

PREA Facility Audit Report: Final

Name of Facility: Illinois Youth Center St. Charles

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 11/22/2021

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: SONYA LOVE	Date of Signature: 11/22/2021

AUDITOR INFORMATION	
Auditor name:	Love, Sonya
Email:	sonya.love57@outlook.com
Start Date of On-Site Audit:	08/18/2021
End Date of On-Site Audit:	11/19/2021

FACILITY INFORMATION	
Facility name:	Illinois Youth Center St. Charles
Facility physical address:	3825 Campton Hills Road, Street Charles, Illinois - 60175
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Dr. Kevin Whitson
Email Address:	Kevin.Whitson@illinois.gov
Telephone Number:	630-584-0506 ext

Superintendent/Director/Administrator	
Name:	John Albright
Email Address:	John.Albright@illinois.gov
Telephone Number:	630-584-0506 ext 15

Facility PREA Compliance Manager	
Name:	Kevin Whitson
Email Address:	kevin.whitson@illinois.gov
Telephone Number:	
Name:	Scott Shepard
Email Address:	scott.shepard@illinois.gov
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Shawn Storti
Email Address:	Shawn.Storti@illinois.gov
Telephone Number:	630-584-0506 1310

Facility Characteristics	
Designed facility capacity:	328
Current population of facility:	35
Average daily population for the past 12 months:	35
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14-20
Facility security levels/resident custody levels:	Medium
Number of staff currently employed at the facility who may have contact with residents:	340
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	29
Number of volunteers who have contact with residents, currently authorized to enter the facility:	72

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

Agency Chief Executive Officer Information:

Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information

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

Narrative:

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

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

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

The inmate rubrics list the required number by category of random, targeted residents, by facility type and population size, represents the absolute number of resident interviews was determined by the PREA Auditor Handbook, required inmate interviews, Table 1: Required Number of Inmate Interviews, page 50. The Auditor oversampled the resident population at St Charles to ensure that their all perspectives and experiences were adequately inclusive in the audit report of findings.

Days spent: 2

Observation:

The population has declined significantly. The staff to resident ration meet exceeds PREA Standards. The Illinois Youth Center - St. Charles is a Level 2 medium-security facility. It is unique as a facility because in addition to the general population program, the facility serves as a reception center, processing the majority of all male youth committed to IDJJ.

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.

St. Charles is a male facility. The population has declined significantly. The staff to resident ration meet exceeds PREA Standards. The Illinois Youth Center - St. Charles is a Level 2 medium-security facility. It is unique as a facility because in addition to the general population program, the facility serves as a reception center, processing the majority of all male youth committed to IDJJ.

During the intake process, youth are screened for mental health, substance abuse, and educational needs using a battery of validated screening and assessment tools including the MAYSI-2, YASI, TCU-Screen, GAIN, and clinical interviews. Youth also receive full physical examination.

Current educational opportunities include all classes required for 8th grade and high school graduation, a credit recovery program, and tutoring. Vocational programming will be offered in the near future. IYC St Charles has a vast volunteer network of over 100 volunteers from the local community who provide mentoring, tutoring and religious programs for all faiths. Some of the programs include Jump Start educational tutoring, Malachi Dads parenting group, TREC prayer group, Kane County Young Life Bible Studies, Kane County Torch Mentoring, and many others.

Youth are provided opportunities to visit with extended family and non-relative visits. They are also eligible to earn additional rewards such as increased phone calls, increased commissary privileges, increased recreation on the living units and attendance at special programs. Youth are also offered the opportunity to hold jobs at the facility. Youth jobs include dietary, warehouse, stores, clean-up details, and working with maintenance.

Physical Plant:

52 buildings

Staff Positions Types

Administrative Custody

Noncustody-specialized (Such as medical, mental health, substance abuse, operations, intake, and foodservice)

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	0
Number of standards met:	43
Number of standards not met:	0

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

Corrective Action:

115.352 Exhaustion of Administrative Remedies

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>nstitutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.103 Youth Health Care Services, Policy IDJJ 04.01.102 Emergency Mental Health Services, Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria, Policy IDJJ 04.01.105 Youth Center Orientation, IDJJ 0429 Screening Tool - Risk of Victimization, Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting, IDJJ Risk of Victimization Screening Tool (SA0002), training curriculum "The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures, address PREA Standards.</p> <p>115.311 (a) Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment, Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure addresses Standard 115.311. By examination the Auditor determined that Illinois Department of Juvenile Justice, has a zero-tolerance policy against sexual abuse which mandates the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The written policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>115.311 (b) Illinois Department of Juvenile Justice has a designated agency wide PREA Coordinator. The designated agency PREA Coordinator position is in the upper level of the agency organizational hierarchy. The Auditor interviewed the agency PREA Coordinator. The PREA Coordinator confirmed that he had sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all its facilities.</p> <p>115.311 (c) Illinois Department of Juvenile Justice operates more than one facility. According to the PREA Coordinator, each facility has designated a PREA Compliance Manager. The Auditor interviewed the PREA Compliance Manager for Illinois Youth Center St. Charles. At St. Charles the agency identified the Treatment Unit Administrator as the PREA Compliance Manager. He confirmed during his interview that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interviews with the PREA Coordinator • Interviews with the PREA Compliance Manager • Interviews with the Superintendent

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Illinois Department of Juvenile Justice has not entered or renewed a contract for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. This standard does not apply to the agency.</p> <p>Evidence relied upon to make auditor determination:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Interviews with PREA Coordinator

115.313	Supervision and monitoring
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1453 362">Illinois Department of Juvenile Justice has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment is addressed in Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention addresses Standard</p> <p data-bbox="240 452 1465 645">115.313 (a) The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. According to the PREA Compliance Manager St. Charles has a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. Problematic, the staffing plan was not provided as evidence of compliance. The Auditor was unable to determine compliance this standard requires a corrective action.</p> <p data-bbox="240 734 1477 860">115.313 (b) The agency PREA Coordinator and PREA Compliance Manager each indicate that St. Charles confirmed that the facility complies with the staffing plan except during limited and discrete exigent circumstances. In circumstances where the staffing plan is not complied with, the facility documents all deviations from the staffing plan. The Auditor was unable to determine compliance this standard requires corrective action.</p> <p data-bbox="240 949 1485 1173">115.313 (c) The agency PREA Coordinator and PREA Compliance Manager each confirmed that facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances. The facility population is significantly lower than the designated population of 328. On the first day of the facility audit the population of male residents was 39. The facility tour confirmed adequate staffing throughout the facility of daytime security staff ratios of a minimum of 1:8 during waking hours. According to the PAQ, in the past 12 months by the PREA Compliance during the audit, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was zero.</p> <p data-bbox="240 1263 1490 1590">According to the agency PREA Coordinator and PREA Compliance Manager the facility maintains security staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances. The Auditor reviewed staff schedules from was determined by review of staff schedules for the weeks of January 10, 2021, all shifts, April 18, 2021, all shifts, December 27, 2020, July 19, 2020, September 20, 2020, and October 25, 2020, to determine compliance. During interviews with agency PREA Coordinator and PREA Compliance Manager who conduct unannounced rounds each confirmed that the facility documents any limited and discrete exigent circumstances during which the facility did not maintain staff ratios and ensures only security staff are included when calculating these ratio minimums. According to the PAQ as confirmed by the PREA Compliance Manager during the audit, in the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours. The facility is not obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this Standard 115.313.</p> <p data-bbox="240 1680 1457 1805">115.313 (d) The agency has a directive which mandates for each facility to annually review its staffing plan with the PREA Coordinator. In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to this standard. The Auditor found no evidence of any consultation as mandated in 115.313 (d).</p> <p data-bbox="240 1895 1490 2020">The agency has a directive which mandates for each facility to annually review its staffing plan with the PREA Coordinator. In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns. The Auditor found no evidence of any consultation as mandated in 115.313 (d).</p> <p data-bbox="240 2110 1465 2136">The agency has a directive which mandates for each facility to annually review its staffing plan with the PREA Coordinator.</p>

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies. The Auditor found no evidence of any consultation as mandated in 115.313 (d).

The agency has a directive which mandates for each facility to annually review its staffing plan with the PREA Coordinator. In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan. The Auditor found no evidence of any consultation as mandated in 115.313 (d).

115.313 (e) The agency has a directive for each facility to implement 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. The Auditor interviewed (2) intermediate or higher facility staff. Each confirmed the role and responsibility to conduct unannounced rounds to the identify and deter staff sexual abuse and sexual harassment. Unannounced rounds are documented in the unit logbooks. Staff are prohibited from alerting other staff that supervisor are conducting unannounced rounds. St Charles has a policy and practice of conducting unannounced rounds for night shifts as well as day shifts unless such announcement is related to the legitimate operational functions of the facility.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention
- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Superintendent's Bulletin 2019-01, Unannounced Rounds, dated April 22, 2019
- Auditor review of files of unannounced rounds
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- Interviews with staff (random)
- Custody scheduling roster for week of January 10, 2021, all shifts, April 18, 2021, all shifts, December 27, 2020, July 19, 2020, September 20, 2020, October 25, 2020.
- Duty Administrative Officer Inspection Tour Log/IYC, March 13, 2021, unannounced rounds
- Duty Administrative Officer Inspection Tour Log/IYC, January 1, 2021, unannounced rounds
- Duty Administrative Officer Inspection Tour Log/IYC, March 27, 2021, unannounced rounds
- Duty Administrative Officer Inspection Tour Log/IYC, April 24, 2021, unannounced rounds[SL2]
- Duty Administrative Officer Inspection Tour Log/IYC, May 29, 2021, unannounced rounds
- Duty Administrative Officer Inspection Tour Log/IYC, June 2, 2021, unannounced rounds

Corrective Action

The agency PREA Coordinator provide the Auditor with a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, the staffing plan will take into consideration: Generally accepted juvenile detention and correctional/secure residential practices, any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies ,any findings of inadequacy from internal or external oversight bodies, all components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated), the composition of the resident population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, any other relevant factors. The PREA Coordinator also provided evidence that the facility consulted with him regarding the staffing plan. Corrected

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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1481 398">Illinois Department of Juvenile Justice has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment is addressed in Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention and Institutional Directive 05.01.302 effective July 1, 2016, Prohibited Cross Gender Searches addresses Standard 115.315.</p> <p data-bbox="242 432 1489 591">115.215 (a) Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners. Directive 05.01.302 effective July 1, 2016, Prohibited Cross Gender Searches, pat-down searches are restricted to a resident's outer garments. Further, the searches are mandated to be conducted by the same gender staff as the resident except in exigent circumstances. A strip search is also mandated to be conducted by the same gender staff as the resident except in exigent circumstances.</p> <p data-bbox="242 624 1453 815">St. Charles has policies that enable inmates 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. The facility requires 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. The facility provides a transgender resident the ability to choose the gender of the staff who will conduct the pat-down search, strip, or body cavity search.</p> <p data-bbox="242 848 1489 1005">115.315 (b) The facility always refrains from conducting cross-gender pat-down searches in non-exigent circumstances, according to the PREA Compliance Manager. All random and targeted resident interviewed denied being pat searched by opposite gender custody staff. All random and targeted resident interviewed denied being strip-searched by opposite gender custody staff. All random and targeted resident interviewed denied being subjected to a body-cavity searched by custody staff.</p> <p data-bbox="242 1039 1477 1232">Staff (random and specialized) interviewed detailed the facility requirements for conducting cross gender strip searches and pat searches based on Institutional Directive 05.01.302 effective July 1, 2016, Prohibited Cross Gender Searches. More, custody staff sampled confirmed that they refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the inmate's genital status. An inmate's genital status could be learned during conversations with the inmate, by reviewing medical records by a medical practitioner, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p> <p data-bbox="242 1265 1489 1355">115.315 (c) St. Charles documents and justify all cross-gender strip searches and cross-gender visual body cavity searches. The facility would document all cross-gender pat-down searches. Zero cross-gender searches were documented in the past 12 month period.</p> <p data-bbox="242 1388 1489 1516">115.315 (d) St. Charles has a policy (Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention) that enables a resident to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.</p> <p data-bbox="242 1550 1481 1677">St. Charles has an administrative directive (Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure) that enables a resident to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.</p> <p data-bbox="242 1711 1477 1834">St. Charles requires staff of the opposite gender to announce their presence when entering a resident housing unit. All interviews with random and specialized staff confirmed an understanding of the agency/facility mandate for opposite gender to announce their presence when entering a resident housing unit. Likewise, interviews with random and targeted residents confirmed that opposite gender staff announce their presence when entering a resident housing unit.</p> <p data-bbox="242 1868 1481 2157">115.315 (e) St. Charles practice and procedure of always refraining from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status, was confirmed through interviews with random and specialized staff. During this audit zero intersex or transgender residents were placed in this facility. Zero such searches have occurred in the past 12-month period according to investigative reports. Interviews with random and specialized staff confirmed that all staff understand and would adhere to the agency's mandate which prohibits searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. Further, all staff indicated that if a resident's genital status is unknown, the facility can determine a genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner.</p>

115.315 (f) Illinois Department of Juvenile Justice/St. Charles PAQ indicates that the percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs was zero. Illinois Department of Juvenile Justice has a policy that prohibits cross-gender searches. The Auditor will seek clarification on Standard 115.315 (f). This standard requires corrective action.

Illinois Department of Juvenile Justice/St. Charles is mandated by policy to train all 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. This standard requires corrective action. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents were zero.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention
- Institutional Directive 05.01.302 effective July 1, 2016, Prohibited Cross Gender Searches
- Interviews with residents (random and targeted)
- Interviews with staff (random and specialized)
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance
- Facility tour and observations

Corrective Action:

St Charles will train or provide evidence that current training for custody staff includes training on 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. The Auditor was provided evidence of cross gender training in the Annual Staff Training Curriculum obtained from Warrenville in the form of Fiscal Year 2021 Annual Mandatory Training Curriculum, dated 5/21/2020, includes PREA Response Plan, AD 01.12.135 Reporting of Child Abuse and neglect, CANTS form, AD 95.01.113 Routine Searches of Youth, Standards of Conduct, ID and AD 04.03.108 Response to Medical Emergencies and PREA Mandated Reporter. and Annual Training PPT, Welcome to LGBTIQ Annual Training. **Corrected**

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 387 1453 479">Illinois Department of Juvenile Justice has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment is addressed in Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention is designed to address Standard 115.316.</p> <p data-bbox="240 568 1469 694">115.316 (a) Illinois Department of Juvenile Justice takes appropriate steps by providing written PREA related material to ensure that a resident with a disability has an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including residents who are deaf or hard of hearing.</p> <p data-bbox="240 784 1489 909">Illinois Department of Juvenile Justice takes appropriate steps to ensure that all residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including residents who are blind or have low vision by providing staff readers to assist residents with this disability.</p> <p data-bbox="240 999 1489 1191">Illinois Department of Juvenile Justice takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including residents who have intellectual disabilities by ensuring that to the extent possible mental health practitioners and counselors assist residents with intellectual disabilities by providing appropriate education to allow residents in this vulnerable category have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 1281 1489 1442">St. Charles has employed staff who can serve as interpreters for some LEP residents. Educators and counselors assist residents with limited reading skills participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Problematic, St. Charles failed to provide evidence of efforts to provide LEP residents speaking languages other than Spanish with interpretive services to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p data-bbox="240 1532 1489 1693">115.316 (b) problematic, Illinois Department of Juvenile Justice failed to provide evidence that reasonable steps have been taken to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. This standard requires additional evidence to determine compliance.</p> <p data-bbox="240 1783 1469 1908">115.316 (c) Illinois Department of Juvenile Justice and by extension St. Charles confirmed for the Auditor that the facility always refrains from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations.</p> <p data-bbox="240 1998 1489 2159">During random interviews (100%) facility staff confirmed that they always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.364, or the investigation of the inmate's allegations. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another</p>

interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations was confirmed by the PAQ and the PCM as zero. This standard requires additional information to determine compliance.

Evidence relied upon to make auditor determination:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment
- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Interviews with staff (random and specialized)
- Interviews with residents (random and targeted)
- Interviews with the PREA Coordinator
- Interviews with the PREA Compliance Manager
- PREA related information translated into Spanish to include PREA related information and brochures
- Auditor's observations during the facility tour

Corrective Action

115.316 (b) Problematic, Illinois Department of Juvenile Justice failed to provide evidence that reasonable steps have been taken to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. This standard requires additional evidence to determine compliance. The agency will take reasonable steps to provide verification that LEP languages include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

The agency provided evidence that through Wellpath (health services), Language Line Solutions interpreters are provided to assist a resident who is either LEP or disable. Further, the facility also employs a video phone for the deaf through Securus Connect US. Corrected

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 398">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure address Standard 115.317.</p> <p data-bbox="242 432 1493 656">115.317 (a) According to the PREA Coordinator and the Assistant Superintendent of Operations St. Charles/Illinois Department of Juvenile Justice prohibits the hiring or promotion of anyone who may have contact with residents who: 1). Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997), 2). has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, 3). has been civilly or administratively adjudicated to have engaged in the activity described in the question 1-3 located above.</p> <p data-bbox="242 689 1493 880">Further, the agency prohibits the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997), has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse, has been civilly or administratively adjudicated to have engaged in the activity described in the questions 1-3 immediately above.</p> <p data-bbox="242 913 1493 1003">115.317 (b) According to the PREA Coordinator, designated agency head, the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents, or whether to enlist the services of any contractor who may have contact with residents.</p> <p data-bbox="242 1037 1493 1227">115.317 (c) Before hiring new employees, who may have contact with residents, the agency performs a criminal background record check through the Illinois Department of Children and Family Services. Potential applicants authorize the Illinois Department of Children and Family Services (DFCS) to conduct a search for a history of child abuse and neglect using the Child Abuse Neglect Tracking System (CANTS). Moreover, Illinois Department of Juvenile Justice also conducts criminal history checks, driver's license checks, employment reference checks, administrative checks, education, and professional license checks before hiring new employees, who may have contact with residents.</p> <p data-bbox="242 1261 1493 1384">The Human Resource (HR) Representative was interviewed. The HR representative confirmed during the interview that before hiring new employees who may have contact with residents, the agency, consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p> <p data-bbox="242 1417 1493 1574">115.317 (d) Illinois Department of Juvenile Justice performs a criminal background record and a child abuse registry check before enlisting the services of any contractor who may have contact with residents, according to the HR representative and by examination of employment records. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.</p> <p data-bbox="242 1608 1493 1798">115.317 (e) Illinois Department of Juvenile Justice conducts criminal background records checks at least every five years on current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees as confirmed through examination of personnel records, CANTS and as confirmed by the HR representative. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.</p> <p data-bbox="242 1832 1493 2000">115.317 (f) Illinois Department of Juvenile Justice asks all applicants and employees who may have contact with residents directly about previous misconduct described in Standard 115.317 (a) in written applications or interviews for hiring or promotions as confirmed through examination of personnel records, CANTS and as confirmed by the HR representative. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.</p> <p data-bbox="242 2033 1493 2157">Illinois Department of Juvenile Justice imposes upon all employees a continuing affirmative duty to disclose any such misconduct, as confirmed through examination of personnel records, CANTS, and as confirmed by the HR representative. Background checks must be successfully passed before individuals will be approved for hire or for promotions. A tracking system is in place to ensure that updated background checks are conducted every five years.</p>

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

Policy, Materials, Interviews and Other Evidence Reviewed

- Pre-Audit Questionnaire
- Interview with the PREA Coordinator/designated head of the agency
- Interview with an HR representative
- Examination of employment files (6) in the past 12 months (new hires)
- Examination of criminal background checks (CANTS)

Corrective action:

St Charles will provide documented evidence that CANTS was conducted on all employees hires in the past 12 months.

Corrected.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1465 398">115.318 (a) Illinois Department of Juvenile Justice in the planning, designed or acquiring of any new facility or planned any substantial expansion or modification of existing facilities, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse, according to the PREA Coordinator/designated agency head</p> <p data-bbox="240 432 1485 656">115.318 (b) Illinois Department of Juvenile Justice has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse, according to the PREA Coordinator. Any future installs or updating of video monitoring systems would include consideration for how much consider how such technology may enhance the agency's ability to protect residents from sexual abuse. Policies and interviews confirm compliance with this standard. The IYCSC utilizes a video camera system for video surveillance. Cameras are placed strategically locations throughout the facility to ensure the sexual safety and security management of residents and staff alike.</p> <p data-bbox="240 689 1490 779">115.318 (b) The PREA Coordinator confirmed during his interview that if the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, the agency would consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="240 813 871 840">Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul data-bbox="240 869 943 954" style="list-style-type: none"> <li data-bbox="240 869 504 896">• Pre-Audit Questionnaire <li data-bbox="240 925 943 954">• Interview with the PREA Coordinator/designated head of the agency

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 398">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure address Standard 115.321.</p> <p data-bbox="242 432 1453 656">115.321 (a) The agency is responsible for initial first responders' protocol into allegations of sexual abuse (including resident-on-resident sexual abuse or staff sexual misconduct), the PREA Coordinator and the Chief Investigator each confirmed during separate interviews that the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The facility conducts administrative investigations. The Illinois Department of Corrections and where applicable the Illinois State Police are responsible for conducting sexual abuse investigations into (including resident-on-resident sexual abuse or staff sexual misconduct) potentially criminal behavior.</p> <p data-bbox="242 689 959 716">115.321 (b)-1 The protocol is developmentally appropriate for residents.</p> <p data-bbox="242 750 1485 907">115.321 (b)-2 The protocol utilized by the agency was adapted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011, as confirmed during an interview with the Chief Investigator for Warrenville and St Charles. All staff members have been trained in the evidence protocol.</p> <p data-bbox="242 940 1485 1068">115.321 (c)-1 St. Charles offers all residents who experience sexual abuse access to forensic medical examinations. Interviews with random and specialized staff confirmed that St Charles operates an medical infirmary to serve residents of the facility. Forensic medical examinations are conducted off-site at Delnor Hospital. Northwestern Medicine Delnor Hospital is an acute-care facility in Geneva, Illinois.</p> <p data-bbox="242 1102 1477 1229">115.321 (c)-2 Interviews with medical and mental health practitioners confirmed that St. Charles offers all residents who experience sexual abuse access to forensic medical examinations at Delnor Hospital. Onsite the facility would triage and stabilize a resident for life threatening injuries then transfer the victim of alleged abuse to Delnor Hospital for an examination by a SANE/SAFE examiner.</p> <p data-bbox="242 1263 1458 1321">115.321 (c)-3 The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility</p> <p data-bbox="242 1355 1477 1579">115.321 (c)-4 Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure confirm that the agency has policies which indicate that a resident of sexual abuse would be offered a forensic medical examinations without financial cost to the victim. The Auditor also interviewed the PREA Coordinator who also confirmed that a resident of sexual abuse would be offered a forensic medical examination without financial cost to the victim as indicated in the PAQ.</p> <p data-bbox="242 1612 1453 1700">115.321 (c)-5 The PREA Compliance Manager confirmed during his interview that where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) at Northwestern Medicine Delnor Hospital is an acute-care facility in Geneva, Illinois.</p> <p data-bbox="242 1733 1422 1792">115.321 (c)-6 When SANEs or SAFEs is not available, Delnor Hospital would utilize a qualified medical practitioner to perform the forensic medical examination.</p> <p data-bbox="242 1825 1477 1912">115.321 (c)-8 According to the PREA Compliance Manager and as confirmed in the PAQ the number of forensic medical exams conducted during the past 12 months was zero. Review of investigative reports support zero forensic medical exams in the past 12 months.</p> <p data-bbox="242 1946 1461 2004">115.321 (c)-9 According to the PREA Compliance Manager the number of exams performed by SANEs/SAFEs during the past 12 months was zero. Review of investigative reports support zero forensic medical exams in the past 12 months.</p> <p data-bbox="242 2038 1422 2125">115.321 (c)-10 Likewise, according to the PREA Compliance Manager the number of exams performed by a qualified medical practitioner during the past 12 months was zero. Review of investigative reports support zero forensic medical exams in the past 12 months.</p>

115.321 (d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. Illinois Youth Center has a Mutual Service Agreement with, Gretchen S. Vapnar Community Crisis Center, dated May 25, 2021, Crisis Line: 847-697-2380, PO Box 1390 Elgin, IL 60121-1390. The Hotline number is posted on all living unit.

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

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

115.321 (f)-1 The agency/facility is responsible for administrative investigations. The Illinois State Police conducts investigations into sexual abuse that are potentially criminal.

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention
- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Coordinator
- Interview with the PREA Compliance Manager/Mental Health Practitioner
- Interview with a Medical Practitioner
- Interview with the Superintendent
- Illinois Youth Center Mutual Service Agreement, Gretchen S. Vapnar Community Crisis Center, dated May 25, 2021, Crisis Line: 847-697-2380, PO Box 1390 Elgin, IL 60121-1390

115.322	Policies to ensure referrals of allegations for investigations
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 398">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure address Standard 115.322.</p> <p data-bbox="242 430 1369 490">115.322 (a)-1 By examination, the Auditor determined that Illinois Department of Juvenile Justice ensures that an administrative or criminal investigation are completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="242 521 1481 613">115.322 (a)-2 According to the PREA Coordinator and the Superintendent, in the past 12 months, the number of allegations of sexual abuse and sexual harassment that were received was 2. Documentation of reports of sexual abuse and harassment and documentation of investigations findings.</p> <p data-bbox="242 645 1474 739">115.322 (a)-3 According to the PREA Coordinator and the Superintendent in the past 12 months, the number of allegations resulting in an administrative investigation was 2. Documentation of reports of sexual abuse and harassment and documentation of investigative findings.</p> <p data-bbox="242 770 1393 862">115.322 (a)-4 The PREA Coordinator and the Superintendent confirmed that in the past 12 months, the number of allegations referred for criminal investigation was 1. Documentation of reports of sexual abuse and harassment and documentation of investigative findings were reviewed to determine compliance with this standard.</p> <p data-bbox="242 893 1490 1088">115.322 (b)-1 Illinois Department of Juvenile Justice has a policy, institutional and administrative directives that require allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency has a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.</p> <p data-bbox="242 1120 1469 1211">15.322 (b)-2 The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The agency website provides information regarding criminal investigation upon request to the PREA Coordinator.</p> <p data-bbox="242 1243 1461 1335">115.322 (b)-3 The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. Documentation of reports of sexual abuse and harassment and documentation of investigative findings were reviewed to determine compliance with this standard.</p> <p data-bbox="242 1366 879 1395">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1426 1485 2114" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Illinois Department of Juvenile Justice, internet search • Interview with the PREA Coordinator/designated head of the agency • Review of investigations • Interview with the PREA Compliance Manager/Mental Health Practitioner • Interview with a Medical Practitioner • Interview with the Superintendent

115.331	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities all address Standard 115.331.</p> <p data-bbox="242 465 1493 723">115.331 (a) Illinois Department of Juvenile Justice trains all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment. The training curriculum examined includes topic such as staff responsibilities under the agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, residents’ right to be free from sexual abuse and sexual harassment, residents and employees right to be free from retaliation for reporting sexual abuse and sexual harassment, the dynamics of sexual abuse and sexual harassment in juvenile facilities, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p data-bbox="242 757 1493 918">115.331 (b) “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, is tailored to the unique needs, attributes, and gender of residents of juvenile facilities. New employees transferring from other facilities within the agency receive additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. During the facility audits the Auditor interviewed a new employee transferring from St. Charles to Warrenville undergoing PREA training specific to the facility.</p> <p data-bbox="242 952 1493 1176">115.331 (c) Random and specialized staff interviewed during the onsite portion of the audit indicated that they received PREA related training from the agency. Further, all random and specialized staff sampled confirmed that the agency provides each employee with refresher training at least every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. According to the PREA Compliance Manager, St Charles provides ongoing PREA training to staff via emails, staff briefing, posters, and specific training to address a compliance issue if necessary. All staff sampled receive training annually and the curriculum includes PREA requirements as outlined in Standard 115.331.</p> <p data-bbox="242 1209 1493 1299">115.331 (d) Illinois Department of Juvenile Justice documents, through employee signature or electronic verification, that employees understand the training they have received. The Auditor reviewed the training curriculum, training sign-in sheets and other related training documentation.</p> <p data-bbox="242 1332 877 1359">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1393 1493 2139" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • SOGIE Training Curriculum Intern Academy Training • Custody refresher training, PREA Intervention dated March 29, 2021 • Custody refresher training, PREA Internal Reporting dated March 29, 2021 • Custody refresher training, Confidentiality dated March 29, 2021 • Custody refresher training, First Responders Duties dated March 29, 2021 • Random and specialized staff • Interview with the PREA Coordinator

- Review of training curriculum
- Interview with the PREA Compliance Manager/Mental Health Practitioner
- The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities
- Interview with random and specialized staff
- Sampled training records

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, Volunteer Zero Tolerance and Orientation Checklist all address Standard 115.332.</p> <p data-bbox="242 463 1457 555">115.332 (a) According to the PREA Compliance Manager, the Illinois Department of Juvenile Justice ensures that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures.</p> <p data-bbox="242 586 1473 813">115.332 (b) St. Charles volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents. By examination the Auditor determined that all contractors and volunteers sampled (2) received the PREA training, including the zero-tolerance policy, reporting, and responding requirements. The PREA training is documented and maintained on file. Copies of training sign-in sheets and other related documents were reviewed at the facility by the Auditor. At the time of the audit, there were no volunteers or contractors available to be interviewed.</p> <p data-bbox="242 844 1420 904">115.332 (c) Illinois Department of Juvenile Justice/St Charles maintains documentation confirming that volunteers and contractors understand the PREA training and orientation they have received by the facility.</p> <p data-bbox="242 936 879 963">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 994 1485 1397" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Volunteer Zero Tolerance and Orientation Checklist sampled (2)

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, DJJ Youth Orientation Handbook all address Standard 115.333.</p> <p data-bbox="240 461 1485 723">115.333 (a) During the intake and orientation process, St. Charles residents receive PREA related information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment. Random and targeted residents (19) confirmed receiving PREA related information explaining how to report incidents or suspicions of sexual abuse or sexual harassment. Random and targeted residents (19) confirmed that the information was age-appropriate and delivered in a manner they understood. Residents detailed for the Auditor multiple methods of reporting sexual abuse and sexual harassment such as submitting a request slip, filing a grievance, telling a trusted staff member or a friend to call the report line. Likewise, residents, family and friends can contact the Ombudsperson using the Securus phones located on each living unit.</p> <p data-bbox="240 752 1474 913">115.333 (b) St Charles has task a staff person with the responsibility to conduct resident education within 10 days of intake, by examination the Auditor determined that Illinois Department of Juvenile Justice provides age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment, their rights to be free from retaliation for reporting such incidents, agency policies and procedures for responding to allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 943 1469 1070">115.333 (c) Interviews with random and targeted residents confirmed receiving the comprehensive education referenced in Standard 115.333(b). The Auditor interviewed the facility Intake Counselor who confirmed that she provides all residents placed or transferred to St Charles with orientation and PREA related education within 10 days of intake but ordinarily the same or next business day.</p> <p data-bbox="240 1099 1474 1196">115.333 (d) According to the Intake Counselor, Illinois Department of Juvenile Justice provides resident education in a format accessible to all residents including those who are: Limited English proficient, hard of hearing, deaf visually impaired or otherwise impaired through, if necessary, use of an interpretive language line.</p> <p data-bbox="240 1225 1474 1352">115.333 (e) Illinois Department of Juvenile Justice and by extension St Charles maintains documentation of resident participation in these all orientation and PREA education training sessions. Interviews with random and targeted residents confirmed receiving orientation and PREA related education with in 10 days of arrival or transfer to the facility conducted by the Intake Counselor in a age-appropriate format they understood.</p> <p data-bbox="240 1382 1474 1744">115.333 (f) During the facility tour the Auditor noted key PREA related information to include how to report, visible on all living units in English and Spanish visible to residents. Likewise, each resident has visible access to key information continuously using posters, notices, resident orientation handbook and other written platforms. PREA and informational posters offer a "Hotline" telephone number, which may be called to report sexual abuse or sexual harassment. Since the "Hotline" telephone number is an 800-toll-free number, residents are made aware during the orientation process that residents can report sexual abuse and sexual harassment to a trusted staff person but not the source of the victimization. The resident orientation handbook includes definitions of sexually abusive behavior and sexual harassment, prevention strategies. The same handbook contains other key information such as the grievance process (emergency grievances) information regarding access to Courts and Attorney, voting, facility rules, tier rule violations, LGBTQI rights and resources, mailing and telephone access information to the Illinois Juvenile Ombudsperson office in Chicago, Il., Department of Family and Children Services (800) 252-2873 and the National Sexual Abuse Hotline (800) 656-4673.</p> <p data-bbox="240 1774 879 1800">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1830 1485 2123" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response

- Superintendent Bulletin 2016-23 on Prevention and Abuse
- DJJ Youth Orientation Handbook
- Interview with Intake Staff
- Interview with random and targeted residents
- Facility tour
- PREA related posters
- Communication with the Juvenile Ombudsperson Office

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 235">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, address Standard 115.334.</p> <p data-bbox="242 463 1461 589">115.334 (a) Illinois Department of Juvenile Justice conducts administrative investigations. The Illinois State Police conducts criminal investigations for the agency. In addition to PREA general training provided to all employees pursuant to §115.331, Illinois Department of Juvenile Justice ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="242 620 1453 781">115.334 (b) An examination of the National Institute of Corrections, training curriculum for PREA: Investigating Sexual Abuse in a Confinement Setting includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Initial collection of information in a suspected PREA related incidents is conducted by the Chief Investigator. The Chief Investigator is assigned to Warrenville.</p> <p data-bbox="242 813 842 837">115.334 (d) the Auditor is not required to audit this provision</p> <p data-bbox="242 869 879 893">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 925 1485 1478" style="list-style-type: none"> <li data-bbox="242 925 536 949">• Pre-Audit Questionnaire <li data-bbox="242 981 1414 1005">• Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention <li data-bbox="242 1037 1422 1099">• Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures <li data-bbox="242 1131 1485 1155">• Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure <li data-bbox="242 1187 871 1211">• Superintendent Bulletin 2016-22 Sexual Abuse Response <li data-bbox="242 1243 876 1267">• Superintendent Bulletin 2016-23 on Prevention and Abuse <li data-bbox="242 1299 1461 1361">• Certificate of completion, D. Colbert-Mitchell, National Institute of Corrections, PREA; Investigating Sexual Abuse in a Confinement Setting, dated October 1, 2018. <li data-bbox="242 1393 1062 1417">• Internet search, National Institute of Corrections, PREA Training for Investigators <li data-bbox="242 1449 715 1473">• Interview with investigative staff (Warrenville)

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 398">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities, address Standard</p> <p data-bbox="242 432 1477 757">115.335 (a) By examination the Auditor confirmed that Illinois Department of Juvenile Justice ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. More, other training includes online specialized training for psychologists and victim advocacy training. The agency ensures all full and part-time medical and mental health practitioners, who work regularly in its facilities, have been trained according to the practitioner's status in the organization. All mental health and medical staff have received the required specialized training on victim identification, interviewing, reporting and clinical interventions. Medical and mental health practitioners interviewed during the onsite portion of the audit confirm completed general PREA education in addition to specialized training for medical and mental health practitioners.</p> <p data-bbox="242 790 1441 846">115.335 (b) St Charles medical practitioners do not conduct forensic examinations. All cases requiring the processing of sexual assault evidence collection kits are transported to the Delnor Hospital where a SANE is always available.</p> <p data-bbox="242 880 1485 1037">115.335 (c) Illinois Department of Juvenile Justice/St Charles maintains documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The Auditor examined (5) certifications of completion from the National Institute of Corrections, PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting. Interviews with medical and mental health practitioners confirmed awareness of their role and responsibilities regarding a PREA related incident.</p> <p data-bbox="242 1070 1490 1193">Policies, Annual Training Lesson Plan and PowerPoint Presentation address the mandates of this standard. Employees receive training annually and support documentation is on file. Medical and mental health care staff acknowledged, in writing, that they both received and understood the training, as it relates to the PREA. Interviews with medical and mental health staff confirmed awareness of their responsibilities regarding the PREA.</p> <p data-bbox="242 1227 1485 1350">115.335 (d) St Charles medical and mental health care practitioners employed by Illinois Department of Juvenile Justice also receive training mandated for employees by §115.331. Further, medical, and mental health care practitioners contracted by Illinois Department of Juvenile Justice or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332,</p> <p data-bbox="242 1384 879 1411">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1444 1485 2157" style="list-style-type: none"> <li data-bbox="242 1444 539 1471">• Pre-Audit Questionnaire <li data-bbox="242 1505 1417 1532">• Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention <li data-bbox="242 1565 1425 1621">• Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures <li data-bbox="242 1655 1485 1682">• Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure <li data-bbox="242 1715 871 1742">• Superintendent Bulletin 2016-22 Sexual Abuse Response <li data-bbox="242 1776 874 1803">• Superintendent Bulletin 2016-23 on Prevention and Abuse <li data-bbox="242 1836 1449 1892">• Internet search national Institute of Corrections, training lesson plan, PREA: Coordinators Role and Responsibilities, dated 7/23/2016 <li data-bbox="242 1926 1449 1982">• Certificate of Training, N. Miller dated 6/21/2021, Specialized Training by Carolyn Clark, Sexual Assault Coordinator, Community Crisis Center <li data-bbox="242 2016 1477 2072">• Certificate of Training, K. Whitson dated 7/23/2016, Specialized Training by Carolyn Clark, Sexual Assault Coordinator, Community Crisis Center <li data-bbox="242 2105 1469 2161">• Certificate of Training, C. Murphy dated 6/10/2021, Specialized Training by Carolyn Clark, Sexual Assault Coordinator, Community Crisis Center

- Certificate of Training, W. Eliea, MD, Murphy, Specialized Training by Carolyn Clark, Sexual Assault Coordinator, Community Crisis Center

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.341.</p> <p data-bbox="240 465 1493 624">115.341 (a) Within 72 hours of the resident’s arrival at St Charles, Illinois Department of Juvenile Justice obtains and uses information about each resident’s personal history and behavior to reduce risk of sexual abuse or sexual abusive behavior. Information is also periodically updated as needed throughout a resident’s confinement. Interviews with random and targeted resident (19) sampled during the onsite audit confirmed participating in a risk screening for victimization or abusiveness during the intake process within 72 hours of their arrival; though, they are routinely screened on the day of arrival.</p> <p data-bbox="240 658 1493 716">115.341 (b) By examination the Auditor determined that Illinois Department of Juvenile Justice PREA screening assessments are conducted using an objective screening instrument.</p> <p data-bbox="240 750 1493 1173">115.341 (c) The PREA screening assessments, at a minimum, considers: Prior sexual victimization or abusiveness, survey any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse, current charges and criminogenic history, age of the resident, level of emotional and cognitive development, physical size and stature, history of mental illness or mental disabilities, any history of intellectual, developmental or physical disabilities, a residents’ own perception of vulnerability, and any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents. Risk management staff review all relevant pre-sentence documentation and information from other confinement facilities and reassess a resident’s risk level, as necessary, within 30 days of arrival. Agency policy prohibits residents from being disciplined for refusing to answer, or for not disclosing complete information in response to questions regarding their mental/physical health, developmental disability, sexual preferences, sexual victimization history and perception of vulnerability to inform program, bed assignment, education with the goal of keeping residents at a high risk of being sexually abused/sexually harassed separate from those residents who are at a high risk of being sexually abusive. Housing and program assignments are made on a case-by-case basis.</p> <p data-bbox="240 1207 1493 1464">115.341 (d) PREA screening assessments and risk of victimization and abusiveness if ascertained through conversations with the resident during the intake process and medical mental health screenings. Random and targeted residents sample confirmed that risk management staff ascertain information through conversation, during the classification assessment, court records, case files, behavioral records, or other relevant documentation from the resident’s Master Record File. Random and targeted residents(19) sample confirmed that risk management staff indicated that risk management staff were professional and respectful and considered they’re on views of vulnerability and sexual identity on a case-by-case basis. Interviews with risk management staff and a random review of risk screening assessments support the finding that the facility follows this standard.</p> <p data-bbox="240 1498 1493 1590">115.341 (e) According to the PREA Compliance Manager and PREA Coordinator, personal identifying and sensitive information dissemination is limited and controlled to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.</p> <p data-bbox="240 1624 879 1650">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1684 1493 2136" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Mental Health Protocol Manual

- Mental Health Risk Victimization Screening Tool
- Mental Health Intake Assessment Form
- Bunk Issue Form
- Interviews with random and targeted residents
- Interview with risk management staff

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.342.</p> <p data-bbox="242 463 1489 656">115.342 (a) According to the PREA Compliance Manager, Illinois Department of Juvenile Justice uses all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing, bed, work, education and program assignments. Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. From the information provided by the facility, there were zero residents who self-identified as being bisexual, gay, transgender or intersex, 2 cognitive-emotional 2 vulnerable developmental disabilities during the onsite audit.</p> <p data-bbox="242 687 1477 947">115.342 (b) According to the PREA Compliance Manager/Mental Health Practitioner residents are isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. During the facility audit zero residents were in isolation. During any period of isolation, Illinois Department of Juvenile Justice/St Charles always refrain from denying residents daily large-muscle exercise, denying residents any legally required educational programming or special education services. Further, Health Administrator interviewed confirmed that medical practitioner conducts daily visits to residents in isolation. The PREA Coordinator/ Mental Health Practitioner also confirmed that treatment staff conducts daily visits to residents in isolation. Residents in isolation also have access to other programs with a very limited work opportunity.</p> <p data-bbox="242 978 1473 1274">115.342 (c) Illinois Department of Juvenile Justice/St Charles always refrain always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status. Housing and program assignments are made on a case-by-case basis and residents are not placed in housing units based solely on their sexual identification or status. From the information provided by the facility, there were zero residents who self-identified as being bisexual, gay, transgender or intersex, 2 cognitive-emotional 2 vulnerable developmental disabilities during the onsite audit. According to the PREA Compliance Manager the agency always refrains from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status, refrains from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive.</p> <p data-bbox="242 1305 1493 1632">115.342 (d) During his interview the PREA Coordinator/ designated agency head confirmed that Illinois Department of Juvenile Justice decision to where to assign a transgender or intersex resident to a facility for male or female residents the agency considers, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems . During the same interview the PREA Coordinator/designated agency head confirmed that when making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems. From the information provided by the facility, there were zero residents who self-identified as being bisexual, gay, transgender or intersex. Additionally, zero residents indicated sexual victimization or abusiveness during risk screening. No residents could be interviewed in those categories to support of this standard.</p> <p data-bbox="242 1664 1466 1794">115.342 (e) During separate interviews the PREA Coordinator and the PREA Compliance Manager each confirmed that placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident. Zero transgender or intersex residents were identified during the onsite portion of this audit.</p> <p data-bbox="242 1825 1473 1955">115.342 (f) During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed that each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility, housing placement decisions, programming assignments and their own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments.</p> <p data-bbox="242 1986 1473 2072">115.342 (g) During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed that each transgender or intersex Transgender and intersex residents would be given the opportunity to shower separately from other residents.</p> <p data-bbox="242 2103 1457 2161">115.342 (h)) During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed for the Auditor that if a resident is isolated pursuant to 115.342 (b) St. Charles would clearly document: The basis for the facility's</p>

concern for the resident's safety and the reason why no alternative means of separation could be arranged for the resident.

115.342 (i) During separate interviews the PREA Coordinator and the PREA Compliance Manager confirmed for the Auditor that in the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, St Charles would conduct a placement review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS.

Policy, Materials, Interviews and Other Evidence Reviewed:

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

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1490 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum, the Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.351.</p> <p data-bbox="240 461 1474 622">115.351 (a) The agency has established multiple internal ways for residents to privately report: Sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. The youth orientation handbook provided residents with various methods to report sexual abuse, sexual harassment, or retaliation such as notifying an attorney or the Courts, calling or writing the Ombudsperson Office, telling a trusted staff person, third-party reporting or filing a grievance.</p> <p data-bbox="240 651 1490 880">115.351 (b) The agency also provides at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency, Independent Ombudsperson Office, 1112 S. Wabash Avenue, 2 floor, Chicago, Il. 60605. Residents are also providing telephone contact information by dialing I for collect, dialing 685. This line is not recorded. The private entity or office able to receive and forward resident reports of sexual abuse and sexual harassment to agency officials. According to the Ombudsperson Office resident can opt to remain anonymous on request. According to the PREA Coordinator and PREA Compliance Manager, Illinois Department of Corrections never houses residents detained solely for civil immigration purposes.</p> <p data-bbox="240 909 1485 1070">115.351 (c) Random and specialized staff sampled confirmed during individual interviews that they accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Investigative reports examined confirmed multiple methods of referrals were made to initial the investigative process into allegations of sexual abuse or sexual harassment. More, random and specialized staff sampled confirmed that they would immediately document any verbal reports of sexual abuse and sexual harassment and notify a supervisor after securing the safety of the victim.</p> <p data-bbox="240 1099 1481 1361">115.351 (d) St Charles provides residents with access to tools necessary to make a written report and a method for staff to privately report sexual abuse and sexual harassment of residents. Family and friends of residents may report sexual abuse/sexual harassment by contacting facility staff, calling the PREA Hotline, or other third-party personnel. All interviewed residents confirmed awareness of the multiple methods of reporting sexual abuse/assault allegations. During the facility tour the Auditor noted posters and other documents on display throughout the facility which also explain reporting methods. Random and specialized staff confirmed knowledge of various methods of reporting sexual abuse/assault allegations. Interviews with staff and residents, observations of posters addressing reporting methods, and an examination of policy/documentation confirm the agency's compliance with this standard.</p> <p data-bbox="240 1391 879 1417">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1447 1485 2145" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated head • Interview with the PREA Compliance Manager • Interviews with random and targeted residents • Interview with random and specialized staff • Interview with the Ombudsperson Office

- John Howard Hotline Sexual Assault Posters

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.352.</p> <p data-bbox="242 461 1075 488">115.352 (a) Illinois Department of Juvenile Justice is not exempt from this standard.</p> <p data-bbox="242 517 1490 712">115.352 (b) Problematic, by examination the Auditor determined that Illinois Department of Juvenile Justice/St Charles places time limits on grievances and the rule does not make a distinction between a PREA related grievance regarding sexual abuse and a general complaint regarding property, staff conduct, mail or dietary issues. The Youth Orientation Handbook, Grievances, page 5, indicates that “grievances must be filed within 60 days after discovery of the incident or problem.” Further, the same handbook omits informing residents that the agency refrains from requiring a resident to use any informal grievance process or to otherwise attempt to resolve the complaint with staff, an alleged incident of sexual abuse.</p> <p data-bbox="242 741 1481 972">115.352 (b) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. Problematic, Illinois Department of Juvenile Justice, Youth Orientation Handbook, Grievances, page 5, permit residents to submit a grievance regarding issues or complaints. The term PREA as it relates to filing a grievance was omitted as a potential issue. Illinois Department of Juvenile Justice, Youth Orientation Handbook, page 6, provides residents with an intricate decision-tree. The decision-tree is not age appropriate. Found on the left margin of the DJJ 04.01.114, Local Youth Grievance Procedure decision-tree is written “Youth submits a grievance using Grievance Form (DJJ 046) must be submitted within 60 days of the event.”</p> <p data-bbox="242 1001 1474 1095">Illinois Department of Juvenile Justice, Youth Orientation Handbook, Grievances, page 5, omits informing residents that the agency always refrains from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="242 1124 1481 1254">115.352 (c) Illinois Department of Juvenile Justice, Youth Orientation Handbook, Grievances, page 5, omits ensuring that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Nor does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p data-bbox="242 1283 1490 1713">115.352 (d) The agency has a procedure (DJJ 04.01.114) that mandates the issuance of a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. The computation of the 90-day period excludes time consumed by the resident in preparing the administrative appeal. In circumstances where the agency determines that the 90-day period is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per Standard 115.352 (d)(3)], the PCM/agency would notify the resident in writing of any such extension and provide a date by which a decision will be made on the complaint. At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident considers the absence of a response to be a denial at that level. Standard 115.352 (d)-2, by examination, in the past 12 months, the number of grievances that were filed that alleged sexual abuse was zero. Standard 115.352 (d)-3 by examination, in the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero. Standard 115.352 (d)-4, by examination, in the past 12 months, the number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days was zero.</p> <p data-bbox="242 1742 1490 2139">115.352 (e) Illinois Department of Juvenile Justice allows third party reporters such as fellow residents, staff members, family members, attorneys, and outside advocates, are all permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse. More, according to the PREA Compliance Manager, if a third-party should file a PREA related grievance or request on behalf of a resident (other than a parent or legal guardian), Illinois Department of Juvenile Justice/St Charles may require as a condition of processing the grievance that the alleged victim agree to have the grievance filed on his behalf and may also require that the alleged victim personally pursue any subsequent steps in the administrative remedy process. The PREA Compliance Manager confirmed that Illinois Department of Juvenile Justice/St Charles would document the decision made by the resident. Illinois Department of Juvenile Justice/St Charles allows a grievance regarding allegations of sexual abuse, including appeals, to be filed by a parent or legal guardian on behalf of a resident or juvenile. Further, if a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, the grievance is not conditioned on the resident or juvenile agreeing to have the request filed on his or her behalf.</p>

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

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

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

Policy, Materials, Interviews and Other Evidence Reviewed:

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

Corrective Action:

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

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.353.</p> <p data-bbox="242 461 1449 622">115.353 (a) By examination the Auditor determined that St Charles provides residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. The facility has a MOU with a local victim advocacy group. The Auditor reviewed the signed MOU document.</p> <p data-bbox="242 651 1477 748">By interviewing the PREA Compliance Manager, PREA Coordinator and facility Superintendent, the Auditor determined that St Charles does not detain residents solely for civil immigration purposes. This provision of Standard 115.353 does not apply.</p> <p data-bbox="242 777 1455 837">By examination the Auditor determined that the agency/St Charles enables reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible. Calls are not recorded.</p> <p data-bbox="242 866 1493 994">115.353 (b) By examination of the Youth Orientation Handbook and resident interview of a sample of random and targeted residents, the Auditor determined that the facility informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.</p> <p data-bbox="242 1023 1458 1084">115.353 (c) Illinois Department of Juvenile Justice maintains an agreement or MOU with community service providers that can provide residents with confidential emotional support services related to sexual abuse.</p> <p data-bbox="242 1113 1474 1276">115.353 (c) Illinois Department of Juvenile Justice maintains documented evidence of a MOU with a local crisis service provider to provide residents with confidential emotional support services related to sexual abuse. Residents are provided information regarding contact information for a local crisis service provider for sexual abuse which includes the address and telephone contact information. Calls are not recorded. The agency maintains copies of agreements or documentation showing attempts to enter into such agreements.</p> <p data-bbox="242 1305 1468 1433">115.353 (d) Through interviews with a sample of random and targeted residents the Auditor confirmed that residents are provided with reasonable and confidential access to their attorneys or other legal representation. Through interviews with a sample of random and targeted residents the Auditor confirmed the facility provide residents with reasonable access to parents or legal guardians.</p> <p data-bbox="242 1462 1465 1559">Policies and the Resident Handbook address the requirements of this standard. The Resident Handbook provides the contact information for alternate services and the information is also posted in the housing units. Psychology Services staff members have all received victim advocacy support training.</p> <p data-bbox="242 1588 877 1615">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1644 1484 2107" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated head

- Interview with the PREA Compliance Manager
- Interview with the Superintendent.
- Interviews with random and targeted residents
- Interview with random and specialized staff
- Facility tour
- John Howard Hotline and poster
- Review of the Youth Orientation Handbook

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.354.</p> <p data-bbox="240 465 1469 757">115.354 (a) Illinois Department of Juvenile Justice established a method to receive third-party reports of sexual abuse and sexual harassment. The agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. Policies, Parent Handbook, PREA Posters, PREA Brochure and Child Abuse Hotline number meet the mandates of this standard. The posters and telephone numbers and the Website https://www2.illinois.gov/idjj/Pages/default.aspx assist third party reporters in reporting allegations of sexual abuse/sexual harassment. The residents (random and targeted) interviewed indicated they were aware of third-party reporting and would probably feel more comfortable reporting an incident of sexual abuse to someone inside the facility. Calls to toll-free telephone numbers must be coordinated with a member of the unit team. Illinois Department of Juvenile Justice maintains two hotline reporting numbers for residents and staff.</p> <p data-bbox="240 790 879 817">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 846 1485 1709" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated head • Interview with the PREA Compliance Manager • Interview with the Superintendent. • Interviews with random and targeted residents • Interview with random and specialized staff • Facility tour • Review of the Youth Orientation Handbook • Internet search

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 451 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.361.</p> <p data-bbox="242 463 1493 757">115.361 (a) Illinois Department of Juvenile Justice requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. The Auditor interview of random and specialized staff confirmed that staff received PREA related training. Inclusive in the training is the requirement for staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether it is part of the agency. Further, the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment and or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation.</p> <p data-bbox="242 788 1473 882">115.361 (b) Illinois Department of Juvenile Justice requires all staff to comply with any applicable mandatory child abuse reporting laws. Interviews with specialized staff, medical and mental health practitioners confirm their understanding of their role and responsibility to comply with any applicable mandatory child abuse reporting laws.</p> <p data-bbox="242 913 1473 1039">115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, Illinois Department of Juvenile Justice/St Charles staff/contractors are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="242 1070 1493 1431">115.361 (d) Illinois Department of Juvenile Justice/St Charles, medical and mental health practitioners are required to report sexual abuse to designated supervisors and officials pursuant to Standard 115.361 (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. Illinois Department of Juvenile Justice/St Charles, medical and mental health practitioners are required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services. Interviews with a sample of medical and mental health practitioners confirmed their duty to report sexual abuse to designated supervisors and officials pursuant to Standard 115.361 (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws. According to targeted resident interviewed during the onsite portion of this audit medical and mental health practitioners inform residents of their duty to report, and the limitations of confidentiality, at the initiation of the delivery of services. Policy requires the information concerning the identity of the alleged resident victim and the specific facts of the case be shared with staff on a need-to-know basis, due to their involvement with the victim’s welfare and/or the investigation of the incident.</p> <p data-bbox="242 1462 1493 1756">115.361 (e) Upon receiving any allegation of sexual abuse, the facility Superintendent or his or her designee would promptly report the allegation to the appropriate office. Confirmed during separate interviews with Superintendent and PREA Compliance Manager upon receiving any allegation of sexual abuse, the facility Superintendent or his or her designee would promptly report the allegation to the alleged victim’s parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified. If an alleged victim is under the guardianship of the child welfare system, the facility Superintendent or his or her designee would promptly report the allegation to the alleged victim’s caseworker instead of the parents or legal guardians. More, if a juvenile court retains jurisdiction over the alleged victim, the facility head or designee would also report the allegation to the juvenile’s attorney or other legal representative of record within 14 days of receiving the allegation.</p> <p data-bbox="242 1787 1473 1948">115.361 (f) According to the facility Superintendent, PREA Compliance Manager and PREA Coordinator St Charles reports all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators. During this Auditors interview with the Chief Investigator for Warrenville and St Charles these facilities report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators.</p> <p data-bbox="242 1980 879 2007">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 2033 1417 2123" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention

- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Coordinator/designated head
- Interview with the PREA Compliance Manager
- Interview with the Superintendent.
- Interviews with random and targeted residents
- Interview with random and specialized staff
- Interview an investigator

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.362.</p> <p data-bbox="240 461 1485 723">115.362 (a) As indicated in an interview with the PREA Coordinator/designated agency head and facility Superintendent, when the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, immediate action is taken to protect the resident. Random and specialized staff sampled during the on site portion of the audit confirmed an awareness and understanding that when they become aware or suspect that a resident is being sexually abused or sexually harassed they must take immediate action to protect the victim, to include separating the victim/predator, securing the crime scene to protect possible physical evidence, prevent the destruction of potential evidence and contact the Operations Lieutenant, PREA Compliance Manager, facility Superintendent, investigations and medical staff. In the past 12 months, there was one (1) instance in which St Charles staff determined that a resident was subject to a substantial risk of imminent sexual abuse.</p> <p data-bbox="240 752 879 779">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 808 1485 1563" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated head • Interview with the PREA Compliance Manager • Interview with the Superintendent. • Interview with random and specialized staff • Interview with the investigator • Investigative report (1)

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 273 1493 434">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.363</p> <p data-bbox="242 465 1465 591">115.363 (a) The facility Superintendent confirmed during his interview that upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility at St Charles will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The head of the facility that received the allegation will notify the appropriate investigative agency.</p> <p data-bbox="242 622 1487 748">115.363 (b) The facility Superintendent confirmed during his interview that notification should take place as soon as possible, but no later than 72 hours after receiving the allegation. Policy addresses the requirements of this standard. Policy requires that any resident allegation of sexual abuse occurring while confined at another facility be reported to the Superintendent where the alleged abuse occurred within 72 hours of receipt of the allegation.</p> <p data-bbox="242 779 1091 806">115.363 (c) The agency/facility would document that it has provided such notification.</p> <p data-bbox="242 837 1442 896">115.363 (d) The facility head or agency office that receives such notification ensures that the allegation is investigated in accordance with PREA standards.</p> <p data-bbox="242 927 880 954">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 985 1487 1563" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated head • Interview with the PREA Compliance Manager • Interview with the Superintendent

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 235">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.364.</p> <p data-bbox="240 463 1485 757">115.364 (a) Random and specialized staff interviewed during the onsite portion of the audit confirmed that upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence.</p> <p data-bbox="240 788 1461 913">115.364 (b) If the first staff responder is not a security staff member, the responder is required by policy to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Specialized staff interviews confirmed that first responder (non-custody) is required by policy to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p data-bbox="240 945 879 969">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1001 1485 1576" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with specialized staff • Interview with the PREA Compliance Manager • Interview with random staff

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.365.</p> <p data-bbox="240 461 1493 689">115.365 (a) St Charles has developed a local written institutional plan (Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure) to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse. By examination the Auditor confirmed that the facility has developed a written plan to coordinator actions among staff first responders in response to an allegation of sexual abuse. The plan details actions and first responder duties, reporting procedures, physical evidence collection/preservation and medical/mental health care responsibilities. The Plan was developed to assist staff in responding to allegations of prohibited and/or illegal sexually abusive behavior.</p> <p data-bbox="240 719 879 745">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 775 1493 1352" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with specialized staff • Interview with the PREA Compliance Manager • Interview with random staff

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.366.</p> <p data-bbox="242 461 1493 723">115.366 (a) The agency is responsible for collective bargaining on the agency’s behalf prohibited from entering or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. PREA compliant language is inclusive in the agreement. The agency/St Charles has a Collective Bargaining Agreement with the State of Illinois and the American Federation of State, County and Municipal Employees, Council 31. The Collective Bargaining Agreement does not prohibit the facility from removing alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Staff interviews confirmed compliance with this standard.</p> <p data-bbox="242 752 855 779">115.366 (b) The Auditor is not required to audit this provision.</p> <p data-bbox="242 808 879 835">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 864 1493 1447" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with facility Superintendent • Interview with the PREA Compliance Manager • Interview with PREA Coordinator/designated agency head <p data-bbox="242 1476 879 1503">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1532 1493 2114" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with facility Superintendent • Interview with the PREA Compliance Manager • Interview with PREA Coordinator/designated agency head

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.367.</p> <p data-bbox="242 463 1493 624">115.367 (a) The agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff, Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures. The agency has designated and charged the PREA Compliance Manager, with the role and responsibility of monitoring retaliation.</p> <p data-bbox="242 656 1493 781">115.367 (b) During an interview with the PCM/Retaliation Monitor he confirmed that the agency employs multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="242 813 1493 1041">115.367 (c) During an interview with the PCM/Retaliation Monitor confirmed that except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, the PCM would monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, act promptly to remedy any such retaliation, monitor any resident disciplinary reports or housing changes, program changes, negative performance reviews of staff, and reassignment of staff.</p> <p data-bbox="242 1072 1493 1162">115.367 (d) During an interview with the PCM/Retaliation Monitor confirmed that in the case of residents, retaliation monitoring would also include periodic status checks at least every 30, 60 and 90-day reviews to ensure compliance with this standard.</p> <p data-bbox="242 1193 1493 1283">115.367 (e) During an interview with the PCM/Retaliation Monitor confirmed that if any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation.</p> <p data-bbox="242 1314 849 1346">115.367 (f) The Auditor is not required to audit this provision.</p> <p data-bbox="242 1377 879 1408">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1440 1493 2013" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Compliance Manager • Interview with the Chief Investigator • Review of investigations

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 434">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.368</p> <p data-bbox="240 463 1477 725">115.368 (a) During an interview with the PCM/Retaliation Monitor he confirmed that the facility does not place resident victims in seclusion after an allegation has been reported. Only under exigent circumstances, would St Charles use segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342. Even under exigent circumstances placement in segregation/seclusion would be a last measure only to protect the victim until other alternatives were utilized to safeguard the alleged resident victims of sexual abuse/sexual harassment. During the facility tour the Auditor determined that zero residents were housed in segregation. Interviews with random and targeted residents sampled during the on site portion of the audit denied being placed in segregation to safeguard their safety after making</p> <p data-bbox="240 754 879 781">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 810 1485 1447" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Compliance Manager • Interview with the Chief Investigator • Review of logbooks • Facility tour

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.371.</p> <p data-bbox="240 461 1466 589">115.371 (a) According to the Chief Investigator for St Charles and Warrenville when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively. Illinois Department of Juvenile Justice conducts such investigations for all allegations, including third party and anonymous reports.</p> <p data-bbox="240 618 1437 745">115.371 (b) According to the Chief Investigator for St Charles and Warrenville where sexual abuse is alleged, Illinois Department of Juvenile Justice uses investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334. By examination the Auditor determined that the Chief Investigator completed the requisite training as outlined in PREA Standards.</p> <p data-bbox="240 775 1481 936">115.371 (c) According to the Chief Investigator for St Charles and Warrenville, confirmed that in his role of investigator he gathers and preserves direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews alleged victims, suspected perpetrators, and witnesses, reviews prior reports and complaints of sexual abuse involving the suspected perpetrator , gathers available physical and DNA evidence and any available electronic monitoring data.</p> <p data-bbox="240 965 1493 1093">115.371 (d) The Chief Investigator for the St Charles and Warrenville confirmed for the Auditor that he always refrains from terminating an investigation solely because the source of the allegation recants the allegation. A review of investigative report for this review period the Auditor found no evidence that an investigation was terminated prematurely because the source of the allegation recanted the allegation.</p> <p data-bbox="240 1122 1477 1384">115.371 (e) Criminal investigations are investigated by the Illinois Department of Corrections and when necessary, with the Illinois State Police. Both external agencies have the legal authority to conduct compelled interviews when the quality of evidence appears to support criminal prosecution, the Illinois Department of Corrections and when necessary, the Illinois State Police conduct compelled interviews after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. According to the Superintendent, the facility would fully cooperate with any outside agency that initiates an investigation. The Superintendent or his/her designee such as the PREA Compliance Manager, would serve as the facility liaison and provides requested information to outside investigative agencies, as well as access to the resident.</p> <p data-bbox="240 1413 1490 1641">115.371 (f) The Chief Investigator for the St Charles and Warrenville confirmed during his interview that he assesses the credibility of an alleged victim, suspect, or witness on an individual basis and not based on that individual’s status as resident or staff. The Chief Investigator for the St Charles and Warrenville confirmed during his interview that the agency investigates all allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation. The Auditor reviewed investigative reports form this reporting period and found no evidence to suggest the use of a polygraph examination or other truth-telling device as a condition for proceeding.</p> <p data-bbox="240 1671 1485 1798">115.371 (g) The review of investigative reports confirmed that administrative investigations for this review period included an effort to determine whether staff actions or failures to act contributed to the abuse, documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.</p> <p data-bbox="240 1827 1425 1888">115.371 (h) Criminal investigations would be documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.</p> <p data-bbox="240 1917 1458 2022">115.371 (i) All substantiated allegations of conduct that appears to be criminal referred for prosecution. 115.371 (i)-2 The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit, was one (unsubstantiated).</p> <p data-bbox="240 2051 1474 2134">115.371 (j) According to the Chief Investigator for St Charles and Warrenville, Illinois Department of Juvenile Justice retains all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period</p>

of retention.

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

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

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

Policy, Materials, Interviews and Other Evidence Reviewed:

- Pre-Audit Questionnaire
- Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention
- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Compliance Manager
- Interview with the Chief Investigator
- Review of investigations (2)
- Interview with the PREA Coordinator
- Interview with the Superintendent
- Interview with the PREA Compliance Manager
- Facility tour

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="242 210 453 237">Auditor Discussion</p> <p data-bbox="242 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.372.</p> <p data-bbox="242 463 1493 589">115.372 (a) The Chief Investigator for St Charles and Warrenville confirmed that it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The evidence standard is a preponderance of the evidence in determining whether allegations of sexual abuse/sexual harassment are substantiated.</p> <p data-bbox="242 620 879 647">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 678 1493 1196" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Review of investigative reports • Interview with the Chief Investigator

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.373.</p> <p data-bbox="240 461 1473 555">115.373 (a) Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, the agency informs the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The Auditor examined said notice from the current review period.</p> <p data-bbox="240 584 1414 678">115.373 (b) Illinois Department of Corrections where necessary, Illinois State Patrol conduct the investigation into a resident’s allegation of sexual abuse at St Charles, Illinois Department of Juvenile Justice would request the relevant information from the investigative agency in order to inform the resident of the outcome of an investigation.</p> <p data-bbox="240 707 1473 904">115.373 (c) The PREA Compliance Manager confirmed during his interview that following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility, the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="240 934 1485 1095">115.373 (d) The PREA Compliance Manager confirmed during his interview that following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. Investigative findings are available to the victim’s family, administration, and the Illinois Department of Children’s Services.</p> <p data-bbox="240 1124 1437 1187">115.373 (e) The PREA Coordinator and PREA Compliance manager both confirmed that Illinois Department of Juvenile Justice documents all such notifications or attempted notifications</p> <p data-bbox="240 1216 850 1243">115.373 (f) The Auditor is not required to audit this provision.</p> <p data-bbox="240 1272 879 1299">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 1328 1485 2022" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Review of investigative reports • Interview with the Chief Investigator • Interview with the PREA Compliance Manager • Interview with the PREA Coordinator • Interview with the Superintendent

115.376	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 465">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures and sample (2) separation notice address Standard 115.376.</p> <p data-bbox="242 497 1481 589">115.376 (a) The PREA Coordinator/designated head of the agency confirmed during his interview that all staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Auditor examined two samples.</p> <p data-bbox="242 620 1437 680">115.376 (b) The PREA Coordinator/designated head of the agency confirmed during his interview that termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p data-bbox="242 712 1489 938">Policy and interviews address the requirements of this standard. Employees are subject to disciplinary sanctions for violating agency sexual abuse or sexual harassment policies. There have been no reported cases of residents engaging in sexual activity with staff in the past 12 months and no staff members were disciplined or terminated for violation of agency policy. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff that would have been terminated, if not for their resignation, may be reported to criminal investigators and to any law enforcement or relevant professional/certifying/licensing agencies by the facility, unless the activity was clearly not criminal. Compliance with this standard was determined by a review of policy/documentation and staff interviews.</p> <p data-bbox="242 969 1481 1095">115.376 (c) The PREA Coordinator/designated head of the agency confirmed during his interview that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) would be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories</p> <p data-bbox="242 1126 1484 1254">115.376 (d) The PREA Coordinator/designated head of the agency confirmed during his interview that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal), and/or relevant licensing bodies.</p> <p data-bbox="242 1285 879 1314">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1346 1485 1861" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated agency head • Reviewed (2) sample terminations/resignations with no reinstatement rights

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 453 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.377.</p> <p data-bbox="240 465 1437 555">115.377 (a) The PREA Coordinator/designated head of the agency confirmed during his interview that any contractor or volunteer who engages in sexual abuse prohibited from contact with residents, reported to: Law enforcement agencies (unless the activity was clearly not criminal) and/or relevant licensing bodies.</p> <p data-bbox="240 589 1469 678">115.377 (b) The PREA Coordinator/designated head of the agency confirmed during his interview that in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the agency/facility would take appropriate remedial measures, and consider whether to prohibit further contact with residents.</p> <p data-bbox="240 712 1465 835">During the past 12 months, there were no incidents where a contractor or volunteer was accused or found guilty of sexual abuse or sexual harassment. Compliance with this standard was determined by a review of policy and volunteer/contractor training files, as well as volunteer/contractor and staff interviews. At the time of the audit, no contractors of volunteers were available for interview.</p> <p data-bbox="240 869 879 896">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 929 1485 1384" style="list-style-type: none"> • Pre-Audit Questionnaire • Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention • Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures • Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure • Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure • Superintendent Bulletin 2016-22 Sexual Abuse Response • Superintendent Bulletin 2016-23 on Prevention and Abuse • Interview with the PREA Coordinator/designated agency head

115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1493 432">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.378.</p> <p data-bbox="240 461 1477 589">115.378 (a) The Superintendent and the PREA Compliance Manager confirmed during separate interviews that following an administrative finding that a resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process.</p> <p data-bbox="240 618 1477 712">115.378 (b) The Superintendent and the PREA Compliance Manager confirmed during separate interviews that disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="240 741 1485 869">In the event a disciplinary sanction results in the isolation of a resident, the agency/St Charles would ensure that the resident is not denied daily large-muscle exercise, is not denied access to any legally required educational programming or special education services, access to other programs however access to work opportunities would be limited but to the extent possible.</p> <p data-bbox="240 898 1485 992">115.378 (c) When determining what types of sanction, if any, should be imposed, the Superintendent and the PREA Compliance Manager confirmed during separate interviews that the disciplinary process would consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior.</p> <p data-bbox="240 1021 1485 1216">115.378 (d) The PREA Compliance Manager confirmed during separate interviews that St Charles 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. St Charles does not require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, the facility refrains from requiring such participation as a condition to accessing general programming or education.</p> <p data-bbox="240 1245 1485 1339">115.378 (e) The PREA Coordinator/designated head of the agency confirmed during his interview that the agency would consider disciplining a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p data-bbox="240 1368 1485 1496">115.378 (f) The PREA Coordinator/designated head of the agency confirmed during his interview that consensual sex of any nature is prohibited between staff, contractors. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred DOES NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="240 1525 1485 1955">115.378 (g) The agency prohibits any sexual activity between residents, volunteers, and contractors. The agency prohibits sexual activity between residents. Residents that sexually abuse or harass staff (not consensual) will be disciplined. Illinois Youth Center, St. Charles, Youth orientation Handbook informs residents of the disciplinary code for violation of rules at the facility for juvenile residents. The agency takes appropriate measures to inform residents of procedural rights of residents who are, or who may be, subject to discipline. This policy ensures residents are treated fairly under a consistent system of PREA Audit Report Page 79 of 95 Illinois Youth Center St. Charles discipline that teaches and encourages appropriate behaviors and discourages inappropriate behaviors. The Resident Youth Orientation Handbook packet addresses all disciplinary sanctions for juvenile residents. The facility does not use seclusion in cases of alleged sexual abuse or sexual harassment. The agency/St Charles does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation. daily visits from a medical or mental health care clinician. Residents (random and targeted) sampled during the onsite portion of the audit confirmed receiving resident orientation during the intake process and receiving a Youth Orientation Handbook which included information on the disciplinary process and consequences for violating rules.</p> <p data-bbox="240 1984 879 2018">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="240 2047 1417 2130" style="list-style-type: none"> <li data-bbox="240 2047 536 2080">• Pre-Audit Questionnaire <li data-bbox="240 2101 1417 2130">• Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention

- Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures
- Institutional Directive Number (ID) 04/01.131 effective date 05/01/18, Institutional Procedure
- Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure
- Superintendent Bulletin 2016-22 Sexual Abuse Response
- Superintendent Bulletin 2016-23 on Prevention and Abuse
- Interview with the PREA Coordinator/designated agency head
- Interview with the PREA Compliance Manager
- Interview with random and targeted residents
- Review of the Youth orientation Handbook disciplinary code and rules

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.103 Youth Health Care Services, Policy IDJJ 04.01.102 Emergency Mental Health Services, Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria, Policy IDJJ 04.01.105 Youth Center Orientation, IDJJ 0429 Screening Tool - Risk of Victimization, Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting, IDJJ Risk of Victimization Screening Tool (SA0002), training curriculum "The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures, address Standard 115.381.</p> <p>115.381 (a) According to the PREA Compliance Manager/Treatment Administrator/Psychologist, if risk screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, St Charles staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. More, the Auditor examined risk of victimization screening tool (IDJJ Risk of Victimization Screening Tool (SA0002)) for resident on site during the audit.</p> <p>115.381 (b) According to the PREA Compliance Manager/Treatment Administrator/Psychologist, if the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, St Charles staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>115.381 (c) According to the PREA Compliance Manager/Treatment Administrator/Psychologist, medical practitioner each confirmed during separate interviews that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p>115.381 (d) According to the PREA Compliance Manager/Treatment Administrator/Psychologist, medical practitioner each confirmed during separate interviews that medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Mental Health Intake Screening Form • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures • Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth • Policy IDJJ 04.01.101 Non-Emergency Mental Health Services • Policy IDJJ 04.01.102 Emergency Mental Health Services • Policy IDJJ 04.01.103 Youth Health Care Services • Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria • Policy IDJJ 04.01.105 Youth Center Orientation • IDJJ 0429 Screening Tool - Risk of Victimization • Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting • IDJJ Risk of Victimization Screening Tool (SA0002) • Interviews with specialized and random staff • Interview with random and targeted residents

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

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.103 Youth Health Care Services, Policy IDJJ 04.01.102 Emergency Mental Health Services, Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria, Policy IDJJ 04.01.105 Youth Center Orientation, IDJJ 0429 Screening Tool - Risk of Victimization, Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting, IDJJ Risk of Victimization Screening Tool (SA0002), training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures, address Standard 115.383.</p> <p>115.383 (a) St Charles offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility, according to the medical practitioner interviewed during the onsite audit.</p> <p>115.383 (b) St Charles evaluates and treats of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody according to the medical practitioner interviewed during the onsite audit.</p> <p>115.383 (c) St Charles provides victims of sexual abuse with medical and mental health services consistent with the community level of care, according to the medical practitioner interviewed during the onsite audit.</p> <p>115.383 (d) St Charles is a male facility. At the time of the onsite portion of this audit, zero transgender-male were identified as being placed in the facility. This provision does not apply to this facility.</p> <p>115.383 (e) St Charles is a male facility. At the time of the onsite portion of this audit, zero transgender-male were identified as being placed in the facility. This provision does not apply to this facility. If pregnancy results from the conduct described in paragraph § 115.383(d), victims will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.</p> <p>115.383 (f) According to the medical practitioner interviewed during the onsite audit, resident victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate.</p> <p>115.383 (g) The PREA Coordinator, PREA Compliance Manager and Superintendent all confirmed during separate interviews that treatment services provided to the victim would be without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>115.383 (h) The PREA Compliance Manager confirmed his interview that St Charles would attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Sexual Assault Prevention and Intervention Program Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures • Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex (LGBTQI) Youth 6. Policy IDJJ 04.01.101 Non-Emergency Mental Health Services • Policy IDJJ 04.01.102 Emergency Mental Health Services • Policy IDJJ 04.01.103 Youth Health Care Services • Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria • IDJJ Risk of Victimization Screening Tool

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

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.386 (a) By examination the Auditor determined that St Charles conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.</p> <p>115.386 (b) By examination the Auditor determined that St Charles does conduct incident review ordinarily occur within 30 days of the conclusion of the investigation.</p> <p>115.386 (c) By examination the Auditor determined that St Charles incident review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The review team is composed of upper-level management officials, including the Superintendent, Health Care Administrator and the Treatment Unit Administrator.</p> <p>115.386 (d) By examination the Auditor determined that the St. Charles incident review team: Considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility, examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse, assesses the adequacy of staffing levels in that area during different shifts. assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff and prepares a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the PREA Coordinator/designated facility head.</p> <p>115.386 (e) According to the facility Superintendent the facility would either implement the recommendations for improvement or document its reasons for not doing so.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • PREA Retaliation Monitor - Youth (Form DJJ 0498) • PREA Retaliation Monitor - Youth (examples) • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures • Interview with the PREA Coordinator, designated facility head • Interview with the facility Superintendent • Interview with the PREA Compliance Manager • Examination of investigative reports for this review period (2) • Interview with incident review team member

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1493 600">Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, Policy IDJJ 04.01.303 Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, LGBTQI) Youth, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.101 Non-Emergency Mental Health Services, Policy IDJJ 04.01.103 Youth Health Care Services, Policy IDJJ 04.01.102 Emergency Mental Health Services, Policy IDJJ 04.01.104 Evaluations of Youth with Gender Dysphoria, Policy IDJJ 04.01.105 Youth Center Orientation, IDJJ 0429 Screening Tool - Risk of Victimization, Policy IDJJ MH-004 Mandated Abuse and Neglect Reporting, IDJJ Risk of Victimization Screening Tool (SA0002), training curriculum "The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutional Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures, address Standard 115.387..</p> <p data-bbox="242 629 1465 790">115.387 (a) According to the PREA Compliance Manager and the PREA Coordinator both interviewed during the onsite portion of the audit, Illinois Department of Juvenile Justice collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The data collected is captured using a software program entitled Youth 360. Youth 360 includes information aggregated to answer all questions from the most recent version of the Survey of Sexual Violence, conducted by the Department of Justice.</p> <p data-bbox="242 819 1393 880">115.387 (b) The agency aggregates the incident-based sexual abuse data at least annually, according to the PREA Coordinator.</p> <p data-bbox="242 909 1485 969">115.387 (c) The incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="242 999 879 1028">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul data-bbox="242 1057 1091 1776" style="list-style-type: none"> • Pre-Audit Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 04.01.302 Sexual Abuse and Harassment - Response Procedures • 2020 Annual Illinois Department of Juvenile Justice PREA Report • 2019 Annual Illinois Department of Juvenile Justice PREA Report • 1018 Annual Illinois Department of Juvenile Justice PREA Report • 2017 Annual Illinois Department of Juvenile Justice PREA Report • 2016 Annual Illinois Department of Juvenile Justice PREA Report • 2015 Annual Illinois Department of Juvenile Justice PREA Report • 2014 Annual Illinois Department of Juvenile Justice PREA Report • Interview with the PREA Coordinator, designated agency head • Interview with the PREA Compliance Manager • Interview with facility Superintendent

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.388.</p> <p>115.388 (a) Illinois Department of Juvenile Justice reviews data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas, taking corrective action on an ongoing basis as needed and preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>115.388 (b) Illinois Department of Juvenile Justice includes a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse.</p> <p>115.388 (c) Illinois Department of Juvenile Justice, agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means.</p> <p>115.388 (d)) Illinois Department of Juvenile Justice, the agency, indicates the nature of any material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • 2017 Illinois Department of Juvenile Justice PREA Report • 2020 Annual Illinois Department of Juvenile Justice PREA Report • 2019 Annual Illinois Department of Juvenile Justice PREA Report • 2018 Annual Illinois Department of Juvenile Justice PREA Report • 2017 Annual Illinois Department of Juvenile Justice PREA Report • 2016 Annual Illinois Department of Juvenile Justice PREA Report • 2015 Annual Illinois Department of Juvenile Justice PREA Report • 2014 Annual Illinois Department of Juvenile Justice PREA Report • Interview with the PREA Coordinator, designated agency head • Interview with the PREA Compliance Manager • Interview with facility Superintendent

115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Institutional Directive Number (ID) 04.01.301 effective 7/1/2016, Sexual Abuse and Harassment and Intervention, Institutional Directive Number (ID) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedures, Administrative Directive (AD) 04.01.302 effective date 6/1/2017, Sexual Abuse and Harassment – Response Procedure, training curriculum “The Response to Sexual Abuse and Harassment in Juvenile Justice Facilities and Institutive Directive (ID) 04.01.131 effective date 5/01/18, Institutional Intake Procedures address Standard 115.389.</p> <p>115.389 (a) The agency ensure that data collected pursuant to § 115.387 are securely retained. The agency maintains sexual abuse data collected for at least ten years after the date of its initial collection. The agency monitors and makes available aggregated sexual abuse data from its facilities and contracted agency facilities on its website. That data can be found https://www2.illinois.gov/idjj/Pages/default.aspx. All personal identifiers are removed before posting the information.</p> <p>115.389 (b) The agency makes all aggregated sexual abuse data, from each facility under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means.</p> <p>115.389 (c) The agency removes all personal identifiers before making aggregated sexual abuse data publicly available. The agency monitors and makes available aggregated sexual abuse data from its facilities and contracted agency facilities on its website. That data can be found https://www2.illinois.gov/idjj/Pages/default.aspx. All personal identifiers are removed before posting the information.</p> <p>115.389 (d) The agency maintains sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire • Policy IDJJ 04.01.301 Sexual Abuse and Harassment and Intervention Program • Policy IDJJ 01.05.105 Use of Computers • Illinois Juvenile Justice Website: https://www2.illinois.gov/idjj/Pages/default.aspx • 2017 Illinois Department of Juvenile Justice PREA Report • 2020 Annual Illinois Department of Juvenile Justice PREA Report • 2019 Annual Illinois Department of Juvenile Justice PREA Report • 1018 Annual Illinois Department of Juvenile Justice PREA Report • 2017 Annual Illinois Department of Juvenile Justice PREA Report • 2016 Annual Illinois Department of Juvenile Justice PREA Report • 2015 Annual Illinois Department of Juvenile Justice PREA Report • 2014 Annual Illinois Department of Juvenile Justice PREA Report • Interview with the PREA Coordinator, designated agency head • Interview with the PREA Compliance Manager • Interview with facility Superintendent

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="229 192 1509 255">Auditor Discussion</p> <p data-bbox="229 255 1509 349">115.401 (a) By examination the Auditor determined that the agency ensured that each facility operated by the agency in the prior three-year audit period, was audited at least once.</p> <p data-bbox="229 349 1509 465">115.401 (b) This is the third year of the current audit cycle, the agency ensured that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle.</p> <p data-bbox="229 465 1509 528">115.401 (h) The Auditor had access to, and the ability to observe, all areas of the audited facility.</p> <p data-bbox="229 528 1509 622">115.401 (i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="229 622 1509 685">115.401 (m) The Auditor permitted to conduct private interviews with residents.</p> <p data-bbox="229 685 1509 768">115.401 (n) Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The Auditor received zero correspondence from residents of the facility.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has published on its agency website, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	no
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	na
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	no
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

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

115.335 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.341 (a)	Obtaining information from residents	
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
115.341 (b)	Obtaining information from residents	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.341 (c)	Obtaining information from residents	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.376 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.376 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.376 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.377 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.377 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	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
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes