261">the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment. Policy requires within ten (10) days of arrival residents receive information regarding their right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Facilities are required to provide the PREA information for Limited English Proficient residents, and those with disabilities such as limited reading skills, deaf or visually impaired.</p> <p data-bbox="240 1323 1493 1518">The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats. The center conducts an initial training on all new residents when received at the facility usually within 72 hours that provide all aspects of the training requirements.</p> <p data-bbox="240 1581 1489 1839">Residents receive information explaining the agency's zero tolerance policy in an age appropriate fashion including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is in a format accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as to the residents who have limited reading skills. If the youth reports a deficiency or the staff are aware of a deficiency in any of these areas, they report to the supervisor the need for an additional resource. The supervisor notifies the Facility Superintendent who will contact the appropriate community resource services. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any 24</p> <p data-bbox="240 1848 1437 1874">necessary specialized vocabulary, when necessary. In all circumstances this center will not rely on resident interpreters.</p> <p data-bbox="240 1883 1489 2107">During the intake process the counselor and therapist meets with the residents to discuss the program objectives, answer his questions, and then complete the formal PREA comprehensive training. The comprehensive training includes all element of the PREA standards. During this training the residents goes on a tour and is shown where the PREA telephone is located. All posters are reviewed with the resident. Residents are provided with a brochure from the victim advocate group and staff read the brochure to the residents. Throughout the stay at the center, residents receive additional training on PREA. All residents new how to contact the advocacy program and most of the residents new of the services they would provide. Compliance was</p> <p data-bbox="240 2116 1401 2143">confirmed by review of the training curriculum, interview with direct care staff, Facility Superintendent, and residents.</p>



A review of ten (10) resident files confirmed the resident is provided the PREA education upon arrival. Also, the staff completes an "Admissions Checklist" form and document the intake information on a progress note. An interview with the PREA Compliance managers and documentation confirmed PREA education is provided to all residents upon arrival to the facility and monthly. All resident interviews stated they received the PREA information and identified the receipt of the brochure the same day they arrived at the facility. Exceed Compliance was determined through review of center policy, and language line services and training materials. Additional compliance was determined by review of resident records and interviews with residents.

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 362 849 387">Policy IDJJ 01.12.115 Institutional Investigative Assignments</p> <p data-bbox="242 421 1469 481">IYC-C does not have an investigator at this time. An investigator from another facility conducts administrative investigations at IYC-C. In interview with this investigator, she articulated the training curriculum that she received included:</p> <ul data-bbox="242 510 1409 801" style="list-style-type: none"> <li data-bbox="242 510 858 535">· Conducting such investigations in confinement settings.</li> <li data-bbox="242 566 1150 591">· Specialized training include techniques for interviewing juvenile sexual abuse victims</li> <li data-bbox="242 622 1023 647">· Specialized training include proper use of Miranda and Garrity warnings</li> <li data-bbox="242 678 1150 703">· Specialized training include sexual abuse evidence collection in confinement settings</li> <li data-bbox="242 734 1409 801">· Training also included on referring any investigation to law enforcement and discontinuing the investigation and assisting law enforcement as requested.</li> </ul> <p data-bbox="242 833 1485 992">The agency utilizes the IDOC to conduct some administrative investigations and criminal investigations. From previous interviews with the IDOC Chief Investigator, all IDOC investigator received specialized training for conducting investigation in confinement setting. IDOC PREA coordinator provided a copy of the training curriculum that the investigative component of IDOC attend. Compliance was determined by interview with IDJJ investigator and previous interviews with IDOC investigators and review of IDOC Training Curriculum.</p>

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 477 553 504">IYC-C Pre-Audit Questionnaire</p> <p data-bbox="242 535 847 562">Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="242 593 518 620">Training Verification Report</p> <p data-bbox="242 651 555 678">Risk of Screening Victimization</p> <p data-bbox="242 710 718 736">PREA medical and mental health training forms</p> <p data-bbox="242 882 1485 1008">PREA training and the specialized training for medical and mental health staff as required by IDJJ. Documentation review confirmed both medical and mental health staff completed the initial required training and specialized training: PREA Medical and Mental Care Standards curriculum). Both medical and mental health staff signed the "Acknowledgement forms confirming completion of both annual trainings.</p> <p data-bbox="242 1039 1469 1099">In addition to the Zero Tolerance Policy, all full- and part-time medical and mental health care practitioners will be trained in the following:</p> <ol data-bbox="242 1131 1449 1568" style="list-style-type: none"> <li>1. How to detect and assess signs of sexual abuse and sexual harassment.</li> <li>2. How to preserve physical evidence of sexual abuse.</li> <li>3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.</li> <li>4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> <li>5. Medical and mental health practitioners are required by mandatory reporting laws to report sexual abuse.</li> <li>6. Medical and mental health practitioners shall inform residents at the initiation of services of their duty to report and the limitations of confidentiality regarding sexual abuse.</li> <li>7. IYC-C medical health staff shall not conduct forensic investigations but will assist and cooperate with the local law enforcement agency for in conducting the investigation.</li> </ol> <p data-bbox="242 1599 1474 1693">The facility provided training records indicated all medical and mental health staff had attended medical specialized training. A review of the certification confirmed that the staff have received specialized training. Interview with the nurse and PREA compliance manager and training file confirmed that they have attended specialized training.</p>

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 611 387">Mental Health Intake Screening Tool</p> <p data-bbox="240 418 611 445">Risk of Victimization Screening Tool</p> <p data-bbox="240 477 799 504">Policy MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 535 732 562">Policy IDJJ 04.01.125 Specialized Housing Units</p> <p data-bbox="240 593 809 620">Policy IDJJ 04.01.130 Programs and Case Management</p> <p data-bbox="240 651 1038 678">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 710 1038 736">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 768 1023 795">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 826 1278 853">Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Youth</p> <p data-bbox="240 884 805 911">Policy IDJJ 04.04.100 General Mental Health Provisions</p> <p data-bbox="240 943 873 969">Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="240 1001 1474 1422">The Illinois Department of Juvenile Justice has developed a seamless system to provide youth in the State Illinois the best possible program to succeed. The case manager and therapist meets with the resident in an informal setting to discuss the facility program and conducts the initial mental health and additional screening such as drug addiction screening. The resident arrive from the diagnostic center where they have additional screening including a Risk of Victimization Screening. Upon arrival at IYC-C the resident go through a battery of screening and the therapist and counselor review the residents' records including the victimization screening that was conduct at the reception (diagnostic) center. However, the center did not conduct the initial screening as required by standard 115. 41. A corrective action plan was required. The PREA compliance manager that also is the center's IYC-Chicago Treatment Unit Administrator has updated the local policy and initiated a Risk of Victimization Screening tool on all residents that transfer to the facility and periodically throughout their stay at the facility. The facility has full time psychologist and licensed mental health professional that meet with the resident on a daily and weekly basis and a formal meeting is conducted with the residents and his support network monthly. During these meeting the resident is asked about his feeling of safety. The team has add asking victimization questions to include the rescreening on a periodically time while the resident is at the facility.</p> <p data-bbox="240 1453 1485 1514">The Risk of Victimization was reviewed. It contains information on the resident physical features and for Risk of Victimization and Abusiveness and also includes</p> <ul data-bbox="240 1545 1449 2145" style="list-style-type: none"> <li>• Whether the resident has a mental, physical, or developmental disability.</li> <li>• Information about level of emotional and cognitive development</li> <li>• Prior sexual victimization or abusiveness</li> <li>• Current charges and offense history</li> <li>• The age of the resident.</li> <li>• The physical build of the resident.</li> <li>• Whether the resident has previously been incarcerated.</li> <li>• Whether the resident' criminal history is exclusively nonviolent.</li> <li>• Whether the resident has prior convictions for sex offenses against an adult or child.</li> <li>• Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.</li> <li>• Whether the resident has previously experienced sexual victimization; and</li> </ul>

- The residents own perception of vulnerability.

IDJJ policy mandates that sensitive information obtained will not be exploited to the resident's detriment by staff or other residents. All staff will follow appropriate confidentiality when dealing with sensitive information. Information obtained will only be used to make housing, bed, program, and education assignments with the goal to keep all residents safe and free from sexual abuse and to reduce the risk of victimization.

There was no resident that claimed history of victimization during the resident interviews. A review of resident files documented that the residents have rescreening for sexual victimization, predator behavior and overall adjustment to the center. Resident interviewed indicated they are seen weekly with their therapist of counselor.

Based on this interview with the resident, the auditor interviews with intake and documented evidence of the corrective action plan being instituted the facility is in compliance with this standard.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 329 1458 389">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 421 611 448">Mental Health Intake Screening Tool</p> <p data-bbox="240 479 611 506">Risk of Victimization Screening Tool</p> <p data-bbox="240 537 799 564">Policy MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 595 732 622">Policy IDJJ 04.01.125 Specialized Housing Units</p> <p data-bbox="240 654 809 680">Policy IDJJ 04.01.130 Programs and Case Management</p> <p data-bbox="240 712 727 739">ID 04.01.130 Programs and Case Management</p> <p data-bbox="240 770 1038 797">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 828 957 855">ID 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 887 1023 913">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 945 1278 972">Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Youth</p> <p data-bbox="240 1003 804 1030">Policy IDJJ 04.04.100 General Mental Health Provisions</p> <p data-bbox="240 1061 873 1088">Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="240 1120 424 1146">Statement of Fact</p> <p data-bbox="240 1178 1453 1238">All information obtained upon intake and periodically throughout the residents' confinement will be used to make housing, bed, program, and education assignments with the goal of keeping all residents safe and free from sexual abuse.</p> <p data-bbox="240 1270 1160 1296">Based on interview with the superintendent this facility does not house residents in isolation.</p> <p data-bbox="240 1328 1469 1547">IYC-C has four dormitories when the center has average populations to provide alternative for separation from other residents or staff. The Facility Superintendent and assistant director will develop a plan of action to keep the resident safe. This can include moving to a facility to other Youth Centers, releasing to home confinement or housing a resident in a multi purpose living unit with staff one on one supervision until appropriate remedies can be assessed and implemented. Even during any period of separation from other residents, residents shall not be denied large-muscle exercise, educational programming, special education services and other programs to the extent possible. Residents separated from other residents shall receive daily visits from a medical or mental health care clinician.</p> <p data-bbox="240 1579 1493 1906">Lesbian, gay, bisexual, transgender, questioning or intersex (LGBTQI) residents shall not be placed housing, bed, or other assignments solely based on such identification or status, nor shall agencies consider LGBTQI identification or status as an indicator of likelihood of being sexually abusive. In deciding to assign a transgender or intersex resident to a center for male or female residents, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems. Placement and programming assignments for each transgender or intersex resident shall be reassessed by the Administrator and PREA Coordinator at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own view with respect to his/her own safety shall be given serious consideration. Transgender or intersex residents shall be given the opportunity to shower separately from other residents.</p> <p data-bbox="240 1937 1485 2130">The center has not segregated or removed residents from the program for a PREA incident in the last 12 months. The agency PREA coordinator, and Facility Superintendent interviewed indicated that the center would comply with requirements of the standard if transgender were housed at the facility. The Facility Superintendent indicated that the initial screening and any updated screening information is considered for placement of residents on a continuous basis. Compliance of this standard were determined by review of the screening instrument, interviews with nurse, intake staff, PCM and Facility Superintendent.</p>



115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 331 1458 389">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 421 778 448">Policy IDJJ 01.12.105 Reporting of Unusual Incidents</p> <p data-bbox="242 479 807 506">Policy IDJJ 01.12.120 Investigation of Unusual Incidents</p> <p data-bbox="242 537 847 564">Policy IDJJ 01.12.135 Reporting of Child Abuse and Neglect</p> <p data-bbox="242 595 820 622">Policy IDJJ 04.01.114 Local Youth Grievance Procedures</p> <p data-bbox="242 654 1038 680">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 712 951 739">ID 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 770 935 797">ID 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="242 828 770 855">Signage - Sexual Abuse Hotline Number 10. Signage</p> <p data-bbox="242 887 544 913">John Howard Hotline Number</p> <p data-bbox="242 945 711 972">Risk of Victimization Screening Tool (SA 0002)</p> <p data-bbox="242 1003 560 1030">Resident Orientation Handbook</p> <p data-bbox="242 1061 791 1088">MH 004 Mandated Abuse and Neglect Reporting Form</p> <p data-bbox="242 1120 643 1146">National Child Abuse or Neglect Hotline</p> <p data-bbox="242 1178 1493 1930">The above policies, MOUs and External reporting mechanism identified the multiple internal ways for residents to report sexual abuse and harassment incidents, retaliation, staff neglect or violation of responsibilities that may have contributed to such incidents Upon arrival each resident is provided with a copy of the Youth Orientation Handbook in English and in Spanish. the facility's zero tolerance policy is contained in the Youth Orientation Handbook and lists the following three options available to residents for reporting sexual abuse and sexual harassment: (1) reporting the incident on the sexual abuse toll-free hotline; (2) reporting to facility staff; and (3) sending confidential note or grievance. The center provides residents with grievance forms, pencils and locked grievance box to provide access to the residents. The Youth Orientation Handbook also contains a copy of the PREA posters in English and Spanish, with the sexual abuse hotline phone number and the availability of advocacy services from The John Howard Association. Residents sign a form acknowledging that they received this information and understand it. There are PREA posters posted throughout the facility that provide residents with a telephone hot-line number for anonymously reporting sexual abuse or sexual harassment to Rape Victim Advocates, a private entity that is not part of the agency or facility. Staff are required to document all allegations of sexual abuse or sexual harassment made to them either verbally or in writing immediately or by the end of the shift on the same day. Staff are able to privately report sexual abuse and sexual harassment of residents to the Office of the Executive Inspector General. Staff are informed of these procedures by policy and during cycle training. During the on-site audit, the Auditor viewed PREA posters, Rape Victim Advocates (Resisience) posters, John Howard Association posters, and other documents on display in all housing wings, the library, in all classrooms, gym, the dining room, visiting room, medical, mental health counselor offices, and in the hallways leading to these areas explaining methods for reporting sexual assault or sexual harassment. Through telephone conversation with the Rape Victim Advocates, the Auditor confirmed they have agreed to receive reports from IYC Chicago residents and will immediately forward resident reports to the facility. The facility does not accept residents detained solely for civil immigration purposes. Through random staff and resident interviews it was determined that residents and staff can make private reports to any facility staff member and make anonymous calls to the Rape Victim Advocates. At the time of the Audit, no reports had been made claim sexual abuse or sexual harassment.</p> <p data-bbox="242 1962 1458 2056">Staff are provided a telephone number and a website for private reporting allegation of sexual abuse or sexual harassment including announomous reporting. Compliance was determined by review of posters, policy, and interview with staff, and residents.</p>



115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 327 1458 387">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 418 818 445">Policy IDJJ 04.01.114 Local Youth Grievance Procedures</p> <p data-bbox="240 474 1244 501">Illinois Administrative Code: Title 20, Chapter IX, Subchapter d, Part 2504 Discipline and Grievances</p> <p data-bbox="240 530 523 557">IDJJ Youth Grievance Form</p> <p data-bbox="240 586 443 613">Resident Handbook</p> <p data-bbox="240 645 1490 705">Policy IDJJ 04.01.114 Local Youth Grievance Procedures mandates that facility grievance policies shall include the following procedures regarding Sexual Abuse grievances:</p> <ol data-bbox="240 736 1490 1568" style="list-style-type: none"> <li data-bbox="240 736 1490 763">1) No time limit on when a resident may submit a grievance regarding an allegation of Sexual Abuse or sexual harassment.</li> <li data-bbox="240 792 1490 853">2) Residents have a right to submit grievances alleging Sexual Abuse to someone other than the staff member who is the subject of the complaint* Such grievance is also not referred to a staff member who is the subject of the complaint.</li> <li data-bbox="240 882 1490 976">3) Third parties (e.g. fellow residents, Employees, family members, attorneys, and outside advocates) may assist residents in filing requests for administrative remedies relating to allegations of Sexual Abuse and may file such requests on behalf of residents.</li> <li data-bbox="240 1005 1490 1135">4) The alleged victim must agree to have the request filed on his or her behalf; however, he/she is not required to personally pursue any subsequent steps in the administrative remedy process. If a parent or legal guardian of a resident files a Grievance regarding Sexual Abuse on behalf of the resident, the resident does not have to agree to have the request filed on his/her behalf.</li> <li data-bbox="240 1164 1490 1225">5) Residents are not required to use any informal grievance process or attempt to resolve with Employees an alleged incident of Sexual Abuse.</li> <li data-bbox="240 1254 1490 1348">7) A final decision shall be issued on the merits of any portion of the grievance alleging Sexual Abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by resident in preparing any administrative appeal.</li> <li data-bbox="240 1377 1490 1438">8) Facilities may claim an extension of time to respond (for good cause), of up to 70 days and shall notify the resident of the extension in writing.</li> <li data-bbox="240 1467 1490 1561">9) 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 may consider the absence of a response to be a denial at that level.</li> </ol> <p data-bbox="240 1592 517 1619">b. Emergency Grievances:</p> <ol data-bbox="240 1650 1490 1865" style="list-style-type: none"> <li data-bbox="240 1650 1490 1677">1) Residents may file an emergency grievance if he/she is subject to a substantial risk of imminent Sexual Abuse.</li> <li data-bbox="240 1706 1490 1767">2) After receiving an emergency grievance of this nature, the Facility Administrator or designee shall ensure that immediate corrective action is taken to protect the alleged victim.</li> <li data-bbox="240 1796 1490 1856">3) An initial response to the emergency grievance to the resident is required within 48 hours and a final decision shall be provided within five (5) calendar days.</li> </ol> <p data-bbox="240 1888 1437 1948">c. Residents may receive an intervention (i.e. counseling or a disciplinary report) for filing a grievance relating to alleged Sexual Abuse in bad faith.</p> <p data-bbox="240 1980 1469 2040">d. The PREA Compliance Manager shall receive copies of all grievances related to Sexual Abuse, Sexual Harassment or Sexual Activity, for monitoring purposes.</p> <p data-bbox="240 2072 1474 2132">The center provided a memo that there have been no allegations of sexual abuse or harassment received via the grievance process. There have been no emergency grievances filed. Compliance was determined by review of center policy, resident</p>



115.353	<p><b>Resident access to outside confidential support services and legal representation</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Youth Orientation Manual  Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program  AD - 04.01.301 Sexual Abuse and Harassment and Intervention Program  AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures  Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures  Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Youth  Policy IDJJ 04.01.304 Discrimination and Harassment of Youth  Institution Directive (ID) 20.525.003 Youth Telephone Privileges  Resilience Victim Advocacy Services  Illinois Ombudsman</p> <p>During the on-site audit, the Auditor reviewed the Memorandum of Understanding with the Resilience Victim Advocacy Services, located in Chicago, to provide outside confidential support services. Upon arrival each resident is provided with a copy of the Youth Orientation Handbook where a copy of the PREA posters listing the sexual abuse hotline phone number and the availability of advocacy services from The John Howard Association. Illinois has a Ombudsman that also provides emotional support with children that are sexual abused. The Auditor was able to determine through interviews with random staff and residents that residents are aware of how to access outside confidential support services in cases of sexual abuse and where the telephone numbers are located.</p> <p>Interviews with the Clinical Director and mental health staff confirmed that the facility is staffed with full time mental health professionals that are trained in crisis intervention and would provide resident with emotional support. When interviews the majority of the resident indicated that they would not use an advocacy program but would rely on their therapist of the clinical director in case of emotional support. Several of the residents indicated they visit with their respective therapist on a daily or weekly basis for emotional support outside of a sexual abuse or sexual harassment and would not want to talk to anyone outside their immediate treatment team in case of sexual abuse.</p> <p>Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and residents.</p>
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115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Youth Orientation Manual</p> <p data-bbox="229 416 1509 479">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="229 479 1509 542">AD - 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="229 542 1509 604">AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="229 604 1509 667">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="229 667 1509 730">Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex (LGBTQI) Youth</p> <p data-bbox="229 730 1509 792">Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="229 792 1509 855">IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="229 855 1509 918">Agency Website</p> <p data-bbox="229 918 1509 981">John Howard MOU</p> <p data-bbox="229 981 1509 1178">Policies, Youth Handbook, PREA Posters, PREA Brochure, and Child Abuse Hotline number meet the mandates of this standard. The posters, telephone numbers, and the Website <a href="https://www2.illinois.gov/idjj/Pages/default.aspx">https://www2.illinois.gov/idjj/Pages/default.aspx</a> assist third-party reporters in reporting allegations of sexual abuse/sexual harassment. A tour of the facility including the visitation room displayed posters for visitors to review and if requested offer visitors copies of the information on the posters. The residents 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. ICy - Chicago maintains two hotline reporting numbers for residents and staff.</p>

115.361	<p><b>Staff and agency reporting duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following policies, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p>Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p>AD - 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p>AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p>Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p>Agency Website</p> <p>John Howard MOU</p> <p>IYC- Chicago require all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Further, all staff must immediately report any knowledge, suspicion, or information regarding retaliation against clients or staff who reported an incident of sexual abuse or sexual harassment. The reporting is ordinarily made to the supervisor on site or PCM but could be made privately or to a third party. Policy requires the information concerning the identity of the alleged client victim and the specific facts of the case be shared with staff on a need-to-know basis, because of their involvement with the victim's welfare and/or the investigation of the incident. Policy mandates that Medical and Mental Health medical and mental health practitioners required to inform clients of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. IYC-Chicago has developed multiple methods for staff to make anonymous reports. The staff were also aware of the several ways they may report this information to the IYC-Chicago. The IDOC website has specific instruction for employees to report directly to IDJJ PREA coordinator or outside resource for anonymous reporting. Staff were also aware of the many ways to receive reports from clients, families, friends or other third parties. A review of established policy, websites and interviews with staff members support the finding that the facility compliance with this standard. Compliance was determined by the review of Policies, IDOC website and interviews with Medical Administrator, Mental Health Director, PCM, Staff, and Residents.</p>
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115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 394">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="229 394 1509 434">AD - 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="229 434 1509 474">AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="229 474 1509 515">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="229 515 1509 925">AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures and coordinated response plan requires following resident Report advises if an employee determines that a resident is subject to substantial risk of imminent sexual abuse, he/she will take immediate action to protect the alleged victim. Employees should assume that all reports of sexual victimization, regardless of the source of the report (e.g., "third party") are credible and respond accordingly. Only designated employees specified by policy should be informed of the incident in order to respect the victim's privacy, security, and identity. All allegations of sexual abuse shall be managed in a confidential manner throughout the investigation. All conversations and contact with the alleged victim should be sensitive, supportive, and nonjudgmental. Based on PAQ and statement of fact there have been no substantial risk of imminent sexual abuse.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following polices, directives, memorandum and agency or facility supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 1038 387">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 418 975 445">AD - 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 477 959 504">AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 535 1023 562">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 593 1469 786">AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures and coordinated response plan that any resident allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. Policy also requires that an investigation be initiated. In the past 12 months, there were no allegation from an residents that he/she was sexually abuse or harassed while confined at another facility. Compliance was determined through review agency and center policy and interviews with IPCM, Superintendent and Agency Head.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 1038 387">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 418 963 445">ID - 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 477 948 504">ID - 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="242 533 1023 560">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="242 591 1466 651">There was no allegations of sexual abuse during the last 12 months. There were no allegation that was reported in time for staff to preserve and protect the crime scene.</p> <p data-bbox="242 683 1497 1111">AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures establishes mandates for staff, volunteer, and contractor's role for resident allegation of sexual abuse. Policy and several documents (such as the PREA card provided to all staff-interviewed on how to respond to allegations of sexual assaults) provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. The policies and information provide direction to security staff, medical/mental health practitioners, investigators, staff and community victim advocates, the forensic examination service providers (SANE) and center leadership. Upon learning of an allegation of sexual assault first responders will immediately notify the nearest direct care staff member. The center will separate the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. First Responder direct care staff should attempt to make notifications to shift supervisor or appropriate staff with as much confidentiality as possible. An examination of policy/documentation, interview with all staff interviewed by auditor including education instructors and confirms compliance with this standard.</p>



115.365	<p><b>Coordinated response</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The following polices, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p>Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p>ID - 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p>ID - 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p>Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p>LYC Chicago Coordinated Response Plan</p> <p>There was no allegations of sexual abuse during the last 12 months. There were no allegation that was reported in time for staff to preserve and protect the crime scene.</p> <p>AD - 04.01.302 Sexual Abuse and Harassment - Response Procedures establishes mandates for staff, volunteer, and contractor's role for resident allegation of sexual abuse. Policy and several documents (such as the PREA card provided to all staff-interviewed on how to respond to allegations of sexual assaults) provide initial guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse/sexual harassment. The policies and information provide direction to security staff, medical/mental health practitioners, investigators, staff and community victim advocates, the forensic examination service providers (SANE) and center leadership. Upon learning of an allegation of sexual assault first responders will immediately notify the nearest direct care staff member. The center will separate the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. First Responder direct care staff should attempt to make notifications to shift supervisor or appropriate staff with as much confidentiality as possible. During the on-site audit, the Superintendent and specialized staff confirmed during their interviews that they are aware of their duties as set forth in this standard. An examination of policy/documentation, interview with all staff interviewed by auditor including education instructors and confirms compliance with this standard.</p>
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115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 347">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="231 347 1508 414">State of Illinois and the American Federation of State, County, and Municipal Employees, Council 31</p> <p data-bbox="231 414 1508 564">The facility 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 determining whether and to what extent discipline is warranted. Staff interviews confirmed compliance with this standard.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 362 1038 387">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 418 963 443">ID - 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 474 948 499">ID - 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="242 530 1023 555">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="242 586 1490 817">ID - 04.01.302 Sexual Abuse and Harassment - Response Procedures establishes for protection to residents and employees against retaliation for reports of sexual abuse or harassment or cooperation with investigations. Allegations of retaliation shall be immediately reported to the site supervisor or designee. In instances where the supervisor is believed to be involved in the retaliation, the employee shall notify the supervisor or designee at the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA Compliance Manager shall monitor the conduct or treatment of any individual, youth or employee, who were involved in a reported incident, and shall act promptly to remedy any such retaliation. At IYC - Chicago the PCM and Facility Superintendent provide monitoring.</p> <p data-bbox="242 826 1481 952">Monitoring steps include reviewing group, or facility assignments, reviewing youth progress reports, periodic status checks with the youth, and performance reviews or reassignments of employees involved in the initial report or investigation. During the last 12 months there no allegation of sexual abuse that was monitored for retaliation. Compliance was determined by review of policy, retaliation monitoring forms, interview retaliation monitor and PREA Compliance Manager.</p>

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1458 331">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="244 360 1038 387">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="244 418 963 445">ID - 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="244 477 948 504">ID - 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="244 535 1023 562">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="244 593 1485 716">The facility does not use isolation or room confinement under any circumstances. Interview with the facility's Superintendent, residents and staff, the Auditor confirmed that the facility does not utilize protective custody or segregated housing. Compliance with this standard was determined through policy reviews, observations made during the on-site audit, and interviews with staff and residents.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p>Policy IDJJ 01.12.101 Employee Criminal Misconduct</p> <p>Policy IDJJ 01.12.101 Employee Criminal Misconduct</p> <p>ID 01.12.105 Reporting of Unusual Incident</p> <p>Policy IDJJ 04.01.302 Sexual Abuse and Harassment-Response Procedures</p> <p>Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p>Policy IDJJ 01.12.112 Preservation of Physical Evidence</p> <p>Policy IDJJ 01.12.115 Institutional Investigation Assignment</p> <p>ID 01.12.115 Institutional Investigation Assignment</p> <p>ID Reporting of Child Abuse and Neglect</p> <p>Policy IDJJ 01.12.120 Investigations of Unusual Incidents</p> <p>Policy IDJJ 01.12.135 Reporting of Child Abuse and Neglect</p> <p>Attorney Notification (examples)</p> <p>Illinois Administrative Code: Title 20, Chapter IX, Subchapter a, Part 2220 Rules of Conduct</p> <p>Policies and interviews address the components of this standard. Upon learning of an allegation of sexual assault first responders will immediately notify the nearest direct care staff member. The center will separate the victim and abuser; preserves and protects the crime scene; and if the incident occurred within the appropriate period for the collection of physical evidence, they will request that the alleged victim not take actions that could destroy physical evidence, to include washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. First Responder direct care staff should attempt to make notifications to shift supervisor or appropriate staff with as much confidentiality as possible. Policy mandate that each allegation of sexual abuse or sexual harassment will be investigated. According to the Superintendent, the facility fully cooperates with any outside agency that initiates an investigation. The Superintendent serves as the facility liaison and provides requested information to outside investigative agencies and access to the resident. The credibility of an alleged victim, suspect, or witness is assessed individually and is not determined by the person's status as a resident or staff. The agency does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation. During the last 12 months, there were no allegation of sexual harassment and/or sexual abuse. The Illinois State Police conducts all criminal investigations. The Superintendent initiates internal investigations and then forwarded them to the Agency Investigator for additional investigation. The facility utilizes a agency investigator to conduct administrative investigations due to not having a trained investigator at this time. Compliance with this standard was determined by a review of policy/documentation agency investigator, PREA coordinator and staff interviews.</p>

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 780 387">Policy IDJJ 01.12.101 Employee Criminal Misconduct</p> <p data-bbox="240 418 780 445">Policy IDJJ 01.12.101 Employee Criminal Misconduct</p> <p data-bbox="240 477 686 504">ID 01.12.105 Reporting of Unusual Incident</p> <p data-bbox="240 535 1010 562">Policy IDJJ 04.01.302 Sexual Abuse and Harassment-Response Procedures</p> <p data-bbox="240 593 873 620">Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="240 651 810 678">Policy IDJJ 01.12.112 Preservation of Physical Evidence</p> <p data-bbox="240 710 841 736">Policy IDJJ 01.12.115 Institutional Investigation Assignment</p> <p data-bbox="240 768 753 795">ID 01.12.115 Institutional Investigation Assignment</p> <p data-bbox="240 826 659 853">ID Reporting of Child Abuse and Neglect</p> <p data-bbox="240 884 817 911">Policy IDJJ 01.12.120 Investigations of Unusual Incidents</p> <p data-bbox="240 943 847 969">Policy IDJJ 01.12.135 Reporting of Child Abuse and Neglect</p> <p data-bbox="240 1001 564 1028">Attorney Notification (examples)</p> <p data-bbox="240 1059 1158 1086">Illinois Administrative Code: Title 20, Chapter IX, Subchapter a, Part 2220 Rules of Conduct</p> <p data-bbox="240 1117 1490 1205">Policy and interviews address the requirement of this standard. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated. When interviewed, the Investigator confirmed that he was aware of the evidence standard</p>

115.373	<b>Reporting to residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 780 389">Policy IDJJ 01.12.101 Employee Criminal Misconduct</p> <p data-bbox="242 418 780 448">Policy IDJJ 01.12.101 Employee Criminal Misconduct</p> <p data-bbox="242 477 684 506">ID 01.12.105 Reporting of Unusual Incident</p> <p data-bbox="242 535 1010 564">Policy IDJJ 04.01.302 Sexual Abuse and Harassment-Response Procedures</p> <p data-bbox="242 593 871 622">Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="242 651 809 680">Policy IDJJ 01.12.112 Preservation of Physical Evidence</p> <p data-bbox="242 710 839 739">Policy IDJJ 01.12.115 Institutional Investigation Assignment</p> <p data-bbox="242 768 751 797">ID 01.12.115 Institutional Investigation Assignment</p> <p data-bbox="242 826 871 855">Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="242 884 659 913">ID Reporting of Child Abuse and Neglect</p> <p data-bbox="242 943 817 972">Policy IDJJ 01.12.120 Investigations of Unusual Incidents</p> <p data-bbox="242 1001 847 1030">Policy IDJJ 01.12.135 Reporting of Child Abuse and Neglect</p> <p data-bbox="242 1059 564 1088">Attorney Notification (examples)</p> <p data-bbox="242 1117 1158 1146">Illinois Administrative Code: Title 20, Chapter IX, Subchapter a, Part 2220 Rules of Conduct</p> <p data-bbox="242 1176 1493 1630">At the conclusion of an investigation into allegation of sexual abuse or sexual harassment, policy requires the Superintendent to notify the resident who made the original allegation as to the determination of the investigation if the allegation has been determined to be substantiated, unsubstantiated, or unfounded. During the pre-audit, the Auditor was provided with a copy of the DJJ Form 0321 Report of Investigative Outcome form developed and implemented by the agency for the purpose of documenting any investigation and notification. The DJJ Form 0321 includes a signature line for the Superintendent, the investigating officer, and the resident where the parties acknowledge notification of the findings of the investigation, monitoring for retaliation, and the availability of mental health counselor. As of the date of the on-site audit, the facility reported in the past 12 months there has been one administrative investigation of alleged resident sexual abuse been completed by the agency at this facility. The Auditor reviewed the DJJ Form 0321 completed at the end of the investigation showing where the victim received notification of the results of the investigation. There were no investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months. There has not been any substantiated, unsubstantiated, or unfounded complaint of sexual abuse committed by a staff member against a resident in the past 12 months. Compliance with this standard was determined through policy reviews, review of documentation, and interviews with superentendebt and PREA complainc manager. .</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 1158 387">Illinois Administrative Code: Title 20, Chapter IX, Subchapter a, Part 2220 Rules of Conduct</p> <p data-bbox="240 418 767 445">Policy AD 01.12.101 Employee Criminal Misconduct</p> <p data-bbox="240 477 1075 504">Policy AD 03.01.307 Sexual Harassment, Unlawful Discrimination, and Harassment</p> <p data-bbox="240 535 935 562">CYC- Chicago ID 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="240 593 873 620">Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p data-bbox="240 651 657 678">Policy IDJJ 03.03.102 Employee Training</p> <p data-bbox="240 710 668 736">Policy IDJJ 03.01.310 Sexual Harassment</p> <p data-bbox="240 768 1493 992">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 were no allegations of a resident engaging in sexual activity with staff in the past 12 months. 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 any law enforcement or relevant professional/certifying/licensing agencies by the facility, unless the activity was not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews.</p>



115.377	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p>Illinois Administrative Code: Title 20, Chapter IX, Subchapter a, Part 2220 Rules of Conduct</p> <p>Policy AD 01.12.101 Employee Criminal Misconduct</p> <p>Policy AD 03.01.307 Sexual Harassment, Unlawful Discrimination, and Harassment</p> <p>ID 04.01.304 Discrimination and Harassment of Youth</p> <p>Policy IDJJ 04.01.304 Discrimination and Harassment of Youth</p> <p>Agency Volunteer Manual</p> <p>Volunteer Orientation Manual</p> <p>Volunteer Orientation Packet</p> <p>Policy IDJJ 03.01.310 Sexual Harassment</p> <p>Policy and interviews address the requirements of the standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and reported to the appropriate investigating agency, law enforcement, or relevant professional/licensing/certifying bodies unless the activity was not criminal in nature. In noncriminal cases, the IYC- Chicago would take appropriate remedial measures and consider prohibiting further contact with inmates. 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 reviewing policy and volunteer/contractor training files and volunteer/contractor and staff interviews. At the time of the audit, contractors and volunteers were available for interviews</p>

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 362 1158 392">Illinois Administrative Code: Title 20, Chapter IX, Subchapter a, Part 2220 Rules of Conduct</p> <p data-bbox="242 421 994 450">Policy AD 04.01.302 Sexual Abuse and Harassment Response Procedures</p> <p data-bbox="242 479 1010 508">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedure</p> <p data-bbox="242 537 1038 566">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 595 632 624">Policy IDJJ 04.01.140 Youth Discipline</p> <p data-bbox="242 654 652 683">Policy IDJJ 04.01.135 Youth Intervention</p> <p data-bbox="242 712 852 741">Policy IDJJ 04.01.115 Administrative Review Board Hearings</p> <p data-bbox="242 770 560 799">Resident Orientation Handbook</p> <p data-bbox="242 828 443 857">Resident Handbook</p> <p data-bbox="242 938 1490 1198">The facility may only sanction a resident for sexual assault or sexual misconduct following a thorough investigation and a due process hearing by the facility Adjustment Committee. The maximum sanction for sexual assault is one year loss of restriction or privileges, one year of good time revocation, and/or one year delay in recommendation to the Parole Board. Isolation or room confinement is not used as a sanction. Consensual sex of any nature is prohibited. Residents that sexually abuse or harass staff (not consensual) will be disciplined. The IYC – Chicago program does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. As of the date of the audit, the facility reported in the past 12 months there have been no administrative findings of resident-on-resident sexual abuse; and there have been no criminal findings of guilt for resident on-resident sexual abuse.</p> <p data-bbox="242 1232 1481 1422">The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse which does not consider whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions. The facility does not use isolation or room confinement as a punishment. Compliance with this standard was determined through policy reviews, review of documentation, observations made during the on-site audit, and interviews with staff and residents.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 360 619 387">Mental Health Intake Screening Form</p> <p data-bbox="242 418 1038 445">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 477 1023 504">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="242 535 1166 562">Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI)</p> <p data-bbox="242 593 869 620">Policy IDJJ 04.01.101 Non-Emergency Mental Health Services</p> <p data-bbox="242 651 821 678">Policy IDJJ 04.01.102 Emergency Mental Health Services</p> <p data-bbox="242 710 746 736">Policy IDJJ 04.01.103 Youth Health Care Services</p> <p data-bbox="242 768 911 795">Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria</p> <p data-bbox="242 826 719 853">Policy IDJJ 04.01.105 Youth Center Orientation</p> <p data-bbox="242 884 893 911">Policy AD 05.05.101 Youth Reception and Classification Process</p> <p data-bbox="242 943 654 969">IDJJ 0284 Mental Health Treatment Plan</p> <p data-bbox="242 1001 766 1028">IDJJ 0282 Mental Health Diagnostic Treatment Note</p> <p data-bbox="242 1059 746 1086">IDJJ 0283 Youth Clinical Mental Health Evaluation</p> <p data-bbox="242 1117 726 1144">IDJJ 0429 Screening Tool - Risk of Victimization</p> <p data-bbox="242 1176 849 1202">Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="242 1283 1490 1576">Upon arrival all resident are screened and assessed by a qualified staff member for their risk of being sexually abused or sexually harassed by other residents, or for being sexually abusive towards other residents. The initial screening for male residents is done at Reception and Classification at IYC St. Charles. Male residents who disclosed prior victimization during screening at are offered a follow-up meeting with a medical or mental health practitioner upon their arrival at the facility. Residents are not disciplined for refusing to answer PREA screening questions. The facility uses YASI, an objective checklist or template screening tool form. The YASI screening form addresses the items required by this standard. A Youth and Family Specialist review all relevant information from other facilities and continue to reassess when additional information is received within a day of the resident's arrival at the facility. Staff are required to offer a follow-up meeting with mental health staff within 14 days of initial screening.</p> <p data-bbox="242 1666 1481 1758">Mental Health Treatment Plan screening includes questions about prior sexual assault that are asked by the screening staff and medical staff during the initial health and safety assessment and again upon arrival at the facility for male residents. The DJJ 0284 includes a statement letting residents know that the mental health</p> <p data-bbox="242 1848 1484 2007">A consent form is provided for any resident 18 years of age or older. During the on-site audit, the Auditor reviewed a random sample of 10 files with completed medical and mental health logs and secondary materials. Interview with a Youth and Family Specialist also confirmed the use of the screening tool and reassessment which is usually completed within the first day of the arrival of the resident. Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff and residents.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following polices, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 850 387">Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 418 927 445">PTolicy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria</p> <p data-bbox="240 477 746 504">Policy IDJJ 04.01.103 Youth Health Care Services</p> <p data-bbox="240 535 821 562">Policy IDJJ 04.01.102 Emergency Mental Health Services</p> <p data-bbox="240 593 1040 620">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 651 1023 678">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 710 1169 736">Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI)</p> <p data-bbox="240 768 821 795">Policy IDJJ 04.01.102 Emergency Mental Health Services</p> <p data-bbox="240 826 746 853">Policy IDJJ 04.01.103 Youth Health Care Services</p> <p data-bbox="240 884 912 911">Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria</p> <p data-bbox="240 943 719 969">Policy IDJJ 04.01.105 Youth Center Orientation</p> <p data-bbox="240 1001 893 1028">Policy AD 05.05.101 Youth Reception and Classification Process</p> <p data-bbox="240 1059 746 1086">IDJJ 0283 Youth Clinical Mental Health Evaluation</p> <p data-bbox="240 1117 850 1144">Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 1176 1477 1462">Policy requires that any time a resident makes an allegation of sexual abuse a medical staff member and a mental health professional shall be immediately notified. If the sexual abuse is recent, reported within 48 hours of vaginal or anal sexual abuse or within 24 hours of oral sexual abuse, the resident shall be immediately transported to John H. Stroger, Jr. Hospital of Cook County for a forensic medical examination and treatment. Residents are referred to Resilience Victim Advocates for mental health treatment. Staff are also trained to preserve any on-site evidence for criminal investigation. Residents are offered information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally acceptable standards of care, where medically appropriate. The treatment is offered at no financial costs to the resident irrespective of whether the victim/resident names the abuser or cooperates with any investigation arising from the incident.</p> <p data-bbox="240 1494 1485 1653">The facility has five (5) thearpist, a psychologist and part time psychiatrist to provide comprehensive mental health services and crisis intervention for the residents. I interviewing the residents they reported they would communicate with their mental health provider for reporting, emotional support, and provide them with information about past victimization. It was obvious in day to day interviews with staff and residents that he facility is a thearupitic program. Excced compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff and residents.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1458 331">The following polices, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 360 619 387">Mental Health Intake Screening Form</p> <p data-bbox="240 418 1038 445">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 477 1023 504">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 535 1166 562">Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI)</p> <p data-bbox="240 593 869 620">Policy IDJJ 04.01.101 Non-Emergency Mental Health Services</p> <p data-bbox="240 651 821 678">Policy IDJJ 04.01.102 Emergency Mental Health Services</p> <p data-bbox="240 710 746 736">Policy IDJJ 04.01.103 Youth Health Care Services</p> <p data-bbox="240 768 911 795">Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria</p> <p data-bbox="240 826 719 853">Policy IDJJ 04.01.105 Youth Center Orientation</p> <p data-bbox="240 884 893 911">Policy AD 05.05.101 Youth Reception and Classification Process</p> <p data-bbox="240 943 651 969">IDJJ 0284 Mental Health Treatment Plan</p> <p data-bbox="240 1001 766 1028">IDJJ 0282 Mental Health Diagnostic Treatment Note</p> <p data-bbox="240 1059 746 1086">IDJJ 0283 Youth Clinical Mental Health Evaluation</p> <p data-bbox="240 1117 726 1144">IDJJ 0429 Screening Tool - Risk of Victimization</p> <p data-bbox="240 1176 849 1202">Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 1234 1458 1294">The following polices, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="240 1326 849 1352">Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting</p> <p data-bbox="240 1384 911 1411">Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria</p> <p data-bbox="240 1442 746 1469">Policy IDJJ 04.01.103 Youth Health Care Services</p> <p data-bbox="240 1500 821 1527">Policy IDJJ 04.01.102 Emergency Mental Health Services</p> <p data-bbox="240 1559 1038 1585">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="240 1617 1023 1644">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="240 1675 1166 1702">Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI)</p> <p data-bbox="240 1733 821 1760">Policy IDJJ 04.01.102 Emergency Mental Health Services</p> <p data-bbox="240 1792 746 1818">Policy IDJJ 04.01.103 Youth Health Care Services</p> <p data-bbox="240 1850 911 1877">Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria</p> <p data-bbox="240 1908 719 1935">Policy IDJJ 04.01.105 Youth Center Orientation</p> <p data-bbox="240 1966 893 1993">Policy AD 05.05.101 Youth Reception and Classification Process</p> <p data-bbox="240 2024 746 2051">IDJJ 0283 Youth Clinical Mental Health Evaluation</p> <p data-bbox="240 2083 528 2110">Coordinated Response Plan</p> <p data-bbox="240 2141 1426 2168">IYC – Chicago coordinate services with juvenile community programs that are associated with the Agency and with the</p>

community. Part of the program at IYC is follow up services with local community stakeholders. The coordinate response plan Coordinated Response plan requires ongoing medical and mental health care for sexual abuse victims and abusers. Additionally, the policy requires the facility to offer medical and mental health evaluations and appropriate follow-up treatment. Victims of sexual abuse will be transported to John H. Stroger, Jr. Hospital of Cook County where they will receive treatment and where physical evidence can be gathered by a certified SANE medical examiner. There have been no investigations of alleged resident's sexual assault that required medical intervention in the past twelve (12) months. There is a process in place to ensure medical and mental health staff track on-going medical and mental health services for victims who may have been sexually abused. The medical and mental health staff have a protocol in place to assist residents and their families upon discharge the custody of IDJJ to continue services if needed. Residents are provided services from the Illinois Ombudsman and the Resilience Victime Advocates upon leaving the center. Compliance was determined by review of the policy, coordinated response plan and interviews with Mental Health and Medical staff.

115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 362 1038 389">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 421 1023 448">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="242 479 877 506">PREA Sexual Abuse Incident Review team meeting (no review)</p> <p data-bbox="242 537 1485 763">Policy states that the facility shall conduct a sexual abuse incident review of every sexual abuse investigation, except that have been determined to be unfounded. During the on-site audit, the Auditor was provided with a copy of the facility's Sexual Abuse Incident Review form that is used by the incident review team. Interview with a members of the incident review team confirmed that an incident review team does convene and review each allegation of sexual abuse or sexual harassment, except those that have been determined to be unfounded, within 30 days of the completion of the investigative process. The Sexual Abuse Incident Review team reviews the incident to determine what may have led to the incident, specifically looking to see if there may be problems with policies, practices, physical barriers, staffing levels, and/or monitoring.</p> <p data-bbox="242 795 1477 987">The Auditor was informed that the agency and facility would implement the recommendations for improvement or document its reasons for not implementing the recommendations of the Sexual Abuse Incident Review team's report. The Agency Director reported that all investigations and incident reports, including unfounded investigations, are reviewed by the agency's Director, Assistant Director and PREA Compliance Coordinator looking for information in particular areas of the facility, shift problems, identification of areas and patterns, and they review all videos of the incidents looking for teachable moments and possible disciplinary actions against staff and youths.</p> <p data-bbox="242 1019 1469 1113">As of the date of the audit, the facility reported in the past 12 months had no criminal and/or administrative investigations of alleged sexual abuse has been completed at the facility. Compliance with this standard was determined through policy reviews, review of documentation, and interviews with specialized staff.</p>

115.387	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">The following policies, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="229 353 1509 416">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="229 416 1509 479">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="229 479 1509 542">2020 Illinois Department of Juvenile Justice PREA Report</p> <p data-bbox="229 542 1509 777">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program address the components of this standard. PREA Director has a data collection instrument to answer all questions for the U.S. Department of Justice Survey of Sexual Abuse Violence. A review of the 2020 annual report revealed it was completed and in accordance with this standard. The data collected is captured with a computer program entitled Youth 360; it includes the information necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. IDJJ aggregates and reviews all incident-based sexual abuse data annually. Upon request, IDJJ provides all data from the previous calendar year to the Department of Justice.</p>



115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p>Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p>2020 Illinois Department of Juvenile Justice PREA Report</p> <p>Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program address the components of this standard. A review of the 2020 annual report revealed it was completed and in accordance with this standard. The data collected is captured with a computer program entitled Youth 360. The report includes a comparison of the current year's data and corrective actions with data from previous years and provides an assessment of the agency's progress. The agency aggregates and reviews all data annually. IDJJ aggregates and reviews all incident-based sexual abuse data annually. Upon request, IDJJ provides all data from the previous calendar year to the Department of Justice.</p>

<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p>Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p>Policy IDJJ 01.05.105 Use of Computers</p> <p>Illinois Juvenile Justice Website: <a href="https://www2.illinois.gov/idjj/Pages/default.aspx">https://www2.illinois.gov/idjj/Pages/default.aspx</a></p> <p>2020 Illinois Department of Juvenile Justice PREA Report</p> <p>Policy and interviews address the components of this standard. IDJJ maintains sexual abuse data collected for at least ten years after the date of its initial collection. IDJJ monitors and makes available aggregated sexual abuse data from its facilities and contracted agency facilities on its website. That data can be found at <a href="https://www2.illinois.gov/idjj/Pages/default.aspx">https://www2.illinois.gov/idjj/Pages/default.aspx</a>. All personal identifiers are removed before the information is posted.</p>

115.401	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1458 331">The following polices, directives, memorandum and agency or center supplements were reviewed for compliance with this standard.</p> <p data-bbox="242 362 1038 387">Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program</p> <p data-bbox="242 421 1023 445">Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures</p> <p data-bbox="242 479 1485 672">This was the third PREA audit of this facility. The Auditor was allowed access to all facility areas and had access to all required supporting documentation. The Auditor was able to conduct private interviews with both residents and staff. All IDJJ facilities have received at least one PREA audit since August 20, 2012. At least one-third of all agency facilities were audited during the one-year period after August 20, 2012. The Auditor was provided supporting documentation before and during the audit. Notifications of the audit posted throughout the IYC - Chicago allowed residents to correspond confidentially with the Auditor before the audit. The Auditor received no confidential correspondence as a result of the audit postings at the facility.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The agency posted the PREA audit conducted by Sharon G. Robertson on June 23, 2017. Compliance was determined by review of the agency website and specifically by reviewing the audit that was completed in 2017.

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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)	<b>Supervision and monitoring</b>	
	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

<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	yes
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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)	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	no
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	no
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	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

<b>115.333 (b)</b>	<b>Resident education</b>	
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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
<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes



<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	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

<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (c)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	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?)	na
	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?)	na
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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?	no

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes



<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes



<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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.)	no
	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
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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