

PREA Facility Audit Report: Final

Name of Facility: Sangamon County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 05/19/2026

Date Final Report Submitted: 10/18/2026

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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



Auditor Full Name as Signed: Brian Brown

Date of Signature: 10/18/2026

AUDITOR INFORMATION

Auditor name: Brown, Brian

Email: bbrown@peoriacounty.org

Start Date of On-Site Audit: 04/01/2026

End Date of On-Site Audit: 04/03/2026

FACILITY INFORMATION

Facility name: Sangamon County Juvenile Detention Center

Facility physical address: 2201 South Dirksen Parkway, Springfield, Illinois - 62703

Facility mailing address:

Primary Contact

Name:	Ashley Varboncoeur
Email Address:	Ashley.Varboncoeur@sangamonil.gov
Telephone Number:	217-747-8002

Superintendent/Director/Administrator	
Name:	AnnMarie Latzo
Email Address:	AnnMarie.Latzo@sangamonil.gov
Telephone Number:	217-747-8020

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	24
Current population of facility:	7
Average daily population for the past 12 months:	10
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys
Age range of population:	12-17
Facility security levels/resident custody levels:	Secure facility
Number of staff currently employed at the	25

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	7
Number of volunteers who have contact with residents, currently authorized to enter the facility:	5

AGENCY INFORMATION	
Name of agency:	Sangamon County Probation and Court Services
Governing authority or parent agency (if applicable):	
Physical Address:	200 South 9th Street, Springfield, Illinois - 62701
Mailing Address:	
Telephone number:	

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

Agency-Wide PREA Coordinator Information			
Name:	Ashley Varboncoeur	Email Address:	ashley.varboncoeur@sangamonil.gov

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:

0

Number of standards met:

43

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

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

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-04-01
2. End date of the onsite portion of the audit:	2026-04-03

Outreach

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

14. Designated facility capacity:	24
15. Average daily population for the past 12 months:	10
16. Number of inmate/resident/detainee housing units:	1
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	☐ Yes ☐ No ☒ Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	7
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	1
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	2
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	24
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	7
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☐ Housing assignment ☐ Gender ☒ Other ☐ None
If "Other," describe:	Because the facility had only seven residents in custody during the on-site phase, the auditor interviewed all seven.
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Because the facility had only seven residents in custody during the on-site phase, the auditor interviewed all seven.

43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	☐ Yes ☒ No
a. Explain why it was not possible to conduct the minimum number of random inmate/resident/detainee interviews:	Because the facility had only seven residents in custody during the on-site phase, the auditor interviewed all seven.
44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During interviews with the leadership team, residents, supervisors, and medical and mental health personnel, the auditor inquired how the facility would respond to residents with disabilities and limited English proficiency to ensure they are provided with information regarding their rights and how to report sexual harassment and sexual abuse. Personnel responded that contractual resources are available for residents with disabilities to ensure they are aware of their rights.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> ☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> ☐ The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>During interviews with the leadership team, residents, supervisors, and medical and mental health personnel, the auditor inquired how the facility would respond to residents with limited English proficiency to ensure they are provided with information regarding their rights and how to report sexual harassment and sexual abuse. Additionally, the facility's mental health clinician is bilingual .</p>
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p>☐ The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor reviewed the PAQ and risk screening instruments and interviewed PC, medical, and mental health personnel to determine that no resident has been in custody who identifies as transgender or intersex. All staff interviewed indicated that no residents were identified as transgender or intersex and would be accommodated as they identify. No restriction would be automatically placed on transgender or intersex residents.</p>
<p>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor reviewed the PAQ, conducted interviews, reviewed any relevant documentation, and decided that the facility does not place residents in isolation, including those at risk of sexual victimization.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	11
59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☒ Length of tenure in the facility ☒ Shift assignment ☒ Work assignment ☒ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	☒ Yes ☐ No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	11
63. Were you able to interview the Agency Head?	☒ Yes ☐ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	☒ Yes ☐ No
65. Were you able to interview the PREA Coordinator?	☒ Yes ☐ No
66. Were you able to interview the PREA Compliance Manager?	☐ Yes ☐ No ☒ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☒ Education/programming ☐ Medical/dental ☐ Mental health/counseling ☐ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	☒ Yes ☐ No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☒ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

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

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

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	4	1	4	1
Total	4	1	4	1

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	1	0	0	0	0
Total	1	0	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	4	0	0
Staff-on-inmate sexual abuse	1	0	0	0
Total	1	4	0	0

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

4

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	4
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	☒ Yes ☐ No ☐ NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

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

1

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

☐ Yes

☒ No

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

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

☒ Yes

☐ No

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

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

No text provided.

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

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

☐ Yes

☒ No

Non-certified Support Staff

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

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> 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
<p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> PAQ (pre-audit questionnaire) PREA policy Organizational chart Interview with PREA Coordinator (PC) Site Review Observations <p>Reasoning and analysis by (provision):</p> <p>115.311(a) - Zero Tolerance Policy</p> <ol style="list-style-type: none"> The facility's PREA Policy and Procedures mandate zero tolerance toward all forms of sexual abuse and sexual harassment. Sexual abuse of a resident and sexual harassment of a resident are prohibited. The policy includes a

	<p>clear definition of prohibited behaviors, designated disciplinary actions for violations, sanctions for those found to have participated in prohibited behaviors, and strategies and responses to prevent and reduce incidents among residents.</p> <p>Finding: Based on the analysis, the facility is substantially compliant with 115.311(a), and no corrective action is required.</p> <p>115.311(b) - PREA Coordinator Designation</p> <ol style="list-style-type: none"> 1. The PAQ indicated that the facility employees had an upper-level PREA PC. The facility's PREA Policy and Procedures designate an upper-level PC with sufficient time and authority to oversee compliance with PREA standards. The facility's organizational chart confirms that the PC reports directly to the agency director. 2. An interview with the PC confirmed adequate authority and time to ensure compliance, and the PC reported that the facility does not have a separate PREA Manager position. The PC confirmed that the facility would promptly address any identified compliance issues, report them to the Superintendent, and take appropriate action. <p>Finding: Based on the analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.311(c) - PREA Compliance Manager</p> <ol style="list-style-type: none"> 1. The PAQ indicates that the facility does not have a designated PREA Compliance Manager. 2. During the interview with the PC, it was noted that the entire management team collaborates to coordinate the facility's efforts to comply with the PREA standards. <p>Finding: Based on the analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- PAQ
- Documentation review
- Interview with the superintendent or designee
- Interview with agency contract administrator

Reasoning and analysis (by provision):

115.312(a) - Contracting with Other Entities for the Confinement of Residents

1. The PAQ and PREA Policy Review:

- The PAQ indicated the facility had not entered into or renewed a contract for confinement of residents on or after August 20, 2012, or since the last PREA audit.

2. Interview with the Superintendent:

- Indicated that the facility had two Memoranda of Understanding (MOUs) with other juvenile detention facilities to house residents if we exceed our operational capacity; however, both have expired.
- Reported they do not plan to utilize other facilities as they are fully operational after their shutdown.

3. Documentation Review

- The auditor reviewed the two MOUs and confirmed they have expired.

Finding:

Based on the analysis, the facility is substantially compliant with 115.312(a), and no corrective action is required.

115.312(b) - Agency Contract Monitoring to Ensure Compliance with PREA standards

1. PAQ and PREA Policy Review:

- The facility reported that no contracts or MOUs existed with other agencies for bed space.

2. Interview with Agency Contract Administrator:

- The facility reported that it has two MOUs with other juvenile detention facilities to house residents if we exceed our operational capacity. Noted that no resident has been transferred to this facility since the facility reopened.

3. Documentation Review:

- The auditor reviewed the two MOUs and confirmed they have expired.

Finding:

	Based on the analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy and procedures • Staffing Plan • PREA staffing plan reviews • Staffing rosters for randomly selected dates and shifts • Staffing plan deviations • Unannounced rounds documentation • Annual reviews of the staffing plan • Site Review Observations • Interview with the superintendent or designee • Interview with the PC • Interviews with two intermediate or higher-level staff <p>Reasoning and analysis (by provision):</p> <p>115.313(a) - Supervision and Monitoring</p> <ol style="list-style-type: none"> 1. PAQ Review and PREA Policy Review: <ul style="list-style-type: none"> ◦ The facility maintains a staffing plan designed to provide adequate levels of supervision and monitoring to protect clients from sexual abuse. ◦ The facility's average daily population has been 10. ◦ The staffing plan accounts for all 11 factors required by this standard, including population characteristics, facility layout, and video monitoring needs. ◦ The plan ensures a minimum staffing ratio of 1:8 during waking hours and 1:16 during non-waking hours, though actual operations reflect a more favorable 1:6 ratio during waking hours. 2. Interview with the Superintendent or Designee: <ul style="list-style-type: none"> ◦ The management team meets regularly to evaluate and adjust staffing levels as needed.

- Staffing decisions consider accepted staffing practices, population composition, number of active living units, program schedules, and incidents of sexual abuse.
- Supervisors are authorized to adjust staffing patterns to maintain compliance with established ratios.
- Deviations are documented using a “staffing deviation form,” which triggers management review and potential corrective measures.
- Recent supervision enhancements include upgrading the video monitoring system to provide blind-spot coverage and integrating it into the staffing plan.

3. Interview with the PC:

- The PC stated that all PREA requirements are considered in staffing assessments.
- The facility continues to expand camera coverage to eliminate blind spots and enhance supervision.
- External oversight entities have identified no findings of staffing inadequacy.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.313(b) - Deviations from Staffing Ratios

1. Documentation Review:

- The auditor requested any staffing deviations in the past 12 months and received 15 documented deviations. Of the 15 staffing deviations, most occurred during the third shift and lasted a short time. The facility documents all deviations from the 1:8 (waking) and 1:16 (non-waking) staffing ratios.
- The auditor requested the facility staffing rosters, with clearly defined post assignments for each shift, and determined that supervision coverage was sufficient to meet this standard's requirements.

2. Interview with the Superintendent or Designee:

- Reported that our practice is to fill staffing gaps with overtime, including management if needed, to fill any potential staffing deviation.
- Confirmed that in any instance, staffing deviation forms would be completed and reviewed by management, and adjustments to the staffing plan would be made.

3. Site Review Observations:

- During the site review, the auditor observed a sufficient number of staff in all key operational areas, including housing, education, medical, gymnasium, and dining.

- Control room staff actively monitored facility cameras and adjusted camera views as needed to track group movement throughout the facility.
- Informal staff interviews reflected strong confidence in staffing adequacy and supervisory support. Staff consistently reported that they maintain ratios.
- Informal resident interviews confirmed that staff were always present in all areas of the facility.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.313(c) - Staffing Ratios

1. PAQ and Policy Review:

- The facility is required to maintain staffing ratios of at least 1:8 (waking) and 1:16 (non-waking).
- The facility had 15 staffing deviations from non-waking-hour ratios reported within the past 12 months.
- Only staff providing direct supervision count toward ratio compliance.
- Support staff (e.g., clinicians, case managers, and administrative staff) may be included only when actively supervising residents and have received appropriate training.

2. Interview with the Superintendent or Designee:

- Confirmed that the facility is mandated to adhere to 1:8 (waking) and 1:16 (non-waking) staffing ratios by the Illinois Department of Juvenile Justice and the Administrative Office of Illinois Courts.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.313(d) - Annual Review of Staffing Plan

1. Staffing Plan and Documentation Review:

- The facility conducts an annual staffing plan review in collaboration with the PREA Coordinator.
- Review discussions include staffing needs, monitoring technology, resource allocation, and recommendations for adjustments.
- Documentation reviewed confirmed completion of the annual review and additional interim discussions, as evidenced by email and meeting notes.

2. Interview with the PC:

	<ul style="list-style-type: none"> ◦ The PC affirmed involvement in all staffing plan reviews and adjustment decisions. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.313(e) - Unannounced Rounds</p> <ol style="list-style-type: none"> 1. PAQ and Policy Review: <ul style="list-style-type: none"> ◦ Policy mandates that intermediate or higher-level supervisors conduct random unannounced rounds on all shifts. ◦ Staff are prohibited from alerting others of these rounds unless operationally necessary. 2. Documentation Review: <ul style="list-style-type: none"> ◦ The auditor reviewed the documentation for the unannounced rounds, which confirmed they were conducted on various days, times, and shifts. ◦ The auditor randomly selected four dates and times for unannounced rounds and requested verification of the camera footage to confirm the rounds occurred. Three of the four rounds were confirmed, and the fourth date and time fell outside the video monitoring system's date range 3. Interview with Intermediate or Higher-Level Staff: <ul style="list-style-type: none"> ◦ An interview with supervisory staff confirmed the regular completion of unannounced rounds and consistent documentation practices. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- PAQ
- PREA policy and procedures
- Logs of cross-gender pat searches
- Logs of cross-gender strip and visual body cavity searches
- PREA training curriculum
- PREA refresher training curriculum
- Body search staff training log
- Staff body searches and training records
- Site review observations
- Interviews with random staff
- Interviews with random residents

Reasoning and analysis (by provision):

115.315(a) - Cross Gender Viewing and Searches

1. PAQ and Policy Review:

- The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.
- No cross-gender pat searches or cross-gender visual body cavity searches were conducted in the past 12 months.
- Employees are prohibited from conducting cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.
- Off-site medical practitioners would conduct body cavity searches at a hospital if needed.

2. Logs of Cross-Gender Strip and Visual Body Cavity Searches:

- There were no records of cross-gender strip-search logs or visual-search logs to review.

3. Site Review Observations:

- During the site review, the auditor observed the intake process for a male resident. Upon arrival at the facility, male staff conducted the resident's pat-down search in direct view of a security camera, while a second male staff member observed.
- Informal interviews with two residents reported that they have never been searched by staff of the opposite gender.

4. Interview with Non-Medical Staff who Conduct Cross-Gender Strip or Visual Body Searches:

- The facility reported that no non-medical staff conducted these searches, and the auditors could not obtain information indicating the facility conducted these types of searches, so no staff were interviewed using this protocol.

5. Interviews with Random Staff:

- The auditor conducted 11 staff interviews; all of whom indicated they were prohibited from conducting cross-gender pat-down searches.

When asked under what circumstances this would be required and what the process is, most staff were unaware of how this would occur or who would conduct it.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and requires no corrective action.

115.315(b) - Exigent Circumstances

1. PAQ and Policy Review:

- Cross-gender pat searches will only be conducted in exigent circumstances.
- Staff are prohibited from conducting cross-gender pat-down searches except in exigent circumstances. Juvenile Counselors shall be trained on the prohibition of cross-gender pat-down searches.
- Reported no cross-gender pat-down searches in the past 12 months.
- Reported no cross-gender pat-down searches of clients that did not involve exigent circumstances in the past 12 months.

2. Logs of Cross-Gender Pat Searches:

- The auditor requested documentation of any instances of cross-gender or pat-down searches over the past three years. No cross-gender or pat-down searches have occurred.

3. Interviews with Random Staff:

- The auditor conducted 11 staff interviews; all of whom indicated they were prohibited from conducting cross-gender pat-down searches. When asked under what circumstances this would be required and what the process is, most staff were unaware of how this would occur or who would conduct it.

4. Interviews with Random Residents:

- At the time of the on-site phase of the audit, the facility had seven residents in custody. The auditor interviewed all seven residents. All seven reported that they had neither witnessed nor been subjected to cross-gender pat searches.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

Provide additional training on the cross-gender pat-down search policy to ensure they understand the elements of this provision.

Finding:

After completing corrective action, the facility is substantially compliant with this provision.

115.315(c) - Cross Gender Searches Documentation

1. PAQ and Policy Review:

- The facility reported that they do not conduct cross-gender strip searches, and cross-gender visual body cavity searches are prohibited except in exigent circumstances.
- The facility shall document and justify all cross-gender pat-down searches.

2. Logs of Cross-Gender Strip and Visual Body Cavity Searches:

- There were no records of cross-gender strip-search logs or visual-search logs to review.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.315(d) - Opposite Gender Announcement

1. PAQ and Policy Review:

- The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without the non-medical 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 (this includes viewing via video camera).
- Policy requires that residents be permitted to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine bedroom checks.
- Policy requires staff of the opposite gender to announce their presence when entering a resident unit/area where residents are likely to be showering, performing bodily functions, or changing clothing.

2. Site Review Observations:

- The auditor observed that several staff, regardless of gender, announced themselves upon entering the housing areas.
- During the on-site phase, the auditor observed the intake process for a male resident. Upon arrival at the facility, male staff conducted the resident's pat-down search in direct view of a security camera, while a second male staff member observed.
- Informal interview with two residents reported being allowed to shower, perform bodily functions, and change clothing without staff

	<p>viewing them.</p> <p>3. Interviews with Random Residents:</p> <ul style="list-style-type: none"> ◦ At the time of the on-site phase of the audit, the facility had seven residents in custody. The auditor interviewed all seven residents. When asked if opposite-gender staff announce their presence when entering the housing area or any area where they shower, change clothing, or perform bodily functions, they all reported yes. When asked if they could shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, they reported yes. <p>4. Interviews with Random Staff:</p> <ul style="list-style-type: none"> ◦ The auditor conducted 11 staff interviews, all of whom indicated that they announce their presence when entering resident housing units or any area where residents shower, change clothing, or perform bodily functions. When asked if residents can shower, dress, and use the toilet without being seen by staff of the opposite gender, they all reported yes. All 11 stated we always have same-sex staff monitor showers, and there are no issues with seeing them undressed, as the shower areas are secured and private. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA Policy and Procedures • Resident handbook • PREA Posters (English and Spanish versions) • Language Line Services contracts for interpretation services • PREA training curriculum • PREA refresher training curriculum • Training records • Site review observations • Interview with agency head • Interviews with random staff

- Interviews with random residents
- Interview with a disabled resident
- Interview with a limited English proficient resident

Reasoning and analysis (by provision):

115.316(a) - Residents with Disabilities:

1. PAQ and Policy Review:

- The facility reported that it has established procedures to ensure that residents with disabilities have equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- Policy states that the facility will take appropriate steps to ensure that clients with disabilities and clients with limited English proficiency are made aware of the facility's zero-tolerance policy for sexual abuse and sexual harassment by staff or other residents.
- The facility ensures meaningful access to all PREA-related information and services, including providing professional interpreters or translators who can interpret effectively, accurately, and impartially.
- Policy explicitly prohibits reliance on resident interpreters, readers, or assistants, except in limited circumstances when an extended delay in obtaining a qualified interpreter could compromise resident safety, first-response duties, or the investigation of an allegation.
- The facility provides written materials (such as the PREA handbook, orientation materials, and PREA posters) in formats designed to ensure effective communication with residents who have disabilities, including those with intellectual disabilities, limited reading skills, blindness, or low vision, consistent with 28 CFR §35.164.

2. PREA Posters (English and Spanish):

- Bilingual PREA posters communicate the facility's zero-tolerance policy for sexual abuse and sexual harassment and include multiple reporting avenues (internal and external).

3. PREA Resident Handbook:

- The PREA handbook is distributed to all residents at intake. It clearly explains: The right to be free from sexual abuse and sexual harassment, the right to report such conduct, and how to report incidents through multiple available channels.
- The handbook includes definitions of sexual abuse, sexual harassment, and staff voyeurism, with examples of prohibited conduct to enhance understanding.
- The handbook does not adequately describe how the facility ensures effective communication with residents who have intellectual disabilities, limited reading skills, or sensory impairments (blind, low vision, deaf, or hard of hearing).

4. Language Line Services Contract:

- The facility maintains a Language Line Services contract, designed to provide access for residents with limited English proficiency and those with intellectual, psychiatric, or speech disabilities.

5. Staff Training Records:

- Review of seven staff training records confirmed that staff received training consistent with this provision's requirements, including communication strategies for residents with disabilities.

6. Residents' Education Material for Youth with Disabilities:

- Written materials reviewed by the auditor included content in simplified language. Still, they lacked information addressing how residents who are deaf, hard of hearing, blind, or have low vision can access PREA-related materials or report abuse.

7. Site Review Observations:

- PREA signage in English and Spanish was posted throughout the facility. The language line number was displayed alongside those of three other reporting agencies throughout the facility.

8. Interview with a Resident with Disabilities:

- The auditor interviewed the only resident with a reported disability; they were unaware of how to access interpretation or communication assistance if needed.

9. Interview with the Agency Head:

- Confirmed that procedures are in place to ensure residents with disabilities can participate in and benefit from all PREA-related efforts.

Initial Findings:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

While the facility has written policies that meet this provision's requirements, it has implementation gaps. Specifically, residents who are deaf, hard of hearing, blind, or have low vision do not currently have effective access to PREA-related information or reporting mechanisms.

Develop and implement a process to ensure residents who are deaf or hard of hearing have access to PREA information and reporting methods, including TTY or equivalent communication options.

Develop and implement a process to ensure residents who are blind or have low vision receive PREA information in accessible formats (e.g., large print, audio, or one-on-one explanation).

Train all staff on effective ways to communicate with and assist residents who are deaf, hard of hearing, blind, or have low vision to ensure full participation in PREA-

related processes.

Ensure residents understand how to access the Language Line and TTY services.

Revise the PREA Resident Handbook to clearly explain third-party reporting options and accessible communication processes for residents with disabilities.

Finding:

During the corrective phase, the facility provided additional resident education, updated the resident handbook, facility reporting posters, and staff training. Based on this analysis, the facility is substantially compliant with this provision

115.316(b) - Residents with Limited English Proficiency

1. PAQ and Policy Review:

- The facility reported it has established procedures to ensure that residents with limited English proficiency (LEP) have equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- The facility uses Language Line Services to communicate effectively with residents with limited English proficiency.
- Policy prohibits the use of resident interpreters, readers, or assistants, except in rare and exigent circumstances where an extended delay in obtaining an effective interpreter could compromise resident safety, first-response duties, or the investigation of an allegation.

2. Contracts for Interpretation Services:

- The auditors reviewed the facility's Language Line Services contract and confirmed that it is consistent with the requirements of this provision.
- The contract provides on-demand access to interpreters in multiple languages and aligns with PREA's requirement for professional, impartial interpretation services.

3. Instructions for the Use of Interpretation Services:

- The facility had posted Language Line instructional signage throughout resident areas that would provide clear instructions for staff on how to access interpreter services, ensuring staff and residents are aware of available resources.

4. Staff Training Records:

- A review of seven staff training records confirmed that staff received PREA-compliant training on how to communicate effectively and support residents who are limited English proficient.
- Staff training emphasized the appropriate use of interpreter services and the prohibition on using other residents as interpreters, except in limited exigent circumstances.

5. Site Review Observations:

- PREA education materials and audit notices were observed posted in English and Spanish, ensuring accessible information for residents with limited English proficiency.
- Posters included the facility's zero-tolerance statement and contact information for reporting sexual abuse and sexual harassment through multiple channels.

6. Interview with Limited English Proficient Resident:

- At the time of the audit, there were no residents with limited English proficiency in custody; therefore, this interview protocol was not utilized.

7. Interview with the Agency Head:

- Confirmed that the Language Line system is available 24/7 and that staff is trained to use it during intake, medical, or emergencies involving LEP residents.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

While the facility has policies, contracts, and training consistent with PREA standards, the absence of posted instructions on accessing interpretation services limits staff's and residents' awareness of these critical communication supports.

Post Language Line instructional signage in resident and staff areas to ensure visibility and awareness of interpreter service access procedures.

Ensure residents have meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment consistent with this provision.

Ensure staff understands and can demonstrate how to access interpreter services during intake and in emergency or reporting situations, consistent with this provision.

Finding:

During the corrective action phase, the facility provided additional training on interpreter services for residents and resident education consistent with this provision. Based on this analysis, the facility is substantially compliant with this provision

115.316(c) - Use of Resident Interpreters

1. PAQ and Policy Review:

- The facility reports that it does not use residents as interpreters,

	<p>readers, or other types of assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise resident safety, the performance of first-responder duties under §115.364, or the investigation of a resident's allegation.</p> <ul style="list-style-type: none"> ◦ This policy aligns with PREA requirements and demonstrates the facility's commitment to ensuring that interpretation and assistance are provided by qualified professionals whenever possible. <p>2. Records of Resident Interpreters:</p> <ul style="list-style-type: none"> ◦ No records of residents serving as interpreters, readers, or assistants were available for review, as no instances of resident interpretation or assistance were reported during the audit period. <p>3. Interviews with Random Staff:</p> <ul style="list-style-type: none"> ◦ The auditor conducted 11 staff interviews. When asked if the facility allows the use of residents as interpreters, readers, or other types of assistants to help residents with disabilities or limited English proficiency when making allegations of sexual abuse or sexual harassment, all nine staff members stated that such practices are not permitted. <p>4. Interview with a Resident with Disabilities:</p> <ul style="list-style-type: none"> ◦ When asked whether the facility provided PREA-related information in a manner they could understand, the residents stated that they did not recall receiving PREA materials regarding interpreter services. <p>5. Interview with Limited English Proficient Resident:</p> <ul style="list-style-type: none"> ◦ At the time of the audit, there were no residents with limited English proficiency in custody; therefore, this interview protocol was not utilized. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy and procedures

- Personnel files
- Contractor/volunteers files
- Interview with human resources (HR) staff
- Documentation review
- Site review observations

Reasoning and analysis (by provision):

115.317(a) - Hiring and Promotion Decisions

1. PAQ and PREA Policy Review:

- The facility's PREA policy expressly prohibits the hiring or promotion of any individual, or the use of any contractor/volunteer, who may have contact with residents and who has:
- Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (including schools or group homes);
- Been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, coercion, threats, or where the victim could not consent; or been civilly or administratively adjudicated for such conduct.
- The policy further requires the facility to conduct criminal background checks and make documented inquiries into past conduct before hiring or promoting employees, or utilizing contractors or volunteers.

2. Personnel Files:

- The auditor requested a list of all employees hired or promoted within the past 12 months. The auditor selected seven personnel files for review.
- The files were inconsistent with completed criminal background checks; Documentation demonstrating the required PREA-related questions about past sexual misconduct and institutional history; and signed statements acknowledging the obligation to report any future misconduct.

3. Contractor/Volunteers Files:

- The auditor requested a list of all contractors and volunteers hired in the past 12 months to determine whether proper criminal background checks have been conducted, and to ask and answer questions regarding past conduct.
- The auditor was provided with a list of seven selected contractors and volunteer files to review. All seven files contained the required checks consistent with this provision. The auditor confirmed that the agency added the contractors within the past 12 months. The auditor confirmed through an interview that the agency would apply the same PREA-related screening procedures if it onboarded such individuals.

Finding:

Based on this analysis, the agency is not substantially compliant with this provision, and corrective action is required.

115.317(b) - Incidents of Sexual Harassment Consideration**1. PAQ and PREA Policy Review:**

- The facility policy requires consideration of any incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with residents.
- The facility will consider any incidents of sexual harassment when determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents.

2. Interview with HR Staff:

- Reported prior incidents of sexual harassment are considered in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents.

3. Personnel Files:

- The auditor requested a list of all employees hired or promoted within the past 12 months. The auditor selected seven personnel files for review. The files did not include the required elements of this provision.

4. Contractor/Volunteers Files:

- The auditor requested a list of all contractors and volunteers hired in the past 12 months to determine whether incidents of sexual harassment were properly addressed.
- The auditor was provided with a list of seven selected contractors and volunteer files to review. All included files asked about incidents of sexual harassment. None of the files reported any such incidents.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.317 (c) - Hiring and Promotion Consideration:**1. PAQ and Policy Review:**

- The facility policy requires that a criminal background check be completed and that applicable child abuse registries be consulted before enlisting the services of any personnel who may have contact with residents.
- Reported that in the past 12 months, 24 staff members have completed their criminal background checks.
- Before hiring a new employee who may have contact with residents,

the facility will perform a criminal background check, consult any child abuse registry maintained by the State of Illinois, and make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse.

2. Interview with HR Staff:

- Stated that everyone is subject to criminal background checks and child abuse registry checks when hired and promoted, and every five years thereafter.
- The PC emails a request to hire, and then criminal background and child abuse registry checks are completed and kept in the employee's personnel file.

3. Documentation Review:

- The auditor randomly selected seven personnel files, and four files were missing elements of this provision; therefore, they could not be confirmed.

Initial Finding:

Based on this analysis, the agency is not substantially compliant with this provision and requires corrective action.

Corrective Action:

Develop a process to ensure that all staff hiring decisions comply with all provisions of this standard.

Findings:

During the corrective action phase, the facility developed a new process with Human Resources and the facility leadership team to ensure all hiring decision documentation is tracked consistently with this provision. Based on the corrective action, the agency is substantially compliant with this provision.

115.317(d) - Volunteers and Contractors Considerations:

1. PAQ and PREA Policy Review:

- The facility will conduct a criminal background check before engaging any volunteer or contractor. It will consider any incident of sexual harassment when determining whether to enlist the services of any volunteer or contractor who may have contact with clients.
- The facility reported 24 contractors in the past 12 months.

2. Interview with HR Staff:

- Stated that volunteers and contractors are required to undergo the same background checks as newly hired and current employees.

3. Documentation Review:

1. The facility hired 24 volunteers or contractors in the past 12 months; therefore, no contractor files were reviewed. The auditor requested a

list of all volunteers and contractors hired in the past 12 months to determine whether the facility properly addressed sexual harassment incidents.

2. The auditor was provided with a list of seven selected contractors and volunteer files to review. All files included the requirements of this provision.

Finding:

Based on this analysis, the agency is substantially compliant with this provision, and no corrective action is required.

115.317(e) - Criminal Background Checks for Current Employees

1. PAQ and PREA Policy Review:

- The facility policy requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents, or that a system be in place to capture such information for current employees otherwise.
- The facility will conduct criminal background checks of current employees and contractors who may have contact with clients. The agency follows state licensure requirements/COA standards, and it manages the frequency of checks for current employees.

2. Contractor and Volunteers Files Review:

- The auditor requested a list of all contractors and volunteers hired in the past 12 months to determine whether criminal background checks are completed.
- The auditor was provided with a list of seven selected contractors and volunteer files to review. All included files had criminal background checks.

3. Interview with HR staff:

- All current employees, contractors, and volunteers must complete the same background consent form at least every five years.

Finding:

Based on this analysis, the agency is substantially compliant with this provision, and no corrective action is required.

115.317(f) - Affirmative Action to Disclose Misconduct

1. PAQ and PREA Policy Review:

- Policy states that material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.
- The facility shall ask all applicants and employees who have direct

contact with residents about any previous misconduct in written applications or during hiring or promotion interviews, and in any interviews or written self-evaluations as part of reviews of current employees.

2. Interview with HR Staff:

- Reported that all newly hired and promoted staff must complete the background check authorization form acknowledging their duty to disclose any previous misconduct and any current allegations of misconduct, criminal convictions, or civil adjudications.

3. Personnel Files:

- The auditor requested a list of all employees hired or promoted within the past 12 months.
- Seven personnel files were selected for review. The files included completed documentation demonstrating the required PREA-related questions about past sexual misconduct and institutional history, and signed statements acknowledging the obligation to report any future misconduct

Finding::

Based on this analysis, the agency is substantially compliant with this provision, and no corrective action is required.

115.317(g) - Omissions and False Information Regarding Misconduct

1. PAQ and PREA Policy Review:

- Material omissions or providing materially false information regarding sexual abuse, sexual misconduct, or sexual harassment will be grounds for termination.
- The facility will impose a continuing affirmative duty to disclose any misconduct.

2. Interview with HR Staff:

- Reported that any omission or false information provided would result in termination.

3. Site Review Observation:

- Informal interview with the Assistant Superintendent reported that any omission or false information regarding misconduct would result in termination.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.317(h) - Information of Substantiated Allegations Upon Request

1. PAQ and PREA Policy Review:

	<ul style="list-style-type: none"> ◦ The facility will 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. ◦ Upon written request from another institutional employer, the Superintendent or PREA Coordinator shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a current or former employee. <p>2. Interview with HR Staff:</p> <ul style="list-style-type: none"> ◦ Stated that any requests for background information involving a PREA-related question would be forwarded to our human resources departments. This would be documented, but we have never had such a request. <p>3. Site Review Observation:</p> <ul style="list-style-type: none"> ◦ Informal interview with the PC confirmed the facility's obligation to report substantiated allegations of sexual abuse and sexual harassment involving a former employee. The PC reported that it has never occurred; however, on March 30, 2026, during a resident's intake, the resident alleged that they were sexually abused at another facility. The PC further reported that she would notify the facility today, April 1, 2026. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA Policy • Site review observations • Interview with agency head • Interview with the superintendent or designee • Documentation review <p>Reasoning and analysis (by provision)</p>

115.318(a) - Upgrades to Facilities and Technology

1. PAQ and PREA Policy Review:

- Since August 20, 2012, the facility has substantially modified the existing building.
- When designing or acquiring any new facility or planning a substantial expansion or modification of the existing facility, the department will consider the effect of the design, acquisition, expansion, or modification on the department's ability to protect residents from sexual abuse.
- Any facility modification shall be discussed with the Director of Court Services, the Deputy Director of Detention Services, the Assistant Superintendent/PREA Coordinator, and Detention Supervisors.

2. Interview with the Agency Head:

- Reported that he was involved with the remodel project from the beginning of the design process to ensure sight and sound separation would be guaranteed. Additional security cameras were installed to cover any blind spots.
- Stated that the rated capacity was reduced from 48 beds to 24 beds. The other 24 beds were remodeled into a homeless shelter. The construction included removing windows, installing sound barriers, and blocking off several entry points to the secure facility.

3. Site Review Observations:

- During the site review, the auditor viewed the newly installed concrete walls separating the homeless shelter space from the facility. The facility removed several existing windows and doors and filled them with concrete blocks.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.318(b) Assessment of Technology to Enhance PREA Compliance

1. PAQ and PREA Policy Review:

- The facility recently installed numerous security cameras and upgraded its video monitoring software and backup capacity.
- When installing or updating the facility's video monitoring system, electronic surveillance system, or other monitoring technology, the Deputy Director of Detention Services and the Assistant Superintendent/PREA Coordinator will consider how such technology may enhance its ability to protect residents from sexual abuse.

2. Interview with the Agency Head:

- They are currently evaluating technology upgrades.

3. Documentation Review:

- The auditor reviewed the new blueprints and invoices, which

	<p>indicated the locations of new security cameras.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Uniform evidence protocol • MOU with prairie center against sexual assault agency • Documentation Review • Interview with SANE/SAFE • Interview with random staff • Site review observations • Call to the prairie center against sexual assault agency <p>Reasoning and analysis (by provision):</p> <p>115.321(a) - Evidence Protocol and Forensic Medical Examinations</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility conducts administrative investigations into all allegations of sexual abuse or harassment. It refers criminal investigations to local law enforcement, the Sangamon County Sheriff’s Office, or the relevant agency if it is outside its jurisdiction. ◦ The facility will support a uniform evidence protocol that is developmentally appropriate for youth and is designed to maximize the potential to obtain physical evidence for administrative proceedings and criminal prosecution. This protocol is supported by the investigative agency taking over abuse reporting. ◦ All allegations of sexual abuse or sexual harassment are referred by the Superintendent of Detention Services or designee for investigation to a law enforcement agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The facility shall document all referrals.

2. Documentation Review:

- The auditor reviewed the uniform evidence protocol and determined that it met the standard's requirements.

3. Interview with Random Staff:

- Six out of the seven staff interviewed reported immediately separating the residents, securing the scene for potential evidence until law enforcement arrived, and arranging medical treatment for the residents.
- Stated that the PC and management are responsible for conducting sexual abuse investigations.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and requires no corrective action.

115.321(b) - Developmentally Appropriate for Youth Protocol

1. PAQ and PREA Policy Review:

- The protocol also ensures uniformity across all parties, including St. John's Hospital, treatment providers, and law enforcement, so that all survivors receive the same care.

2. Documentation Review:

- The auditor reviewed the uniform evidence protocol and determined it was developmentally appropriate for residents and sufficient to meet the standard's requirements.

Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires no corrective action.

115.321(c) - Forensic Medical Examinations

1. PAQ and PREA Policy Review:

- The facility offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility at no cost to the resident.
- The facility reported zero forensic medical exams conducted during the past 12 months:
- The facility reported zero exams performed by SANEs/SAFEs during the past 12 months:
- The facility reported zero exams performed by a qualified medical practitioner during the past 12 months:
- The facility offers all residents who report that they have experienced sexual abuse in the community in the past seven days or those who report experiencing such abuse in the facility access to

forensic medical examinations off-site. These services are provided at no cost to the resident. Forensic medical examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) at St. John's Hospital Emergency Department. If a SAFE or SANE is unavailable, a qualified medical practitioner will perform the examination. The PREA Coordinator, or designee, will document the effort to provide access to a SAFE or SANE provider.

2. Interview with SAFE/SANE Staff:

- Reported that they provide medically appropriate exams, and they have 17 SAFE/SANE nurses available twenty-four hours a day and seven days a week. In addition, they have nurses on call to assist with the examinations if needed.

3. Interview with the PC:

- Provided insight into a good working relationship with the hospital and discussions regarding the potential need for SANE/SAFE-conducted resident exams.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.321(d) - Victim Advocate from the Rape Crisis Center

1. PAQ and Policy Review:

- The facility will obtain a victim advocate through the Prairie Center Against Sexual Assault by the PREA Coordinator or designee.
- A victim advocate will be obtained through St. John's Hospital and will accompany and support the victim through the forensic medical examination process and investigatory interviews, and provide emotional support, crisis intervention, information, and referrals

2. Documentation Review:

- The auditor reviewed the MOU with the Prairie Center Against Sexual Assault and determined that it meets the requirements of this provision.
- The auditor reviewed PC's specialized training for victim advocates and determined that it meets the requirements of this provision.

3. Interview with a Resident Who Reported Sexual Abuse:

- During the on-site phase of the audit, there were no residents who reported sexual abuse in custody to interview.

4. Site Review Observations:

- Informal interview with the PC confirmed partnership with Prairie Center Against Sexual Assault, available services, and advocacy for residents who report an allegation.
- The auditor tested the phone service provided to the residents and

successfully contacted the agency.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.321(e) - Victim Advocate from the Rape Crisis Center

1. PAQ and Policy Review:

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

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.321(f) - Investigating Allegations of Sexual Abuse

1. PAQ and Policy Review:

- The facility is responsible for investigating administrative allegations and relies on another agency to conduct criminal investigations of allegations of sexual abuse. The agency has requested that the responsible agency comply with the requirements of paragraphs 115.321(a) through (e) of the standards.

2. Documentation Review:

- The auditor reviewed email communication with the Sheriff's Department and determined that it meets the requirements of this provision.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.321(g)

The auditor is not required to audit this provision.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Facility website review • Site review observations • Investigation files • Documentation review • Interview with PC • Interview with the superintendent • Interview with the investigation staff <p>Reasoning and analysis (by provision):</p> <p>115.322(a) - Policies to Ensure Referrals of Allegations for Investigations</p> <ol style="list-style-type: none"> 1. PAQ and Policy Review: <ul style="list-style-type: none"> ◦ The facility ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The facility conducts all administrative investigations and refers criminal investigations to local law enforcement. ◦ The facility reported one allegation of sexual abuse and sexual harassment that was received. ◦ The facility reported one allegation, which resulted in an administrative investigation. ◦ The facility reported no allegations that were referred to for criminal investigation. ◦ The facility reported no administrative and/or criminal investigations. 2. Interview with Agency Head: <ul style="list-style-type: none"> ◦ Confirmed that all allegations of sexual abuse and sexual harassment are investigated. 3. Investigation Files: <ul style="list-style-type: none"> ◦ The facility reported that no investigations have occurred during the last 12 months. During the on-site phase of the audit, the auditor requested all investigation files. The auditor received seven investigation files. The auditor reviewed the files and determined that four investigations were not fully completed, consistent with the provision. <p>Initial Finding:</p>

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

Ensure that all administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment.

Findings:

During the corrective action phase, the facility provided additional training to investigators. It developed a process to ensure that all allegations of sexual abuse and sexual harassment are properly investigated and documented consistent with requirements of this provision. Based on this analysis, the facility is substantially compliant with this provision.

115.322(b) - Policies to Ensure Referrals of Allegations for Investigation

1. PAQ and PREA Policy Review:

- The facility maintains a policy requiring that all allegations of sexual abuse or sexual harassment be referred for investigation to an entity with the legal authority to conduct criminal investigations. This includes referral to an outside law enforcement agency when applicable, or to the agency itself if it conducts its own investigations, unless the allegation clearly does not involve potentially criminal behavior.
- The facility policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency's website. It is also available to the public through other means upon request.
- The facility documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.
- The facility has a written policy ensuring that allegations of sexual abuse and sexual harassment are referred to an agency with the authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency posts this policy publicly on its website, and it documents all referrals.
- Allegations shall be referred to the Sangamon County Sheriff's Office except when the alleged incident occurred outside of their jurisdiction. In such incidents, the allegation will be referred to the appropriate law enforcement agency.
- All allegations of sexually abusive behavior receive prompt intervention upon report, and perpetrators of sexually abusive behavior are disciplined and, when appropriate, referred for prosecution in accordance with facility policy and federal, state, and local laws.

2. Interview with Investigation Staff:

- All three interviewed staff confirmed that all allegations are

	<p>investigated and/or referred to when appropriate.</p> <ul style="list-style-type: none"> ◦ Confirmed the practice of referring allegations of sexual abuse and sexual harassment, unless the allegation does not involve potentially criminal behavior, to local law enforcement. <p>3. Facility Website Review:</p> <ul style="list-style-type: none"> ◦ The auditor reviewed the facility website and confirmed that the criminal investigations policy is available. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.322(c) - Publication of Responsible Party for Criminal Investigations</p> <p>1. Facility Website Review:</p> <ul style="list-style-type: none"> ◦ The facility's website outlines the responsibilities of both sexual abuse and sexual harassment regarding investigations. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.322(d) & (e)</p> <p>The auditor is not required to audit these provisions.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Employee training files • Random staff interviews • Informal interview PC • Training curriculum review <p>Reasoning and analysis (by provision):</p> <p>115.331(a) - Employee Training</p>

1. PAQ and Policy Review:

- Before working with residents, all employees and department-contracted employees who work in the facility and have contact with residents receive PREA-related training. Employee training shall include, but is not limited to:
- The review of facility PREA policies includes the following components: prevention, detection, and response to sexual abuse and sexual harassment; the facility's zero-tolerance stance on sexual abuse, sexual harassment, and sexual misconduct; and the recognition of sexual misconduct, including identifying predatory residents, potential victims, and possible staff involvement.
- The review also covers procedures for sharing confidential information, established reporting methods, and residents' rights to be free from sexual misconduct, sexual harassment, and sexual abuse. Additionally, it emphasizes both resident and employee rights to be free from retaliation for reporting incidents of sexual abuse or sexual harassment.
- The dynamics of sexual abuse in confinement include common reactions of sexual abuse victims, how to detect and respond to signs of threatened and actual sexual abuse, and how to avoid inappropriate relationships with residents. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, and/or gender nonconforming residents. How to comply with mandated reporting laws for the State of Illinois. Relevant laws regarding the applicable age of consent.

2. Employee Training Files:

- The PC provided a spreadsheet for employee initial PREA training and received it. The auditor selected seven random staff files to review. All seven staff had documentation of completed PREA training.

3. Random Staff Interviews:

- All 11 staff interviewed reported receiving initial PREA training. Most training components were consistent with this provision.

4. Training Curriculum Review:

- The facility utilizes the Relias online training platform to provide PREA training to all agency staff. Relias training includes full PREA training upon hire and annual refresher training. The auditor reviewed the Relias training curriculum and found it sufficient. The auditor received online transcripts from selected staff, including electronic verification of training completion.
- The PC also completes in-person training with new hires, which includes the PREA policy and procedure. The PC kept documentation in an on-site spreadsheet.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and

requires no corrective action.

115.331(b) - Unique Needs and Attributes of Resident Population

1. PAQ and Policy Review:

- Training is tailored to meet the needs and attributes of the facility's population.

2. Site Review Observations:

- Informal Interview with PC confirmed that, when they create a training curriculum, the population of residents they work with is taken into account.

3. Random Staff Interviews:

- All 11 staff interviewed reported receiving initial PREA training. Only two fully understood how residents with LEP, intellectual disabilities, limited reading skills, blindness or low vision, deaf, or hard of hearing would access information regarding their right to be free from sexual abuse and sexual harassment.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

The facility shall provide further training on how residents with disabilities access PREA information.

Ensure staff understand all requirements of this standard, including those related to LEP and intellectual disabilities, and that residents may have limited reading skills and be blind or have low vision.

Ensure staff understand how to communicate effectively with residents who are deaf or hard of hearing and how to use interpreter services.

Ensure staff understand the availability of emotional support services and the purpose of the PREA phone.

Finding:

During the corrective action phase, the facility is providing additional resident education and staff training on the purpose and availability of emotional support services, how to communicate effectively with deaf or hard-of-hearing residents, how to use interpreter services, and how residents with disabilities access PREA information and reporting methods. The auditor reviewed the training curriculum, resident education records, and staff training records and found them substantially compliant with this provision.

115.331(c) - Recurring PREA Training

	<p>1. PAQ and Policy Review:</p> <ul style="list-style-type: none"> Between formal trainings, the facility provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. All employees shall receive training during new-employee orientation and annually as part of their in-service training. <p>2. Documentation Review:</p> <ul style="list-style-type: none"> The auditor randomly selected seven training records, and all records included annual and refresher training completed and included an employee signature indicating that the employee understood they had received training in a manner consistent with this provision. <p>3. Training Curriculum:</p> <ul style="list-style-type: none"> The auditor reviewed the PREA annual Relias training and the refresher training curriculum and found them to be sufficient. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.331(d) - Documentation and Verification Training Received</p> <p>1. PAQ and Policy Review:</p> <ul style="list-style-type: none"> The facility documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification. Employees shall complete attestation statements in Relias stating they understood the training and their role. <p>2. Documentation Review:</p> <ul style="list-style-type: none"> The auditor reviewed seven employee training files and found proper documentation that shows staff acknowledged and understood their training. The documentation review also confirmed that staff had completed the required training. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- PAQ
- PREA policy
- Volunteer and contractual staff Interviews
- Documentation Review
- Training Records

Reasoning and analysis (by provision):

115.332(a) - Volunteer and Contractor Training:

1. PAQ and Policy Review:

- All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.
- The facility reported 14 volunteers and contractors who have contact with residents who have been trained in the facility's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response:

2. Documentation Review:

- The auditor randomly selected seven volunteers and contractor training records, and all indicated they received PREA training consistent with this provision.

3. Volunteer and Contractual Staff Interviews:

- The auditor randomly selected four volunteers and contractors to interview while on site. All four reported they have received PREA training regarding sexual abuse and sexual harassment prevention, selection, and response.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and requires no corrective action.

115.332(b) - Level of Training Provided:

1. PAQ and PREA Policy Review:

- The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents.

2. Volunteer and Contractual Staff Interviews:

- Four volunteers and contractual staff were interviewed while on site. All four reported they have received PREA training regarding sexual abuse and sexual harassment prevention, selection, and response.

Finding:

	<p>Based on this analysis, the facility is substantially compliant with this provision and requires no corrective action.</p> <p>115.332(c) - Training Documentation Requirements:</p> <ol style="list-style-type: none"> PAQ and PREA Policy Review: <ul style="list-style-type: none"> The facility maintains documentation confirming that the volunteers and contractors understand the training they have received. Documentation Review: <ul style="list-style-type: none"> The auditor randomly selected seven volunteers and contractor training records, and all indicated they received PREA training consistent with this provision. <p>Finding:</p> <p>Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> PAQ PREA policy review Resident handbook Interview with intake staff Interview with random residents Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.333(a) - Resident Education</p> <ol style="list-style-type: none"> PAQ and PREA Policy: <ul style="list-style-type: none"> Residents receive information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The facility reported that 211 residents admitted in the past 12 months received PREA information appropriate for their age. Residents shall receive this information in their resident handbook and in a new-resident PREA initial orientation form. Residents shall

confirm receipt of this information by signing the PREA acknowledgment form at intake.

2. Interview with Intake Staff:

- Intake staff confirmed that residents are provided with a handbook that includes the zero-tolerance policy. All residents must sign off stating they understand the material.

3. Interview with Random Residents:

- The auditors interviewed seven residents, and six of the seven reported receiving the PREA information and a handbook at intake.

4. Documentation Review:

- The auditor selected seven resident PREA orientations and reviewed signed documentation indicating that the resident received PREA handbook acknowledgment forms while on site. All forms were adequately signed, consistent with this provision.

5. Site Review Observation:

- The auditor observed an intake while on site, and the intake staff conducted the PREA orientation consistent with the provision.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.333(b) - Education Timeframe Upon Intake

1. PAQ and PREA Policy Review:

- The facility reports that, within 10 days of intake, residents are provided with comprehensive age-appropriate education either in person or through video regarding their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

2. Interview with Intake Staff:

- One intake staff member was interviewed during the on-site portion of the audit. Intake staff stated that residents receive education by reviewing the facility's PREA handbook during initial intake. The PREA handbook provides information on residents' rights, facility policy, and procedures on reporting and responding to allegations of sexual abuse and sexual harassment.

3. Interview with Random Residents:

- Seven residents were interviewed during the on-site portion of the audit. All residents reported receiving PREA information during their intake.

4. Site Review Observation:

- The auditor observed an intake while on site, and the intake staff verbally reviewed the PREA information with the resident and

confirmed that they understood it. The staff required the client to sign to confirm understanding of their rights and the information provided.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.333(c) - Education Timeframe for Transfers

1. PAQ and PREA Policy Review:

- The facility reported that all residents received education at intake and that it conducts refresher training throughout the year and/or as needed.
- The facility policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.

2. Documentation Review:

- The auditor reviewed a sampling of intake files based on intake dates. The auditor randomly selected seven intake files. All files showed proper documentation that each resident received PREA education during intake.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.333(d) - Resident Education Formats

1. PAQ and PREA Policy:

- Facility reported that they provide resident education in formats accessible to all clients, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.
- Education will be provided in formats accessible to all residents, including those who are limited English proficient, have limited reading skills, are visually impaired, deaf, or otherwise disabled.
- Written materials, such as handbooks and posters, are provided in formats or methods that ensure effective communication with clients with disabilities, including residents with intellectual disabilities, limited reading skills, or blindness or low vision.

2. Site Review Observations:

- The auditor observed signage throughout the facility in both English and Spanish. The signage outlines a zero-tolerance policy, reporting mechanisms, and available services. An informal interview with PC confirmed that, if necessary, the language line would be used for residents with limited English proficiency. The PC stated that the language line would serve residents who were deaf, hard of hearing, visually impaired, or blind.

3. Interview with Intake Staff:

- Reported that materials are provided to residents who do not speak English, and we would use the language line if needed.
- Reported they had not had any blind or deaf clients, but they would reach out to facility management on how to proceed.

4. Interview with Random Residents:

- Of the seven residents interviewed, one reported that they thought the language line could be used for anyone who was deaf or hard of hearing.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

Develop a process to ensure residents who are deaf or hard of hearing have access to materials and information and have the opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Train all staff on how residents who are deaf or hard of hearing have the opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Ensure educational opportunities for deaf or hard-of-hearing residents are provided in a way that residents will retain the information.

Finding:

During the corrective action phase, the facility updated its resident education curriculum. It highlighted how deaf or hard-of-hearing residents can access materials and information on how the facility prevents, detects, and responds to sexual abuse and sexual harassment. The auditor reviewed the updated curriculum and found it substantially compliant with this provision.

115.333(e) - Training Documentation Requirements

1. PAQ and PREA Policy Review:

- The facility shall maintain documentation of residents' participation in these education sessions.
- Residents shall sign a PREA acknowledgment form at intake after receiving their initial orientation and reviewing their resident handbook. Place the signed forms in the resident's file in the control room.
- Residents shall complete the PREA new-resident orientation test after receiving their orientation. The completed PREA test shall be scanned and sent to the PREA Coordinator, as well as placed in the resident's file in the control room.

2. Documentation Review:

- The auditor reviewed a random sample of resident education files. Each file included documentation that the resident received PREA education during intake.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.333(f) - Availability of Education Material

1. PAQ and PREA Policy Review:

- The facility shall ensure that the information is continuously and readily available to residents through posters, resident handbooks, and pamphlets.

2. Interviews with Random Residents:

- Of the seven residents interviewed, two reported that they could contact an outside advocacy agency but did not know how to access such services.

3. Site Review Observations:

- The auditor observed ample PREA posters regarding zero tolerance and reporting methods throughout the facility. The signage was readily accessible to the residents and visitors throughout the facility. The auditor observed several phones available to residents for contacting outside services. The auditor successfully contacted the four different services available to the residents.
- The auditor observed the audit notice posted throughout the facility, consistent with this provision.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

While the facility provides residents with a PREA handbook, PREA education during

	<p>intake, and refresher PREA education, most residents are unaware of available external advocacy services and reporting options.</p> <p>The facility will provide additional, diverse educational opportunities on outside services and reporting means to support resident retention.</p> <p>Finding:</p> <p>During the corrective action phase, the facility enhanced its resident education to highlight the availability of outside services and reporting means. The auditor reviewed the updated curriculum and found it substantially compliant with this provision.</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Investigation training documentation • Investigation training curriculum • Training logs • Interviews with investigation staff <p>Reasoning and analysis (by provision):</p> <p>115.334(a) - Specialized Training for Investigations</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ In addition to the general training provided, the Juvenile Center shall ensure that Detention Supervisors and the Assistant Superintendent receive training in conducting sexual abuse and harassment investigations in confinement settings. ◦ The facility shall maintain an MOU with the Sangamon County Sheriff's Office that requires the department's investigators to

receive specialized training.

2. Interview with Investigation Staff:

- The auditor interviewed 3 of the 5 facility investigators; all 3 reported receiving proper training on conducting investigations in a confinement setting.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.334(b) - Components of Specialized Training

1. PAQ and PREA Policy:

- The facility reports that its specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- Specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

2. Interview with Investigation Staff:

- All three Investigators confirmed that their training included Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, interviewing juvenile sexual abuse victims, and evidence requirements. Investigators report feeling confident in their ability to complete investigations.

3. Documentation Review:

- The auditor reviewed the training curriculum and found it consistent with the requirements of this provision.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.334(c) - Documentation of Specialized Training

1. PAQ and PREA Policy Review:

- The facility reports maintaining documentation showing that investigators have completed the required specialized training. Training certificates and records were provided.
- The PC shall maintain documentation that facility investigators have completed the required specialized training and understand the

	<p>training.</p> <p>2. Interview with PC:</p> <ul style="list-style-type: none"> ◦ The PC confirmed that training documentation is kept for facility investigators. The PC is responsible for coordinating training and ensuring completion. <p>3. Documentation Review:</p> <ul style="list-style-type: none"> ◦ The auditor reviewed investigation training documents during the pre-audit phase and found the documentation aligned with policy, interview results, and facility practices. The auditor also reviewed special investigation records for course completion certifications for three of the five facility investigators. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Medical training documentation • Mental health training documentation • Training logs • Interviews with medical staff • Interviews with mental health staff • Interview with PC <p>Reasoning and analysis (by provision):</p> <p>115.335(a) - Medical and Mental Health Care Specialized Training</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility reports that all full- and part-time medical and mental health care practitioners who work regularly in its facilities are trained in how to assess signs of sexual abuse and sexual harassment, how to preserve physical evidence, how to respond effectively, and how to report allegations. Training Documentation for Medical and Mental Health staff was provided.

- Reported 3 medical and mental health care practitioners work regularly at the facility. All medical and mental health care practitioners who work regularly at the facility have received training from their employer that includes the following: 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 survivors of sexual abuse and sexual harassment; How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

2. Interview with Medical Staff:

- One nurse was interviewed and reported receiving training. The nurse reported that this was completed upon initial hire and is required annually. The training included the following: 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 survivors of sexual abuse and sexual harassment; and how and whom to report allegations or suspicions of sexual abuse and sexual harassment.

3. Interview with Mental Health Staff:

- One mental health staff member was interviewed during the on-site phase of the audit and reported receiving PREA training from the state licensing agency through the facility, as well as PREA Coordinator, Relias, and NIC training online. Mental health staff report that training is provided during onboarding and continues annually. The training included: 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 survivors of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

1. Documentation Review:

- The auditor reviewed the medical and mental health staff PREA training curriculum and found it to be sufficient.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.335(b) - Forensic Medical Examinations

1. PAQ and PREA Policy Review:

- Facility medical staff do not conduct forensic medical exams

2. Interview with Medical Staff:

- Confirms that the facility does not perform forensic medical exams on residents and that they would be sent to the Hospital if one were

needed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.335(c) - Specialized Training Documentation

1. PAQ and PREA Policy Review:

- The facility maintains documentation showing medical and mental health practitioners have completed required training. The facility provided training documents for medical and mental health staff.
- The PC shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

2. Documentation Review:

- The auditor reviewed the provided medical and mental health training documentation during the pre-audit phase and found it sufficient. The auditor also reviewed the documentation and storage system the PC maintained during the on-site phase of the audit and found them sufficient.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.335(d) - Medical and Mental Health Training Requirements

1. PAQ and PREA Policy Review:

- Medical and Mental health staff also receive training that facility employees receive in 115.331 or 115.332, depending on their status at the facility.
- Medical and mental health practitioners shall also receive the training mandated for employees under §115.331 or for contractors and volunteers under §115.332, depending upon the practitioner's status at the agency.

2. Interviews with Medical and Mental Health Staff:

- Both interviewed medical and mental health staff reported receiving training at the facility. This training included all requirements of 115.331.

3. Documentation Review:

- The auditor reviewed training logs, including signed training acknowledgment forms, indicating that medical and mental health staff have received facility-based training.

	<p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy review • PREA Victimization and sexual physical aggression screener (VSPA) • Documentation of initial intake dates for randomly selected residents • Screening forms for randomly selected residents • Interviews with random staff • Interviews with staff who conduct risk screening • Interview with PC • Interviews with random residents • Interview with residents who reported sexual abuse <p>Reasoning and analysis (by provision):</p> <p>115.341(a) - Obtaining Information from Residents</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents. ◦ The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. ◦ The Sangamon County Juvenile Center shall use information obtained in the risk assessment to make housing and programming assignments for residents to keep all residents safe and free from sexual abuse and sexual harassment. ◦ Reported that the facility had 111 entering the facility (either through intake or transfer) within the past 12 months, whose length of stay in the facility was 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility. ◦ The Victimization and Sexual/Physical Aggression Screener (VSPA)

shall be administered as a part of the admission process to determine if the resident is vulnerable to victimization or susceptible to sexual/physical aggression toward other residents.

- Reported within 72 hours of the client's arrival at the facility and periodically throughout a client's placement, the facility will obtain and use information about each client's personal history and behavior to reduce the risk of sexual abuse by or upon a client.
- A reassessment shall be completed throughout a resident's confinement, and when warranted due to an incident of sexual abuse or harassment or receipt of additional information that bears on the resident's risk of sexual victimization or abuse.

2. Site Review Observations:

- The auditor learned that residents are asked a series of questions by trained intake staff during intake. Staff asked VSPA questions during intake, consistent with this provision's requirement. The auditor observed an intake during the on-site phase of the audit and confirmed that staff conducted the VSPA at intake.
- Informal Interviews with staff members conducting the intake confirmed that they are required to ask a series of questions regarding sexual victimization. Explained that the results of the VSPA were communicated to the supervisor and control room staff so that a housing decision could be made. They ensured residents understood the questions.
- An informal interview with two residents confirmed that they were asked VSPA questions during their intake. Reported they understood the questions and were comfortable answering them.

3. Documentation Review:

- The auditor randomly selected 11 intake dates for the resident. The auditor requested information from the facility on records of residents admitted in the past 12 months to verify that appropriate screening was completed within 72 hours of arrival. All selected intake dates were completed within 72 hours, consistent with the provision's requirement.

4. Interviews with Random Residents:

- Interviews with seven residents confirmed that the intake process included being asked questions like whether they had experienced previous sexual victimization, whether they identified as being gay, lesbian, bisexual, transgender, or intersex, whether they had any disabilities, or whether they felt they might be at risk of being sexually abused at the facility.

5. Interview with Staff Responsible for Risk Screening:

- Confirmed the VSPA screening process and timeline to conduct these screenings.
- Reported VSPA questions are read line by line and rephrased as needed to ensure residents are comfortable and understand them. The residents are reassessed as needed. Reported that the VSPA

results are emailed to the supervisor and PC, and the housing, programming assignments, and referrals to medical/mental health will be made accordingly to ensure the resident's safety and the safety of all residents in the facility.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.341(b) - Using an Objective Screening Instrument

1. PAQ and PREA Policy Review:

- The facility indicated that they use an objective risk assessment and an objective screening instrument.

2. Documentation Review:

- The facility's VSPA contains a weighted scoring mechanism that culminates in an overall determination of a resident's risk of sexual victimization and sexual abuse, which is an important element in achieving objectivity.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.341(c) - Risk Screening Instrument Information

1. PAQ and PREA Policy:

- The VSPA will use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident at intake.

2. Documentation Review:

- The auditor randomly selected 11 residents' initial intake dates admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours of arrival. The records indicated that all 11 intakes received the VSAP at intake or within 72 hours.
- The screening tool contains all factors required by the provision. Any gender nonconforming appearance or manner, or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may, therefore, be vulnerable to sexual abuse. The tool included the following: prior sexual victimization or abuse, current charges, and offense history.
- Age, level of emotional and cognitive development, physical size and stature, mental illness or mental disabilities, intellectual or developmental disabilities, physical disabilities, the youths' own

perception of vulnerability, specific information about the individual that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth.

3. Interviews with Staff who Conduct Risk Screening:

- Reported that the intake staff obtained this information upon intake, and this information is forwarded to the shift supervisor and PC.

4. Documentation Review:

- The auditors randomly selected 11 screening forms. All screenings were completed at intake and reviewed by the PC.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.341(d) - Classification Assessment

1. PAQ and PREA Policy Review:

- Information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

2. Interviews with Staff who Conduct Risk Screening:

- Reported that this information is gathered through conversation and documented in the case management system. Staff noted medical and mental health issues and discussed them as a team.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.341(e) - Confidentiality of Controls of Resident's Responses

1. PAQ and PREA Policy Review:

- The facility will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard, to ensure that sensitive information is not exploited to the client's detriment by staff or other clients.

2. Interviews with Staff who Conduct Risk Screening:

- Facility screening staff indicated that the VSPA form is given to PC and kept in a locked office.

3. Interview with PC:

- Confirmed screenings are kept in a locked cabinet in my office to protect sensitive information from exploitation; they reported:

	<p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • Victimization and sexual physical aggression screener • Documentation review • Site review observations • Interview with the superintendent or designee • Interview with staff who supervise residents in isolation • Interview with medical staff • Interview with mental health staff • Interview with residents in isolation • Interview with transgender resident • Interview with the staff responsible for risk screening • Interview with PC • Interview with transgender, gay, lesbian, bisexual, intersex resident (LGBTQI) <p>Reasoning and analysis (by provision):</p> <p>115.342(a) - Placement of Residents</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments to keep all residents safe and free from sexual abuse. 2. Documentation Review: <ul style="list-style-type: none"> ◦ The auditors reviewed 11 completed risk assessments and related notes to confirm that the facility utilized the scoring mechanism that assesses clients' risk of sexual victimization and abusiveness, culminating in an overall determination of residents' risk of vulnerability and abusiveness. 3. Interviews with Staff who Conduct Risk Screening: <ul style="list-style-type: none"> ◦ Reported that risk assessment is given to the PC, medical, and mental health, and the appropriate housing is reviewed and

discussed as a team.

4. Site Review Observations:

- The auditor observed an intake, including the risk assessment. It was evident to the auditor that there was a straightforward practice in which residents' screening information was used to inform housing, bed, work, or educational assignments, keeping residents who are at risk of sexual victimization separate from those who are at risk of sexual abuse. During intake, staff called the shift supervisor and PC to discuss housing placement and referral to the mental health team.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and requires no corrective action.

115.342(b) - Resident Isolation

1. PAQ and PREA Policy Review:

- Residents who are at risk of victimization or abuse shall only be separated from other residents as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping residents safe can be arranged.
- If a resident is separated from other residents, a Detention Supervisor shall document the basis for concern regarding the resident's safety and the reason no alternative means of keeping the resident safe were immediately available.
- If a resident is separated from other residents, they shall receive daily educational programming and large-muscle exercise. Residents shall also have access to programming opportunities available to other residents, to the extent possible.
- Reported zero residents at risk of sexual victimization were placed in isolation in the past 12 months.
- Reported zero residents at risk of sexual victimization were placed in isolation and have been denied daily access to large muscle exercise and/or legally required education or special education services in the past 12 months.
- Reported zero residents at risk of sexual victimization were held in isolation to protect them from sexual victimization in the past 12 months.

2. Interview with Medical Staff:

- We have had to place a resident in isolation for their protection. Anytime a resident is in their room for more than 15 minutes, visit them and document our contact in our notes.

3. Interview with Staff who Supervise Residents in Isolation:

- Reported: Anytime a resident is in their room, we are required to conduct a wellness check via the watchman. Reported isolation is used only briefly, and they do not recall a resident being isolated for PREA reasons.

4. Interview with a Mental Health Staff:

- Residents are not isolated in their rooms for PREA reasons. If a resident is in their room for behavioral reasons, we must conduct a wellness check and document these contacts. Generally, residents are separated from their peers in another dayroom area, not in their rooms.
- If a resident is isolated, both the medical and mental health staff would meet with the resident daily and document the visit.

5. Interviews with Residents in Isolation:

- No clients in custody were in isolation at the time of the audit; therefore, this protocol was not utilized.

6. Interview with the Superintendent or Designee:

- Confirmed that residents are not generally isolated in their rooms for any reason. We conduct watchman and wellness checks whenever residents are in their rooms. Residents have access to education, programming, and physical exercise.

7. Documentation Review:

- The auditors requested documentation of any isolated residents over the past 12 months. No such documentation exists. During the medical and mental health interviews, the auditor reviewed several contact notes from residents who were seen in their rooms for behavioral issues. The contact notes confirmed that residents were isolated for short periods.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.342(h) - Continued Need for Separation

1. PAQ and PREA Policy Review:

- If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document the basis for the facility's concern for the resident's safety and the reason why no alternative means of separation can be arranged.
- Reported zero residents held in isolation for risk of sexual abuse.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

	<p>115.342(i) - Documentation for Continued Need for Separation</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ Every 30 days, the facility shall afford a review of each resident described in paragraph (h) of this section to determine whether there is a continuing need for separation from the general population. ◦ If a resident at risk of sexual victimization is held in isolation, the facility affords each resident a review every 30 days to determine whether there is a continuing need for separation from the general population. ◦ At least every five days, the PC and Detention Supervisors shall review the circumstances of any resident who has been separated from other residents to determine whether there is a continuing need for such separation. <p>2. Interviews with Residents in Isolation:</p> <ul style="list-style-type: none"> ◦ No residents were in custody or isolation during the audit; therefore, no interviews were conducted. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy review • Documentation review • PREA signage • Resident orientation handbook • Grievance log documentation • Interview with random staff • Interview with random residents • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.351(a) - Resident Reporting</p>

1. PAQ and PREA Policy:

- The facility has established procedures allowing for multiple internal ways 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.
- Residents have the following internal reporting methods: use the grievance system, tell a staff member, volunteer, or contractor, or submit a sick call slip or a mental health request.

2. Resident Orientation Handbook:

- The handbook informs residents of the available methods for reporting sexual abuse and harassment. It also provides various external reporting options for anonymous reporting, including the national suicide hotline and Prairie Center Against Sexual Assault.
- Information for parents, guardians, attorneys, or caseworkers to report an allegation of sexual abuse on a resident's behalf is available in the visitor lobby and in the PREA pamphlet provided to anyone entering the facility.

3. Site Review Observations:

- The auditor observed multiple grievance boxes hung on the wall throughout the facility, one of which contained a PREA grievance and a medical and mental health request form.
- To test the internal reporting methods, the auditor completed a PREA grievance form requesting that I be notified as soon as the grievance was received. The auditor placed the grievance form in the grievance box at approximately 6:40 pm on April 1, 2026. On April 2, 2026, the first-shift supervisor brought me the grievance form at approximately 7:30 am.
- Informal conversation with staff confirmed that residents are allowed to write letters without anyone reading the mail. All letters sent out free of charge are sent out daily. Staff reported that residents usually make a report to them, and they contact the PC to relay it.
- Staff reported that they are not authorized to access resident mail, medical, or mental health information.

4. Facility Signage:

- PREA posters in both English and Spanish were displayed throughout the facility, with additional signage posted in several areas. The posters outlined internal, external, and third-party reporting methods and included the corresponding contact information for each reporting entity.

5. Interview with Random Residents:

- The auditor interviewed seven residents, and they all reported that they were comfortable reporting through the grievance box, to trusted staff, or to their parents. The auditor also confirmed that they could write a letter to report an allegation of abuse.

6. Interviews with Random Staff:

- The auditor interviewed 11 staff members, all of whom affirmed their responsibility to accept reports of sexual abuse and sexual harassment via any method. Interviewed staff indicated that residents may report verbally, use the PREA phone, or complete a grievance form and place it in the designated grievance box.
- Reported that the supervisor routinely checks the grievance boxes and that residents most commonly make reports verbally rather than through the grievance process.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.351(b) - Reporting to Private Entity

1. PAQ and PREA Policy:

- The Juvenile Center shall also provide an external method of reporting for residents to report abuse or harassment to a public or private entity that is not part of the agency and that can receive and immediately forward resident reports of sexual abuse and harassment to the Sangamon County Juvenile Center's PREA Coordinator, allowing the resident to remain anonymous upon request.
- Residents may use the resident resource phone, which prompts them to contact four different reporting agencies.
- Residents may use the resident resource phone to contact the Sangamon County Sheriff's Office; the prompts on this phone will guide them directly to the agency.
- Residents may allow a third party, such as a parent, guardian, caseworker, or attorney, to make a report on their behalf. Information is available in the Juvenile Center's public lobby and visitation areas for those individuals to access.
- Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports before the end of their shift.
- The Juvenile Center shall provide residents with the tools necessary to make a written report.
- The facility reports that it does not house residents solely for civil and immigration reasons.

2. Documentation Review:

- The auditor reviewed the MOU with Prairie Center Against Sexual Abuse during the pre-audit phase and found it sufficient.

3. Site Review Observations:

- PREA posters in English and Spanish were displayed throughout the facility. The facility posted additional signage in several areas, and

the materials collectively provided internal, external, and third-party reporting options, including contact information for each reporting entity.

- The auditor tested the resident resource phone and was able to contact all four external reporting options.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.351(c) - Documentation of Verbal and External Reports

1. PAQ and PREA Policy Review:

- The facility has a policy mandating that staff accept reports made verbally, in writing, anonymously, and from third parties, and that they promptly document any verbal reports.

2. Documentation Review:

- The auditor requested the facility's grievance log, but verbal reports made to staff were not included in it.

3. Interviews with Random Staff:

- All 11 staff interviewed reported being aware that they are required to accept verbal reports from residents and that any written grievances are given to the supervisor on duty. They were unsure how to handle any third-party reports.
- When asked if the verbal reports were documented, they stated they were unaware of how or if these reports were documented.

4. Interview with PC:

- Reported that verbal reports are sent to the supervisor and PC; however, these are not necessarily documented on the grievance log.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

Ensure that all verbal and external reports are documented consistently with this provision.

Finding:

During the corrective action phase, the facility developed a process to document all verbal and external reports.

115.351(d) - Access to tools necessary to Make Written Reports

1. PAQ and PREA Policy Review:

- The facility provides clients with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other clients or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

2. Interview with Random Residents:

- Interviews with seven residents confirmed that they are allowed to write a grievance and put it in the box, and letters, and they have access to pencils. They reported that staff collect letters and mail them promptly.

3. Interview with Random Staff:

- Interviews with 11 staff confirmed that residents have access to writing utensils throughout the day in case they would like to complete a grievance form. Letter writing is offered during education and several times throughout the week.

4. Site Review Observations:

- The auditor observed clients in the common area with writing utensils. The auditor observed grievance forms next to one of the PREA grievance boxes,

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.351(e) - Methods for Staff to Privately Report Sexual Abuse

1. PAQ and PREA Policy Review:

- The facility has established procedures for staff to privately report sexual abuse and sexual harassment of residents by contacting the hotline.

2. Interviews with Random Staff:

- Interviews with 11 staff confirmed the understanding of the facility procedures for making a confidential or anonymous report to an outside entity.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Site review observations • Documentation review • Interview with random staff • Informal interview with PC • Informal interview with the residents <p>Reasoning and analysis (by provision):</p> <p>115.352(a) - Exhaustion of Administrative Remedies</p> <p>1. PAQ and PREA Review:</p> <ol style="list-style-type: none"> 1. The facility has an administrative procedure for dealing with resident grievances regarding sexual abuse. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.352(b) - Grievance Time Frame for Reporting</p> <p>1. PAQ and PREA Policy Review:</p> <ol style="list-style-type: none"> 1. The facility has a policy or procedure that allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. 2. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. Residents may submit grievance forms confidentially through locked boxes located throughout the facility. Residents may submit a grievance to a staff member; they are not required to attempt to resolve it with staff. <p>2. Documentation Review:</p> <ol style="list-style-type: none"> 1. The auditor reviewed the grievance log and found four grievances alleging sexual abuse in the past 12 months. The auditor met with all four residents to discuss and review their grievances. All four grievances were determined to be non-Prevention of Sexual Assault

(PREA related. Both the residents' and PC's signatures were documented on the grievance form.

3. Site Review Observation:

1. An informal conversation with two residents confirmed that residents are aware of the facility's grievance process and the resident resource phone number. They reported that management meets with them if they file a grievance.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.352(c) - Facility's Obligations for Residents Reporting

1. PAQ and PREA Policy Review:

1. The facility has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties.
2. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.
3. Residents may submit grievance forms confidentially through locked boxes located throughout the facility.
4. Residents may submit a grievance to a staff member. Any grievance, whether submitted in writing or verbally, that alleges sexual boundary violations, sexual abuse, and/or sexual harassment shall be referred immediately to the Detention Supervisor.

2. Interview with Random Staff:

1. The auditor interviewed 11 staff and asked whether, when a resident alleges sexual abuse or sexual harassment, they can do so verbally, in writing, anonymously, and through third parties.
2. Reports can be made verbally, anonymously, or to third parties. When asked whether they documented verbal reports, 4 of 11 staff reported writing an incident report. All staff reported that they immediately informed their supervisor when they received a verbal report.

3. Interview with Random Residents:

1. All seven residents interviewed reported that they told staff, wrote, or called someone using the resident resource phone to make a PREA report. They also reported that they could tell their parents. Most residents were unaware they could make a report without giving their name.

4. Documentation Review:

1. All four grievances alleging sexual abuse had a member of

management's signature indicating they reviewed the grievance with the resident, rather than the staff being excused.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and requires no corrective action.

115.352(d) - Facility's Decision Regarding Grievances

1. PAQ and PREA Policy Review:

- The facility's policy and procedures require that a decision on the merits of any grievance, or any portion of a grievance, alleging sexual abuse be made within 90 days of the grievance's filing.
- The facility notifies the resident in writing when the agency files for an extension, including notice of the date by which a decision will be made
- Any grievance submitted in writing or verbally that alleges sexual boundary violations, sexual abuse, and/or sexual harassment shall be referred immediately to the Detention Supervisor.
- Four grievances alleging sexual abuse reached a final decision within 90 days.
- Reported no grievance involved timeline extensions.

2. Interview with Residents who Reported Sexual Abuse:

- No residents in custody reported sexual abuse, and no interviews were conducted.

3. Documentation Review:

- The auditor reviewed the four grievances related to allegations of sexual abuse, and all four grievances were reviewed with the resident promptly.

Finding:

Based on this analysis, the facility is substantially compliant with this provision and does not require corrective action.

115.352(e) - Third Party Reporting

1. PAQ and PREA Policy Review:

- Facility policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.
- Third parties (attorneys, caseworkers, parents/guardians, etc.) shall be permitted to assist residents in filing a request for administrative remedies relating to an allegation of sexual abuse. They shall also be

permitted to file such requests on behalf of residents.

- Residents may decline to have third-party assistance in filing a grievance alleging sexual abuse; a Detention Supervisor will document the resident's decision to decline.
- Parents/legal guardians of the resident may file a grievance alleging sexual abuse (or an appeal) regardless of whether or not the resident agrees to have the grievance filed on their behalf.
- Reported no grievances alleging sexual abuse in which the resident declined third-party assistance.

2. Documentation Review:

- The auditor requested documentation of any third-party sexual abuse reports and any instances in which clients declined third-party assistance. No such documentation existed because the facility had not received any third-party grievances or reports in the past 12 months.

3. Site Review Observation:

- PREA posters in English and Spanish were displayed throughout the facility, including the lobby and visitation area. The visitor PREA handout included multiple ways to report a PREA.
- The signage and available materials collectively provided internal, external, and third-party reporting options, including contact information for each reporting entity.
- The auditor tested the resident resource phone and was able to contact all four external reporting options.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.352(f) - Emergency Grievances

1. PAQ and PREA Policy Review:

- The facility has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.
- Emergency grievances shall be responded to immediately, with an initial response within two (2) calendar days. A final decision shall be made within five (5) calendar days.
- The initial response and final decision shall document the determination of whether the resident is at substantial risk of imminent sexual abuse and action taken in response to the emergency grievance.
- Reported no emergency grievances alleging sexual abuse filed in the past 12 months.

2. Site Review Observation:

	<ul style="list-style-type: none"> ◦ To test the internal reporting methods, the auditor completed a PREA grievance form requesting that I be notified as soon as the grievance was received. The auditor placed the grievance form in the grievance box at approximately 6:40 pm on April 1, 2026. On April 2, 2026, the first-shift supervisor brought me the grievance form at approximately 7:30 am. This response exceeded the required 48-hour timeframe for addressing grievances. <p>3. Documentation Review:</p> <ul style="list-style-type: none"> ◦ The facility reported that they have not had an emergency grievance in the past 12 months. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.352(g) - Resident Discipline</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ Any resident who files frivolous or fabricated grievances may be subject to discipline based on the recommendation of a Detention Supervisor. This decision will be based on grievances written solely in bad faith. A resident will not be denied a grievance form at any time, except when a Detention Officer determines that giving the resident a pencil poses a security risk. If this concern arises, the resident may complete a written grievance as soon as they regain control of their behavior. When possible, grievances should be written during programming hours. <p>2. Documentation Review:</p> <ul style="list-style-type: none"> ◦ The facility reported no grievances alleging sexual abuse that resulted in disciplinary action against the resident for having filed the grievance in bad faith. No such documentation exists for review. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- PAQ
- PREA policy review
- Documentation review
- Resident orientation handbook
- Site review observations
- Interview with Superintendent or designee
- Interview with the resident who reported
- Informal Interview with PC

Reasoning and analysis (by provision):

115.353(a) - Exhaustion of Administrative Remedies

1. PAQ and PREA Policy Review:

- The facility shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse through the Prairie Center Against Sexual Assault (PCASA).
- Residents may utilize the Resident Resource Phone to contact PCASA. Prompts on this phone will allow residents to reach the agency directly and contact PCASA by postal mail; the facility will post the agency's address to provide residents with the necessary information.
- The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

2. Documentation Review:

- The resident orientation handbook informs residents of the available methods for reporting sexual abuse and harassment. It also provides various external reporting options for anonymous reporting, including the national suicide hotline and Prairie Center Against Sexual Assault.
- Information for parents, guardians, attorneys, or caseworkers to report an allegation of sexual abuse on a resident's behalf is available in the tour lobby and in the PREA pamphlet provided to anyone entering the facility.

3. Site Review Observations:

- The auditor noted multiple zero-tolerance posters throughout the facility, in English and Spanish. These posters were easily accessible and provided information on victim advocate services and third-party reporting. The posters also included how to report sexual abuse and sexual harassment.
- The auditor observed multiple grievance boxes hung on the wall throughout the facility, one of which contained a PREA grievance and a medical and mental health request form.

- To test the internal reporting methods, the auditor completed a PREA grievance form requesting that I be notified as soon as the grievance was received. The auditor placed the grievance form in the grievance box at approximately 6:40 pm on April 1, 2026. On April 2, 2026, the first-shift supervisor brought me the grievance form at approximately 7:30 am.
- Informal conversation with staff confirmed that residents are allowed to write letters without anyone reading the mail. All letters sent out free of charge are sent out daily. Staff reported that residents usually make a report to them, and they contact the PC to relay it.
- Staff reported that they are not authorized to access resident mail, medical, or mental health information.
- Informal conversation with residents confirmed that they were generally unaware of what victim advocate resources are included on the resident resource phone.

4. Interview with Resident who Reported a PREA Allegation:

- No residents were in custody at the time of the audit who had reported a PREA allegation; therefore, no interviews were conducted.

5. Interview with Random Residents:

- Seven residents were interviewed during the on-site portion of the audit. Most residents could not provide information about services available outside the facility. All interviewed residents knew they could speak with staff, mental health, or a parent.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

The facility shall provide diverse educational opportunities on external support services and options and ensure that residents consistently retain the information provided in accordance with this provision.

Finding:

During the corrective action phase, the facility provided additional resident education on available external support services and how to access them. The auditor reviewed the changes to the educational material and resident education documentation and determined it substantially complies with this standard.

115.353(b) - Mandatory Reporting Laws

1. PAQ and PREA Policy Review:

- The facility shall inform residents, before 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.

- The facility shall provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

2. Interview with Resident who Reported a PREA Allegation:

- No residents were in custody at the time of the audit who had reported a PREA allegation; therefore, no interviews were conducted.

3. Site Review Observation:

- Informal interviews with residents indicated that they understood that staff were mandated reporters and that any PREA allegation would be forwarded to the appropriate authorities.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.353(c) - MOU with Community Service Provider

1. PAQ and PREA Policy Review:

- The facility maintains a memorandum of understanding or other agreements with community service providers that can provide residents with emotional support services related to sexual abuse.

2. Documentation Review:

- The auditor reviewed the MOU with Prairie Center Against Sexual Assault during the pre-audit phase and found it to be sufficient.

3. Site Review Observation:

- During the on-site phase of the audit, the auditor called the Prairie Center Against Sexual Assault at the phone number listed on the "How to Report" signs throughout the facility. The representative who answered confirmed that the agency would accept calls from the facility and explained the process to follow if a call was received.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.353(d) - Confidential Access to Legal Guardian and Attorneys

1. PAQ and PREA Policy Review:

- The facility shall provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

2. Interview with Superintendent or Designee:

	<ul style="list-style-type: none"> ◦ Confirmed residents have access to attorneys, probation officers, and caseworkers upon request and will not be denied the ability to call their attorney during programming times, and reported that there are unlimited phones available. ◦ Residents' conversations with attorneys are confidential and not recorded. Residents are allowed to write their attorney upon request as well <p>3. Interview with PC:</p> <ul style="list-style-type: none"> ◦ Confirmed residents can call and write their attorneys. <p>4. Interview with Random Residents:</p> <ul style="list-style-type: none"> ◦ All residents reported that they can call their attorney and have access to their families by phone and in person. Residents said they would prefer to call themselves rather than have staff dial the number for them. <p>5. Interview with Resident who Reported a PREA Allegation:</p> <ul style="list-style-type: none"> ◦ No residents were in custody at the time of the audit who had reported a PREA allegation; therefore, no interviews were conducted. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Facility website review • Informal Interview with PC • Site Review Observations <p>Reasoning and analysis (by provision):</p> <p>115.354(a) - Third-Party Reporting</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility has a method to receive third-party reports of sexual abuse and sexual harassment and distributes publicly how to report.

	<ul style="list-style-type: none"> ◦ The facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. ◦ Third parties will receive information on how to report sexual abuse or sexual harassment on behalf of a resident in custody by way of parent handbooks, information provided on the website, pamphlets provided to visitors, and signage and posters throughout the building. ◦ Third parties can report directly to the detention supervisor or the PC, to an external agency, or by submitting a grievance in a locked grievance box located in the public and visitation area. <p>2. Facility Website Review:</p> <ul style="list-style-type: none"> ◦ The auditor reviewed the website during the pre-audit phase. The auditor noted that the website includes resident reporting options, four third-party reporting agencies, and a direct email contact for the facility. <p>3. Site Review Observations:</p> <ul style="list-style-type: none"> ◦ Both the lobby and the visitation area had PREA reporting information available through pamphlets and signage. The auditor observed two locked grievance boxes for parents or visitors to complete a grievance form. All visitors were required to sign that they had received such information. ◦ The auditor contacted all four third-party agencies listed on the PREA information pamphlet and confirmed they will take a report from a resident and confirmed the process after taking such a report.; <p>4. Informal Interview with PC:</p> <ul style="list-style-type: none"> ◦ Confirmed that the website provides the necessary information and is updated as necessary. The facility has not received a report via the means listed on the website at the time of the audit. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision and requires no corrective action.</p>
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- PAQ
- PREA policy
- Site review observations
- Documentation review
- Mandatory reporter training
- Interview with random staff
- Interview with medical staff
- Interview with the superintendent or designee
- Interview with PC

Reasoning and analysis (by provision):

115.361(a) - Staff And Facility Reporting Duties

1. PAQ and PREA Policy Review:

- The facility shall require all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred within the Juvenile Center or another facility, as well as retaliation against residents or staff who reported such an incident or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

2. Interview with Random Staff:

- Interviews with 11 staff confirmed the requirement to immediately report to a supervisor any knowledge, suspicion, or information regarding an allegation or incident of sexual abuse or sexual harassment.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.361(b) - Applicable Mandatory Child Abuse Reporting Laws

1. PAQ and PREA Policy Review:

- The facility shall comply with mandatory child abuse reporting laws for the State of Illinois.

2. Interviews with Random Staff:

- All staff interviewed reported being responsible for complying with mandated reporting laws. Staff confirmed they completed mandatory reporting training through Relias.

3. Documentation Review:

- The auditor reviewed the PREA and DCFS training curriculum and training records and confirmed that they had completed mandatory reporting training.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.361(c) - Prohibition from Revealing Information of Sexual Abuse**1. PAQ and PREA Policy Review:**

- The facility staff shall be prohibited from revealing any information related to a sexual abuse report other than to the extent necessary to make treatment, investigative, or security decisions.

2. Interview with Random Staff:

- Ten of the 11 staff interviewed reported that they are not supposed to share information about a PREA incident or allegation beyond what is necessary to complete an investigation or to implement safety measures for residents.

3. Documentation Review:

- The auditor reviewed the initial PREA training provided to all staff within the facility, which includes the responsibility not to share information beyond what is necessary to know regarding PREA incidents.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.361(d) - Medical and Mental Health Mandatory Reporting**1. PAQ and PREA Policy Review:**

- Education staff, as well as medical and mental health practitioners, shall be required to report sexual abuse or sexual harassment to a Detention Supervisor or the PREA Coordinator in addition to complying with mandatory child abuse reporting laws for the state of Illinois.
- Medical and Mental Health Practitioners shall be required to inform residents, at the initiation of services, of their duty to report and the limitations on confidentiality.

2. Interviews with Medical and Mental Health Staff:

- Both medical and mental health staff interviews confirmed their requirement to immediately report to the Program Manager or the PC any incident or allegation of sexual abuse.
- Both confirmed they are required to complete the mandated reporter training as required by the facility.
- Both confirmed that they must inform residents, at the initiation of services, of their duty to report and the limits of confidentiality. They stated this is also part of their intake process.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.361(e) - Facility Notification Requirements**1. PAQ and PREA Policy Review:**

- Upon receiving a report of an allegation of sexual abuse, the Superintendent or their designee shall promptly report the allegation to local law enforcement and to the alleged victim's parent/legal guardian within forty-eight (48) hours of receiving the report, unless the facility has official documentation showing the parent/legal guardian should not be notified.
- If the alleged victim is under the guardianship of the Department of Children and Family Services, the report shall be made to the alleged victim's case worker.
- If the juvenile court retains jurisdiction over the alleged victim, the Superintendent or their designee shall also report the allegation to the juvenile's attorney or other legal representative or record within fourteen (14) days of receiving the report.
- Facility employees shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to a Detention Supervisor or the PREA Coordinator.

2. Interview with PC:

- Confirmed responsibility to make appropriate notifications regarding an allegation of sexual abuse. These would include the victim's parent or legal guardian unless the court dictates that they should not be notified. All notification attempts would be made immediately
- Reported that if the DCFS has legal guardianship, the caseworker would be notified.
- It was reported that if the Court Services has legal guardianship, the victim's attorney and probation officer would be notified.

3. Interview with Superintendent or Designee:

- Stated that if we receive an allegation of sexual abuse, I would report it to the appropriate legal authority. Depending on the situation, this could be their parents, other legal guardians, an attorney, or a DCFS caseworker who should contact them as soon as possible.
- Reported that no allegation of sexual abuse has been made, so I have not had to make such reports.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.362(f) - Referral to the Facility Investigation Team

	<p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. <p>2. Interview with Superintendent or Designee:</p> <ul style="list-style-type: none"> ◦ Reported that all allegations of sexual abuse are referred to our facility investigator team. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Site review observations • Documentation review • Interview with agency head • Interview with random staff • Interview with the superintendent designee <p>Reasoning and analysis (by provision):</p> <p>115.362(a) - Facility Protection Duties</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ In the event the Sangamon County Juvenile Center learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident. The facility reported no incidents when a client was subject to a substantial risk of imminent sexual abuse. ◦ In the instance a resident is found to be at imminent risk of sexual abuse, Detention Officer(s) will alert the Detention Supervisor. ◦ A Detention Supervisor will take immediate action to eliminate the risk of imminent harm. ◦ Warranted actions to eliminate the risk of imminent harm will be considered on a case-by-case basis. Necessary actions may include,

	<p>but are not limited to, changes to room, pod, and staffing assignments.</p> <ul style="list-style-type: none"> ◦ Reported zero incidents; the resident was subject to a substantial risk of imminent sexual abuse. <p>2. Interview with Agency Head:</p> <ul style="list-style-type: none"> ◦ Reported that a resident would be immediately removed and protected from any situation of substantial risk of sexual abuse. The appropriate authority would also be called, and medical treatment would be provided if warranted. <p>3. Interview with Superintendent or Designee:</p> <ul style="list-style-type: none"> ◦ Confirmed that staff is to take action to protect the resident immediately. Staff is expected to immediately separate residents and place them in different groups or rooms until we can eliminate the risk of imminent harm. <p>4. Interview with Random Staff:</p> <ul style="list-style-type: none"> ◦ All 11 staff interviewed confirmed their responsibility for taking immediate action when they believe a resident is subject to a substantial risk of imminent sexual abuse. All staff confirmed they will take action to protect the resident and immediately alert the Supervisor and/or PC. <p>Finding:</p> <p>Based on this analysis, the facility substantially complies with this provision, and no corrective action is required.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy review • Site review observations • Documentation review • Interview with the superintendent or designee • Site review observations • Informal interview with PC <p>Reasoning and analysis (by provision):</p> <p>115.363(a) - Reporting To Other Confinement Facilities</p>

1. PAQ and PREA Policy Review:

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, the Superintendent or their designee shall notify the head of the facility or the appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency.
- At the time of the audit initiation, the facility reported zero allegations received that a resident was abused while confined at another facility

2. Interview with the Superintendent or Designee:

- Confirmed their responsibility to notify the PC and agency head of another facility in the event they receive an allegation that occurred in their facility.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.368(b) - Notification Timeframe

1. PAQ and PREA Policy:

- Any notification of another facility shall be provided as soon as possible, but no later than seventy-two (72) hours after receiving the report.

2. Interview with the Superintendent or Designee:

- Confirmed that any allegations would be reported within 72 hours of being received. They usually report them the same day.

3. Site Review Observations:

- During the on-site phase, the facility learned that a resident in custody reported an allegation of sexual abuse while at a personal facility.
- During an informal interview with the Superintendent and PC, the auditor learned the allegation of sexual abuse was over a year ago, and they had contacted the Lincoln Prairie Center and will be contacting the other facility today. The Superintendent reported the resident was referred to our mental health team for services.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.363(c) - Documentation of Notification

1. PAQ and PREA Policy Review:

- The Superintendent of Detention Services or their designee will

document that such notification has been provided.

2. Interview with the Superintendent or Designee:

- Reported that the PC would document the notification from another agency, as well as the incident report being completed by a responding staff member.

3. Documentation Review:

- The auditor requested documentation and communication relating to notifying the facility of the allegation of sexual abuse. The auditor reviewed the timeline and found that the facility notified the faculty within 72 hours.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.363(d) - Receiving Agency Requirements

1. PAQ and PREA Policy Review:

- If the facility receives such a notification from another agency, the facility shall ensure that the allegation is investigated in accordance with PREA standards.
- Reported zero allegations of sexual abuse received from other facilities.

2. Documentation Review:

- The auditor requested documentation and communication relating to notifying the faculty of the allegation of sexual abuse. The auditor reviewed the timeline, and the notification was made within 72 hours.

3. Interview with the Agency Head:

- The PC would be the designated point of contact regarding any allegation of sexual abuse.

4. Interview with the Superintendent or Designee:

- Confirmed that any allegation would be referred to the PC and investigated in accordance with their policies and procedures. We have not received any allegation from another facility.

5. Site Review Observations

- An informal interview with the PC confirmed that this type of incident would be documented in a manner consistent with our investigation process and policy.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Documentation review • Interview with random staff • Interview with the staff acting as the first responder • Interview with contractual staff (non-security staff first responders) <p>Reasoning and analysis (by provision):</p> <p>115.364(a) - Staff First Responder Duties</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall be required to separate the alleged victim and abuser and immediately notify a Detention Supervisor and/or the PREA Coordinator (if there is no manager in the building, immediately notify the on-call manager). ◦ Preserve and protect any crime scene until the Sangamon County Sheriff's Office arrives to take further action. ◦ If the abuse occurs within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. ◦ Alleged victims shall be taken to medical. Injuries will not be treated within the facility. No treatment, except injuries that would cause deterioration of the victim's medical condition, will be given on-site in the event of a sexual assault. ◦ If the abuse occurs 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 washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. ◦ In the event the alleged abuser is a resident, the staff member shall escort the resident to a sterile room (timeout room, empty pod area, visitation) until further action is required. The resident will remain under staff supervision in the timeout room, pod, or visitation area to prevent destruction of potential evidence and to keep them out of a space with a resident-accessible restroom.

- If the alleged abuser is a staff member, volunteer, or contractor, staff shall notify a Detention Supervisor and/or the PREA Coordinator to ensure that evidence is not destroyed. The alleged abuser shall be placed in a supervised area, shall not be allowed to exit secure detention, and their detention keys should be requested.
- Reported that the facility has a first responder policy for allegations of sexual abuse.

2. Documentation Review:

- The auditor reviewed the agency's coordinated response plan; however, it is not specific to the facility.

3. Interview with Resident who Reported Sexual Abuse:

- No residents were in custody at the time of the audit, and no interviews were conducted.

4. Interview with Random Staff Acting as First Responder:

- Interviewed three staff members who act as first responders and explained their roles and responsibilities in protecting residents.
- They reported separating the alleged victim from the abuser, preserving the scene and evidence, ensuring that the alleged victim doesn't destroy potential physical evidence, ensuring that the alleged abuser doesn't destroy potential physical evidence, and immediately notifying medical and mental health staff.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.364(b) - Non-Security Staff Evidence Preservation

1. PAQ and PREA Policy Review:

- If the first staff responder is not a Detention Officer, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and should immediately alert a facility staff member.

2. Interview with Random Staff:

- An interview with 11 staff confirmed that they would immediately separate and protect the alleged victim, notify the supervisor, and PC. If they needed medical attention, they would provide it immediately.

3. Interview with Contractual Staff (non-security staff first responders):

- Both contractual staff interviewed reported that they would respond and assist by ensuring the victim was safe, then following the lead of the supervisor and security staff. They added that they would also ensure non-evidence was destroyed.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy review • Documentation review • Coordinated response plan • Interview with the superintendent or designee <p>Reasoning and analysis (by provision):</p> <p>115.365(a) - Coordinated Response</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ The facility reported that they have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff, first responders, medical and mental health practitioners, investigators, and facility leadership. 2. Documentation Review: <ul style="list-style-type: none"> ◦ The auditor reviewed the facility's coordinated response plan during the on-site phase of the audit. The coordinated response plan explained how to respond to an incident. The auditor found the document sufficient. 3. Interview with Superintendent or Designee: <ul style="list-style-type: none"> ◦ Reported that the management team, along with first responder staff, medical, and mental health staff, coordinates care to ensure the resident's safety. If the resident required medical care beyond what the facility could provide, the facility would send the resident to the hospital. All follow-up care would be offered and documented. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>

115.366	Preservation of ability to protect residents from contact with
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	abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy review • Interview with agency head • Documentation review <p>Reasoning and analysis (by provision):</p> <p>115.366(a) Ability to protect the Residents from Contact with the Abuser</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ The facility shall not enter into or renew any collective bargaining agreement or other agreement that limits the ability to remove an alleged staff sexual abuser from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. ◦ This shall not restrict the entering into or renewal of agreements that govern the conduct of the disciplinary process, as long as such agreements are not inconsistent with PREA standards, and whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. 2. Interview with Agency Head: <ul style="list-style-type: none"> ◦ Reported that the union's collective bargaining agreement does not prohibit management from ensuring the alleged abuser does not have contact with the alleged victim. 3. Documentation Review: <ul style="list-style-type: none"> ◦ The auditor reviewed the collective bargaining agreement and determined it is consistent with the requirements of the provision. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.366(b)</p> <p>The auditor is not required to audit this provision.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Documentation review • Interview with PC/charged with monitoring • Interview with the superintendent or designee • Interview with residents in isolation (for risk of sexual victimization) • Residents who reported sexual abuse <p>Reasoning and analysis (by provision):</p> <p>115.367(a) - Facility Protection Against Retaliation</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility shall 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 and staff. ◦ The PC shall be responsible for monitoring retaliation. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.367(b) - Multiple Protection Measures</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility employs multiple protection measures, such as housing changes or transfers for client victims or abusers, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff who fear retaliation for reporting sexual abuse or sexual harassment, or for cooperating with investigations. ◦ Residents who fear retaliation will be offered services through on-site mental health, as well as have access to emotional support services through Prairie Center Against Sexual Assault. <p>2. Documentation Review:</p> <ul style="list-style-type: none"> ◦ All facility staff receive training on what retaliation can look like in the confinement setting and on the facility's zero tolerance for

retaliation. The PC maintains forms to track retaliation monitoring. The auditor reviewed the facility and the retaliation monitoring forms during the on-site phase of the audit and found them sufficient.

3. Interview with PC:

- Confirmed that the PC is charged with retaliation monitoring for all residents. The facility has several mitigation options if retaliation concerns arise. The alleged victim or abuser could be moved to different housing locations or a different programming group, or transferred to another facility.
- Reported that all residents involved would be offered emotional support services.

4. Interview with the Superintendent or Designee:

- Reported that retaliation monitoring is taken seriously and discussed with the PC, supervisor, and investigator; the PC documents the retaliation monitoring in the investigation file

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

116.367(c) - Retaliation Monitoring Timeline

1. PAQ and PREA Policy Review:

- Monitoring will take place for a minimum of 90 days following the allegation. Monitoring will exceed 90 days if warranted. Monitoring shall include reviewing incident reports, housing changes, staff performance reviews, and other relevant documentation.
- The facility shall act promptly to remedy any such retaliation.
- Staff who fear retaliation will be referred to the Employee Assistance Program.
- Reported zero incidents of retaliation; monitoring occurred in the past 12 months.

2. Interview with PC:

- Reported all individuals are monitored for a minimum of 90 days or until they are released from the facility. Reviewed several monitoring criteria, including discipline reports, housing changes, program changes, performance evaluations, and staff reassignments.
- Confirmed the PC acts promptly to remedy any such retaliation. Items to monitor include resident disciplinary reports, housing or program changes, negative performance appraisals, and employee reassignments.
- Monitoring may continue beyond 90 days if the initial monitoring indicates a continuing need.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.367(d) - Resident Periodic Status Checks

1. PAQ and PREA Policy Review:

- The PC shall have contact with residents who report sexual abuse regularly to monitor for retaliation. This contact should occur weekly.

2. Interview with PC:

- Confirmed that the PC would meet with the resident at least weekly and more if warranted. Confirmed that the PC's monitoring forms include a line for periodic status checks.

3. Interview with the Superintendent or Designee:

- Reported that monitoring is conducted at least weekly and is documented by the PC.

4. Documentation Review:

- The auditor reviewed the retaliation monitoring form, and the form provided was sufficient and consistent with this provision.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.367(e) - Individuals who Cooperate Fear of Retaliation:

1. PAQ and PREA Policy Review:

- The facility shall take appropriate measures to protect any individuals who express fear of retaliation, including volunteers and contractors.

2. Interview with PC:

- Reported that anyone who may be of concern regarding retaliation will be provided with monitoring. Monitoring will be conducted for 90 days regardless, and actions will be taken to protect the individual if needed.

3. Interview with the Superintendent or Designee:

- Reported action will be taken to protect anyone who fears retaliation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.367(f)

The auditor is required to audit this provision.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Documentation review • Interview with the superintendent or designee • Interview with a resident in isolation • Interview with staff who supervise residents in isolation <p>Reasoning and analysis (by provision):</p> <p>115.368(a) - Post-Allegation Protective Custody</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ Residents who have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping residents safe can be arranged. If a resident is isolated, a Detention Supervisor or the PREA Coordinator shall document the basis for concern regarding the resident's safety and the reason no alternative means of separation can be arranged. ◦ If a resident is placed in isolation, they shall receive daily educational programming and large muscle exercise. If privileges, education, and programming opportunities are limited or denied, management shall document the following: the limited opportunities; the duration of the limitation; and the reason for the limitation. ◦ Residents placed in isolation will be reviewed within five (5) days to determine whether there is a continuing need for separation from the general population. ◦ Residents in isolation shall receive daily visits from medical or mental health personnel. ◦ Reported zero residents who are alleged to have suffered sexual abuse were placed in isolation in the past 12 months. ◦ Reported zero residents who are alleged to have suffered sexual abuse and who were placed in isolation, who have been denied daily access to large muscle exercise and/or legally required education or special education service in the past 12 months. 2. Documentation Review: <ul style="list-style-type: none"> ◦ The facility has not placed any resident in isolation to protect them from a post-sexual abuse incident during the reporting period. 3. Interview with Medical and Mental Health Staff:

	<ul style="list-style-type: none"> ◦ Both reported that the facility has not isolated any residents for PREA-related reasons. ◦ Reported that whenever a resident is placed in isolation for behavioral reasons, they contact them daily to conduct a wellness check and report their findings to the Superintendent and supervisors. <p>4. Interview with a Resident in Isolation:</p> <ul style="list-style-type: none"> ◦ No residents were in custody at the time of the audit who were placed in isolation, and no interviews were conducted. <p>5. Interview with Staff who Supervise Residents in Isolation:</p> <ul style="list-style-type: none"> ◦ Both staff reported that no residents have been voluntarily or involuntarily placed in isolation for PREA-related reasons. ◦ Confirmed that when a resident is placed in isolation for behavioral reasons, they receive their education, large muscle activity, wellness checks, and visitation. <p>6. Interview with the Superintendent or Designee:</p> <ul style="list-style-type: none"> ◦ Confirmed that the facility has never used isolation for PREA-related reasons. If we did, we would ensure all residents' rights were protected. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Documentation review • Specialized investigator training records • Investigative files • Investigator training records • Interviews with facility investigators • Interview with a resident who reported sexual abuse

- Interview with the PC
- Interview with the superintendent or designee
- Site review observations

Reasoning and analysis (by provision):

115.371(a) - Criminal and Administrative Agency Investigations

1. PAQ and PREA Review:

- Administrative (conducted by the agency) and/or criminal investigations shall be completed for all allegations of sexual abuse or sexual harassment. Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigations are to be initiated immediately, but no later than twenty-four (24) hours upon receipt of an allegation.
- All allegations that could lead to prosecution shall be referred to the Sangamon County Sheriff's Office for investigation. Administrative investigations will occur in addition to criminal investigations for all allegations, but administrative investigations must not interfere with criminal investigations.
- The facility reported four administrative investigations and one criminal investigation pending over the past 12 months.

2. Documentation Review:

- The auditor requested all the administrative investigation files. The auditor received six administrative files, four residents' grievances, and one criminal investigation file.
- Six investigative files were provided and reviewed; the allegation date and the investigation start date were included; however, the date that the investigation concluded was not documented. The file included details of physical evidence, statements, witness statements, incident reports, and other evidence collected during the investigation.
- The four resident grievances alleging inappropriate touching during a pat-down search were reviewed. Each grievance stated that the PC investigated the allegations and determined that they were not PREA-related and were unfounded. Both the resident and supervisor signed the grievance as resolved.

3. Site Review Observation:

- An informal interview with the PC revealed that the residents and staff involved were interviewed and that videos from the time of the allegation were reviewed. No evidence of any inappropriate touching was observed or indicated.

4. Interviews with Facility Investigators:

- All three investigators stated they begin the investigation as soon as an allegation of sexual abuse or sexual harassment is made.

- Reported anonymous 3rd-party referrals are treated the same as any other allegation of sexual abuse or sexual harassment
- Reported that the facility is responsible for administrative investigations, and the local law enforcement handles criminal investigations. Stated the PC monitors and communicates with local law enforcement during a PREA criminal investigation.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

Ensure that all allegations of sexual abuse and sexual harassment are investigated and consistent with the requirements of the provision.

Finding:

During the corrective phase, the facility ensured that all allegations of sexual abuse and sexual harassment are investigated and documented consistent with this provision. The facility provided additional training to all facility investigators. The auditor determined that the facility's corrective actions substantially comply with this provision.

115.371(b) - Special Investigation Training for Investigators

1. PAQ and PREA Policy Review:

- For the purpose of conducting administrative investigations, the facility shall utilize investigators who have received specialized training in sexual abuse investigations in the confinement setting.

2. Interviews with Facility Investigators:

- All three investigators confirmed they received specialized PREA investigator training as required under 115.334, are trained in sexual abuse investigations in confinement, and have training material to review. Confirmed they are trained to use Miranda and Garrity warnings with residents and staff.

3. Special Investigation Training Records:

- All three investigators' training records indicated that they received specialized PREA investigator training as required pursuant to 115.334. All three completed the special investigation training consistent with the provision.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.371(c) - Preservation of Direct and Circumstantial Evidence

1. PAQ and PREA Policy Review:

- Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

2. Administrative Investigative Files:

- The auditor requested all the administrative investigation files. The auditor received six administrative files, four residents' grievances, and one criminal investigation file.
- The investigative files were reviewed; the allegation date and the investigation start date were included; however, the date that the investigation concluded was not documented. The files included details of physical evidence, statements, witness statements, incident reports, and other evidence collected during the investigation.
- The four resident grievances alleging inappropriate touching during a pat-down search were reviewed. Each grievance stated that the PC investigated the allegations and determined that they were not PREA-related and were unfounded. Both the resident and supervisor signed the grievance as resolved.
- The auditor could not determine if the investigator reviewed prior complaints and reports of sexual abuse involving the suspected perpetrator during the investigation.

3. Interviews with Facility Investigators:

- Investigators confirmed they would review camera footage and interview any witnesses, as well as the victim and the alleged perpetrator, in a manner that kept them away from other residents. They would document and compile all interview notes and evidence into the investigation file.
- Stated they would collect, analyze, and maintain any physical evidence. Confirmed that law enforcement would collect any biological evidence.
- When asked whether they review or consider prior complaints or reports of sexual abuse involving the suspected perpetrator, they stated no.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

Ensure that the investigators review prior complaints and reports of sexual abuse involving the suspected perpetrator and document these findings in the investigation file.

Ensure that all allegations of sexual abuse and sexual harassment are investigated and consistent with the requirements of the provision.

Finding:

During the corrective action phase, the facility provided additional training to the investigators, which highlighted the requirements to review prior complaints and reports of sexual abuse, and these are properly documented in the investigation documentation.

115.371(d) - Termination of Investigation Based on Victim Recanting the Allegation

1. PAQ and PREA Policy Review:

- The victim or source of the allegation recanting their statement shall not provide a basis for termination of an investigation.

2. Interviews with Facility Investigators:

- All three stated investigations continue even if the victim recants or any party leaves employment or the facility.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.371(e) - Quality of Evidence, Criminal Prosecution and Compelled Interviews

1. PAQ and PREA Policy Review:

- When the quality of the evidence appears sufficient to support criminal prosecution, the facility shall await the Sangamon County Sheriff's Office's request to conduct compelled interviews. Compelled interviews shall be conducted only after consulting with prosecutors as to whether compelled interviews may be an obstacle to subsequent criminal prosecution.

2. Criminal Investigative Files:

- The facility provided the auditor with one pending criminal investigation file for review. The auditor determined that the criminal investigation referral met this provision's requirements.

3. Interviews with Facility Investigators:

- Confirmed that law enforcement would proceed with criminal investigations, and the facility would not interfere with their investigation.
- Reported they would still conduct an administrative investigation but

- would not interfere with or compromise the criminal investigation.
- Reported that they had not encountered these types of situations before, but that law enforcement would take over and Mirandize a client during an interview.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.371(f) - Credibility Assessment and Use of Polygraph Examination

1. PAQ and PREA Policy Review:

- The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis. It shall not be determined by the person's status as a resident in the Juvenile Center. The facility shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

2. Interviews with Facility Investigators:

- Reported credibility determinations are made based on the facts of a case, and the facility does use polygraphs during investigations. They reported that they would not grant staff more credibility than the client simply because they are staff.

3. Interview with a Resident who Reported Sexual Abuse:

- No residents were in custody who reported sexual abuse during the on-site audit; therefore, no interviews were conducted.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.371(g) - Consideration and Investigation Documentation

1. PAQ and PREA Policy Review:

- Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Administrative investigations shall be documented in written reports that include a description of the physical testimonial evidence, reasoning behind credibility assessments, investigative facts, and findings.

2. Interviews with Facility Investigators:

- All three investigators reported that staff actions or failures to act are considered and documented in the investigation file along with any recommendations for corrective action.

3. Administrative Investigative Files:

- The auditors requested all the administrative investigation files. The auditor received six administrative files, four residents' grievance files, and one criminal investigation file.
- The six administrative investigation files were reviewed, and credibility assessments of the alleged victim, suspect, or witness were not completed individually. The files included details of physical evidence, statements, witness statements, incident reports, and other evidence collected during the investigation.
- The four resident grievances alleging inappropriate touching during a pat-down search were reviewed. Each grievance stated that the PC investigated the allegations and determined that they were not PREA-related and were unfounded. Both the resident and supervisor signed the grievance as resolved.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

Ensure investigation reports document whether staff actions or failures to act contributed to the abuse and the reasoning behind the credibility assessment.

Finding:

During the correction phase, the facility added a section to the investigation packet to document whether staff actions or failures to act contributed to the abuse and the reasoning behind the credibility assessment.

115.371(h) - Criminal Investigation Documentation

1. PAQ and PREA Policy Review:

- Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for criminal prosecution.

2. Criminal Investigation Files:

- The facility provided the auditor with one pending criminal investigation file for review, which was recently referred to law enforcement. The investigation file included documentation of the referral.

3. Interviews with Facility Investigators:

- All three reported that all PREA investigations result in a written report.

4. Site Review Observations:

- An informal interview with the PC explained why the criminal referral

was made and the facility's plan to monitor the investigation. The PC reported that the facility will document all communication with law enforcement in the investigation file.

- During the site review, the auditor observed the locked filing cabinet located in the PC office where the investigation reports are stored.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.371(i) - Criminal Investigation Referral to Law Enforcement

1. PAQ and PREA Policy Review:

- Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of documentary evidence where feasible. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.
- The PAQ noted that there was no criminal investigation when the PREA audit was initiated. Between the audit initiation and the on-site phase, the criminal investigation was started.

2. Criminal Investigative Files:

- The auditor reviewed the criminal investigation files. The documentation met this provision's requirements.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.371(j) - Investigation File Retention Requirements

1. PAQ and PREA Policy Review:

- The facility shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.

2. Interviews with Facility Investigators:

- All three investigators stated that the PC maintains the records and files, which are kept in the locked PC office.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.371(k) - Basis for Terminating an Investigation

1. PAQ and PREA Policy Review:

- The release of the alleged perpetrator or victim from the Juvenile Center's employment or custody shall not constitute grounds for terminating an investigation. The recanting of a statement by the victim or source of the allegation shall not provide a basis for terminating an investigation.

2. Criminal Investigative Files:

- The pending criminal investigation is a result of former residents and staff, neither of whom is in custody nor employed at the facility.

3. Interviews with Facility Investigators:

- All three investigators confirmed they would continue even if the victim recanted and if any party leaves employment or the facility.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.371(l) - Department of Justice Investigations

The auditor is not required to audit this provision.

115.371(m) - Criminal Investigation Agency Cooperation

1. PAQ and PREA Policy Review:

- The facility shall cooperate with the Sangamon County Sheriff's Office and shall endeavor to remain informed about the progress of the investigation.

2. Interviews with Facility Investigators:

- Reported that all information would be turned over to law enforcement, and the PC would monitor the status of the criminal investigation.

3. Interview with Superintendent or Designee:

- Stated we would stay in touch with law enforcement throughout the investigation. The PC will stay informed about the investigation's progress through regular email and phone updates from law enforcement, which are documented in the investigation file.

4. Interview with PC:

- Reported that law enforcement would provide me with an "incident number" so we can stay in touch with detectives during a criminal investigation, and everything will be documented in the investigation file.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy review • Administrative investigation files • Interview with investigators <p>Reasoning and analysis (by provision):</p> <p>115.372(a) - Evidentiary Standard for Administrative Investigations</p> <ol style="list-style-type: none"> 1. PAQ and Policy Review: <ul style="list-style-type: none"> ◦ The facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. 2. Investigation Files: <ul style="list-style-type: none"> ◦ The auditor reviewed all six investigation files, and each used the preponderance-of-the-evidence standard. ◦ Upon review of the evidence presented in each investigative report, the facility, in practice, applied the preponderance standard when reaching investigative outcomes. 3. Interviews with Investigators: <ul style="list-style-type: none"> ◦ Three investigators were interviewed, and they all confirmed the preponderance-of-the-evidence standard, or 51% of the evidence, as the threshold for supporting or disproving the allegation. The application of the preponderance of the evidence standard to PREA investigations was described. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>

115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- PAQ
- PREA policy
- Documentation review
- Administrative investigation files
- Criminal investigation file
- Interview with a resident who reported sexual abuse
- Interview with facility investigators
- Interview with the superintendent or designee

Reasoning and analysis (by provision):**115.373(a) - Reporting to Residents****1. PAQ and PREA Policy Review:**

- Following an investigation into a resident's allegation of sexual abuse, the Juvenile Center shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- Reported four administrative investigations of alleged resident sexual abuse completed by the facility in the past 12 months.
- Reported that all four residents were informed verbally or in writing of the results of the investigation.

2. Documentation Review:

- The auditor requested all investigation files and was provided with six administrative investigation files, four residents' grievances, and one criminal investigation file. The administrative investigation file did not include any documentation of notifying the resident of the investigation outcome.

3. Interview with the Superintendent or Designee:

- Confirmed that the resident would be notified whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

4. Interviews with Facility Investigators:

- Reported they were unaware if residents were notified of the outcome of the investigation, and/or if this was documented in the investigation file.

Initial Finding:

Based on this analysis, the facility is not substantially compliant with this provision and requires corrective action.

Corrective Action:

After completing an investigation, inform the resident whether the allegation was substantiated, unsubstantiated, or unfounded.

Finding:

During the corrective phase, the facility develops a process to ensure residents are informed of the investigation outcome. Additionally, the facility investigation provided training and highlighted the requirement to inform residents of the outcome.

115.373(b) - Relevant Information Request from Outside Investigation Agency**1. PAQ and PREA Policy Review:**

- If the facility did not conduct the investigation, the Superintendent of Detention Services or Designee shall request the relevant information from the investigative agency to inform the resident.
- Reported that an outside investigative agency completed zero investigations.
- Reported zero residents who were notified verbally or in writing of the result of the investigation.

2. Interview with Facility Investigations:

- All three reported that the PC or Superintendent would request relevant information from an outside agency conducting such an investigation.

3. Interview with the Superintendent or Designee:

- The facility would be in constant contact with the PC who is responsible for communicating with the agency conducting the investigation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.373(c) - Resident Notification for Allegation Against Staff**1. PAQ and PREA Policy Review:**

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, the facility shall inform the resident (unless the allegation was deemed unfounded) whenever: the staff member is no longer working in the resident's unit or is no longer employed by the facility; the facility learns that the staff member has been indicted for sexual abuse within the facility; or the facility learns that the staff member has been convicted of a charge of sexual abuse within the facility.
- The facility reported no resident allegations that staff committed sexual abuse.

2. Criminal Investigative Files:

- The facility provided the auditor with one pending criminal

investigation file for review. The resident was no longer in custody, and the staff member was no longer employed at the facility at the time of the on-site audit; the criminal investigation remains pending.

Finding:

Based on this analysis, the facility substantially complies with this provision, and no corrective action is required.

115.373(d) - Resident Allegation Committed by Staff Notification

1. PAQ and PREA Policy Review:

- Following a resident's allegation that another resident sexually abused them, the facility shall inform the alleged victim whenever the facility learns that the alleged perpetrator has been indicted or convicted on a charge related to sexual abuse within the facility.

2. Interview with Residents Who Reported Sexual Abuse:

- No residents reported sexual abuse by another resident in the past 12 months. Therefore, we did not ask the interview question related to the provision.

3. Administrative Investigation Files:

- Since there were resident allegations of sexual abuse committed by a resident in the past 12 months, no documentation exists to review.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.373(e) - Attempted Notification Documentation

1. PAQ and PREA Policy Review:

- All notifications or attempted notifications to residents shall be documented and reported pursuant to this provision.
- Zero documented notifications were reported pursuant to this provision.

2. Documentation Review:

- No investigation files exist relating to the allegation that a staff member had committed sexual abuse against a resident.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.373(f) - Facility Obligation to Report Shall Terminate Upon Release

	The auditor is not required to audit this provision.
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115. 376(a) – Disciplinary Sanction for Staff</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ Staff shall be subject to disciplinary sanctions up to and including termination for violating policies related to sexual abuse and sexual harassment. 2. Site Review Observations: <ul style="list-style-type: none"> ◦ An informal interview with the PC and Superintendent confirmed that staff can be disciplined up to and including termination for violating their policies and for PREA-related incidents. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.376(b) – Presumptive Disciplinary Sanction</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse ◦ The facility reported that no staff member during the past 12 months has violated sexual abuse or sexual harassment policies. 2. Site Review Observations:

- Informal Interviews with the PC and Superintendent confirmed that termination would be the presumed consequence of sexual abuse.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.376(c) - Considerations for Disciplinary Sanctions

1. PAQ and PREA Policy Review:

- The facility reported zero staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):
- Disciplinary sanctions for violations of policies relating to sexual abuse or sexual harassment (other than engaging in sexual abuse) will depend upon the circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories.

2. Documentation Review:

- No disciplinary records exist for violating the facility's sexual abuse or sexual harassment policies.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.376(d) - Referrals to Law Enforcement

1. PAQ and Policy Review:

- The facility reported that zero staff from the facility had been reported to law enforcement or licensing boards following their termination (or resignation before termination) for violating agency sexual abuse or sexual harassment policies.
- All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal, and to relevant licensing bodies.

2. Site Review Observations:

- An informal interview with PC and the Superintendent confirmed that law enforcement and licensing bodies would be notified of terminations for such violations.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.
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115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Interview with the superintendent or designee <p>Reasoning and analysis (by provision):</p> <p>115.377(a) - Corrective Action for Contractor or Volunteers</p> <ul style="list-style-type: none"> • PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ The facility policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. ◦ The facility reported that no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. ◦ Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. ◦ The facility reported that no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of residents. • Interview with the Superintendent or Designee: <ul style="list-style-type: none"> ◦ Reported that volunteers or contractors who are involved in an unsubstantiated or substantiated incident of sexual abuse or sexual harassment will no longer continue service at the facility. Individuals under investigation will not be allowed access to residents during the investigation, and the appropriate law enforcement and licensing bodies will be notified. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.377(b) - Appropriate Remedial Measures</p>

	<p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility will take appropriate remedial measures. It will consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. <p>2. Interview with the Superintendent or Designee:</p> <ul style="list-style-type: none"> ◦ Reported that volunteers or contractors who are involved in an unsubstantiated or substantiated incident of sexual abuse or sexual harassment will no longer continue service at the facility. Individuals under investigation will not be allowed access to residents during the investigation, and the appropriate law enforcement and licensing bodies will be notified. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Interview with the superintendent or designee • Interviews with random residents • Interviews with random staff • Interview with mental health staff • Informal Interview with PC • Documentation review • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.378(a) - Intervention and Disciplinary Sanction for Residents</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ A resident may be subject to disciplinary action pursuant to the facility's disciplinary process following an administrative finding that the resident engaged in a resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual

abuse.

- The facility reported zero administrative findings of resident-on-resident sexual abuse that have occurred at the facility.
- The facility reported zero criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility.

2. Site Review Observations:

- Informal Interviews with two randomly selected residents indicated that they were comfortable filing a PREA complaint and were not aware of anyone facing consequences for doing so.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is required.

115.378(b) - Level of Sanction Commensurate with Nature of Circumstances

1. PAQ and PREA Policy Review:

- If a disciplinary sanction for resident-on-resident sexual abuse results in a resident's isolation, the facility policy requires that residents in isolation receive daily access to large-muscle exercise, legally required educational programming, and special education services.
- In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician.
- In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.
- The facility reported that zero residents in the past 12 months were placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse.
- The facility reported zero residents in the past 12 months placed in isolation as a disciplinary sanction for client-on-client sexual abuse, who were denied daily access to large muscle exercise and/or legally required educational programming or special education services.
- The facility reported zero clients in the last 12 months placed in isolation as a disciplinary sanction for client-on-client abuse who were denied access to other programs and work opportunities:

2. Documentation Review:

- The facility does not use isolation as a sanction, so there is no documentation.
- If a resident is separated from their assigned group, they are moved to a different area, provided education, allowed large-muscle activity, and given daily visits from medical or mental health staff, if

needed.

3. Site Review Observations:

- Informal Interview with PC confirmed that they do not utilize isolation as a consequence. Rather, a resident may be separated from the other residents.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is required.

115.378(c) - Considerations of Disciplinary Sanctions

1. PAQ and PREA Policy Review:

- The disciplinary process will consider whether a resident's mental disabilities, mental illness, or trauma contributed to their behavior when determining what type of sanction, if any, should be imposed.

2. Interview with the Superintendent or Designee:

- Confirmed that a resident's mental illness or mental disability is considered if disciplinary sanctions were imposed for all violations.

3. Site Review Observations:

- Interviews with two members of upper-level management confirmed that the team would meet to review the investigation findings and consider all factors when issuing any sanction.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.378(d) - Intervention to Address Underlying Motivation for Abuse

1. PAQ and PREA Review:

- The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Access to general programming or education is not conditional on participation in such interventions.

2. Interview with the Mental Health Staff:

- Reported that a resident would be offered services to those who engaged in sexual behaviors in the facility. Participation in these services would not affect their ability to participate in programming and educational services.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.378(e) - Considerations of Disciplinary Sanctions

1. PAQ and PREA Policy Review:

- The Facility may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

2. Site Review Observations:

- Informal interview with PC confirmed they have not had any discipline for sexual contact with an employee, and that disciplinary action would only be taken if the staff member did not consent.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.378(f) - Considerations of Disciplinary Sanctions

1. PAQ and PREA Policy Review:

- The facility prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish sufficient evidence to substantiate the allegation.
- For disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation.

2. Site Review Observations:

- Informal Interview with the PC confirmed that any allegation of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred does not constitute a false report or that the resident is lying, even if the investigation does not establish evidence sufficient to substantiate the allegation

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required

115.378(g) - Considerations of Disciplinary Sanctions

1. PAQ and PREA Policy:

- The facility prohibits all sexual activity between residents and disciplines residents for such activity; the facility deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

	<p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Interview with a resident who disclosed prior victimization • Interview with the staff who conduct the VSPA screening • Interview with medical staff • Interview with mental health staff • Informal interview with PC • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.381(a) - Medical and Mental Care</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ If the resident's risk assessment indicates that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the resident shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of completion of that risk assessment. ◦ During the past 12 months, 10 residents who disclosed prior victimization during the screening were offered a follow-up meeting with a medical or mental health practitioner. ◦ Medical and mental health staff maintain secondary material documentation in compliance with these services. 2. Interview with a Resident who Reported Prior Victimization: <ul style="list-style-type: none"> ◦ Both residents interviewed reported meeting with medical and mental health staff within the designated timeframe. 3. Interview with a Staff Member who Conducts the VSPA:

- Both staff interviewed reported that they are required to initiate mental health and medical referrals for residents who reported prior victimization upon the completion of the VSPA.

4. Interviews with Medical and two Mental Health Staff:

- Both confirmed they meet with any residents who disclosed prior victimization on the VSPA. If they have further concerns, they will contact the PC.

5. Site Review Observations:

- The auditor observed an intake during the on-site phase of the audit. The intake staff conducted the VSPA and demonstrated the process for the resident to report victimization.

6. Informal Interview with the PC:

- Confirmed the VSPA process and the communication that is held between staff, medical, mental health, and the PC.

7. Documentation Review:

- The auditor reviewed the 11 completed VSAs for appropriate documentation and found them sufficient.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.381(b) - Resident has Previously Perpetrated Sexual Abuse

1. PAQ and PREA Policy Review:

- If the resident's risk assessment indicates that they have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident shall be offered a follow-up meeting with a mental health practitioner within 14 days of completion of that risk assessment.
- In the past 12 months, zero residents reported previously perpetrated sexual abuse, as indicated during screening.
- Medical and mental health staff maintain secondary material documentation in compliance with these services.

2. Interviews with Staff Responsible for Completing the VSPA:

- Both staff interviewed stated that during the intake process, residents who report having perpetrated sexual abuse are immediately referred to medical and mental health, and the PC is notified.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.381(c) - Information Safeguards

	<p>1. PAQ and PREA Policy:</p> <ul style="list-style-type: none"> Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health personnel and other staff, as necessary, to inform treatment plans and security and management decisions, including housing and programming assignments. <p>2. Interviews with Staff Members who Conduct the Risk Screenings:</p> <ul style="list-style-type: none"> Both reported that staff are not to share information from the VSPA, or, if necessary, to be informed outside of medical and mental health staff, and reported that they inform the PC, who can dictate if anyone else needs to know, outside staff immediately working with the resident at the time. <p>3. Site Review Observation:</p> <ul style="list-style-type: none"> During the site review, the auditor observed a locked filing cabinet located in the PC office, where the completed VSPAs are stored. An informal conversation with the Superintendent and PC confirmed that only they have access to the filing cabinet. An informal conversation with the medical and mental health staff indicated that VSPA results are limited to the personnel needed to provide treatment. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.381(d) - Inform Consent</p> <p>1. PAQ and PREA Policy:</p> <ul style="list-style-type: none"> Medical and mental health personnel shall 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>2. Interview with Medical and Mental Health staff:</p> <ul style="list-style-type: none"> Both confirm that informed consent is obtained before reporting if the resident was over the age of 17 and the incident did not occur within the building. Interviewed staff reported that this has not occurred because residents in the building are under 18. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- PAQ
- PREA policy
- Interview with medical and mental health staff
- Interview with a resident who reported sexual abuse
- Interview with staff who serve as first responders
- Site review observations
- Informal interview with PC

Reasoning and analysis (by provision):

115.382(a) - Access to Emergency Medical and Mental Health Services

1. PAQ and PREA Policy:

- Residents who are victims of recent sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
- In the event of an alleged sexual assault, a member of management will make immediate arrangements for the resident to be transported to St. John's Hospital Emergency Department. Management will transport any alleged victim to the emergency department with or without their consent. The hospital can complete proper documentation if the alleged victim still refuses treatment after speaking with the appropriate medical authorities.
- Examinations shall be performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). An off-site qualified medical practitioner may examine if neither a SANE nor a SAFE is available.
- Advocacy services may be obtained through the Prairie Center Against Sexual Assault. Advocacy services should be made accessible to the resident at any time.
- Upon returning to the facility, follow-up actions to safeguard the alleged victim will be implemented. At a minimum, those actions shall include medical and mental health referrals and an appropriate housing determination.

2. Interview with a Medical and Mental Health Staff:

- Both reported residents who are alleged victims of sexual abuse have access to timely emergency services. Staff would send the resident to the Hospital for an exam if the incident occurred within 7 days of the report. Medical and Mental Health staff follow up with all residents to ensure they receive services.

3. Interview with a Resident who Reported an Incident of Sexual

Abuse:

- Two residents who had reported sexual abuse before their intake were interviewed and stated that they met with both medical and mental health soon after coming to the facility. Neither resident reported being aware of any resident being sexually abused while in custody.

4. Documentation Review:

- No reports of a resident being sexually abused in the past 12 months or being in custody at the time of the audit. Therefore, the auditor did not review any documentation.

5. Site Review Observations:

- Informal interviews with the PC, medical, and mental health staff confirmed that residents would have access to emergency services and that the facility's policy would be adhered to.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.382(b) - First Responders Obligations to Protect Resident

1. PAQ PREA Policy:

- If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to PREA standard 115.362. They shall immediately notify the on-call medical provider and email mental health personnel for review when they return to the facility.

2. Interviews with Staff who Act as First Responders:

- Two staff who act as first responders were interviewed. Confirmed their roles as first responders and their responsibility to take steps to protect the victim. They immediately alert their supervisor, who reports to the medical and mental health staff.

3. Documentation Review:

- No reports of a resident being sexually abused in the past 12 months or being in custody at the time of the audit. Therefore, the auditor did not review any documentation.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.382(c) - Access to Emergency Contraception and STI Prophylaxis

1. PAQ and PREA Policy:

	<ul style="list-style-type: none"> ◦ Residents who are victims of sexual abuse while in facility custody shall be offered timely information and timely access to emergency contraception and sexually transmitted infection treatment, in accordance with professionally accepted standards of care where medically appropriate. <p>2. Interviews with Medical Staff:</p> <ul style="list-style-type: none"> ◦ Confirmed that clients would be offered access to emergency contraception and sexually transmitted infection prophylaxis through the hospital if they were victims of sexual abuse while in the facility. <p>3. Interviewed the Resident who made a Report:</p> <ul style="list-style-type: none"> ◦ No resident had reported sexual abuse during the audit cycle; therefore, interviews were conducted. <p>4. Site Review Observations:</p> <ul style="list-style-type: none"> ◦ An Informal interview with the PC confirmed the process and immediate access to emergency contraception and medical treatment. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.382(d) - Cost of Medical Services</p> <p>1. PAQ and PREA Policy:</p> <ul style="list-style-type: none"> ◦ All medical and mental health services are to be provided to the victim without financial cost to the victim and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. <p>2. Interviews with Medical and Mental Health Staff:</p> <ul style="list-style-type: none"> ◦ Both confirmed residents would receive emergency and follow-up medical services as needed at no cost. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- PAQ
- PREA policy
- Interview with medical staff
- Interview with a resident who reported Sexual Abuse
- Interview with staff who serve as first Responders
- Interview with mental health staff
- Site review observations
- Informal interview with PC

Reasoning and analysis (by provision):

115.383(a) & (b) - Ongoing Medical and Mental Care for Victims

1. PAQ and PREA Policy:

- The Sangamon County Juvenile Center offers medical and mental health evaluations and appropriate treatment to all residents who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility.
- The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in other facilities, or their release from custody.

2. Interview with Medical Staff:

- Reported that initial and follow-up medical treatment would be provided to the residents who have been victimized.

3. Documentation Review:

- No residents have reported being victimized while in custody, and no medical records were reviewed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.383(c) - Level of Medical and Mental Health Care

1. PAQ and PREA Policy:

- The facility shall provide such survivors with medical and mental health services consistent with the community level of care.

2. Interviews with the medical and Mental Health Staff:

- Reported that no such incidents have occurred within the audit cycle and confirmed that residents are provided services consistent with community-level care.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.383(d) - Pregnancy Test

1. PAQ and PREA Policy:

- Resident victims of sexual abuse, which is alleged to have included vaginal penetration while incarcerated, shall be offered pregnancy tests.

2. Interview with Medical Staff:

- Confirmed that residents will be offered a pregnancy test. Residents who are not victims of sexual abuse will be offered a pregnancy test as needed.

3. Interview with a Resident who Reported Sexual Abuse:

- No female residents were in custody at the time of the audit to interview.

4. Site Review Observations:

- Informal interview with the PC confirmed that residents would be offered appropriate testing.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.383(e) - Timely Access to Lawful Pregnancy-Related Medical Services

1. PAQ and PREA Policy:

- If pregnancy results, such survivors shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

2. Interview with Medical Staff:

- Reported that if a resident were pregnant, they would receive information and access to any pregnancy-related services. Reported that management, including the PREA Coordinator, would coordinate this.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.383(f) - Sexually Transmitted Infection Test

1. PAQ and PREA Policy:

- Resident victims of sexual abuse while in facility custody shall be offered tests for sexually transmitted infections as medically

appropriate.

2. Interview with Medical Staff:

- Reported that residents would be offered testing and treatment for sexually transmitted infections.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.383(g) - Treatment Services Offered at No Financial Cost

1. PAQ and PREA Policy:

- Treatment services shall be provided to the survivor without financial cost and regardless of whether the survivor names the abuser or cooperates with any investigation arising out of the incident.

2. Interview with Medical Staff:

- Stated that residents are not to incur costs for any medical services, including any treatment related to sexual abuse incidents.

3. Interview with the PC:

- Confirmed that this requirement does not change if the alleged victim does not cooperate with the investigation.

4. Site Review Observations:

- An informal interview with the resident and staff confirmed that the residents are not charged for medical treatment.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.383(h) - Mental Health Evaluation for Resident Abuser

1. PAQ and PREA Policy:

- The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within fourteen days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

2. Interview with Mental Health Staff:

- Reported that they meet with all youth allegedly involved in PREA-related incidents as soon as possible, usually within 48 hours, but would not exceed 14 days. The facility offers treatment and further evaluation as appropriate.

3. Documentation Review:

- The facility reported that no incidents of sexual abuse occurred within the adult cycle. The auditors' medical section files are located in the facility's case management system and secondary files, where

	<p>medical and health evaluations are documented.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • Interview with incident review team members • Interview with the PC • Administrative investigative files • Interview with the agency head • Documentation of the incident reviews <p>Reasoning and analysis (by provision):</p> <p>115.386(a) - Sexual Abuse Incident Reviews</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. ◦ The facility reported no incident reviews of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 2. Administrative Investigative Files: <ul style="list-style-type: none"> ◦ The auditor requested all investigation files from the past 12 months for review and was provided with six administrative and one pending criminal investigation. The auditor determined all six administrative investigation files were unfounded. 3. Incident Review Documentation: <ul style="list-style-type: none"> ◦ No incident review documentation was available because the investigation was deemed unfounded. <p>Finding:</p>

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.386(b) - Incident Review Timeline

1. PAQ and PREA Policy Review:

- Such review shall occur within thirty (30) days of the conclusion of the investigation.

2. Administrative Investigative Files:

- The facility reported that zero incident reviews were completed in the 12-month audit period.
- The auditor was provided with incident review forms on-site, if needed. The auditor found the form to be sufficient.

3. Informal Interview with PC:

- Reported that incident reviews would be completed within 30 days of receiving an allegation, and any findings would be implemented to protect residents.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

Recommendation:

The auditor recommends that the facility consider conducting incident reviews after all investigations conclude, regardless of the findings.

115.386(c) - Participants of Incident Review Team

1. PAQ and PREA Policy Review:

- The review team consists of the Superintendent of Detention Services, the Assistant Superintendent, the PREA Coordinator, Detention Supervisors, and medical and mental health personnel, if applicable.

2. Interview with the PC:

- Described the incident review team process and listed the participants of the incident team.

3. Site Review Observations:

- Informal interviews with the Superintendent, Director, and two upper-level management confirmed an understanding of the incident review process.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.386(d) - Consideration of the Incident Review Team

1. PAQ and PREA Policy Review:

- The review team shall evaluate each incident to determine whether policies or procedures should be updated to better prevent, detect, or respond to sexual abuse. They will also consider whether the incident or allegation was motivated by factors such as race, ethnicity, gender identity, sexual orientation, gang affiliation, or other group dynamics within the facility. Additionally, the team should examine the incident location for physical barriers that could enable abuse, assess staffing levels across shifts for adequacy, and consider whether monitoring technology should be added or upgraded to support employee oversight.
- The PC, together with the PREA review team, shall prepare a report of its findings, including, but not limited to, this section, and any recommendations for improvement, and submit such report to the agency Director.

2. Documentation of Review:

- The facility reported zero incident review meetings during the 12-month audit period; therefore, there are no findings from sexual abuse incident reviews.
- The facility reported that zero allegations of sexual abuse were received in the 12 months; therefore, no team minutes and reports were reviewed.

3. Interview with the Superintendent or Designee:

- If an issue is identified, we will review our practice and policy and retrain our staff.
- The incident review team would consider whether the incident was motivated by race, gender, or sexual orientation. The incident review team would examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- The incident review team would consider the adequacy of staffing levels in that area.
- The incident review team would consider whether monitoring technology should be deployed or augmented to supplement staff supervision.

4. Interview with the PC:

- The sexual abuse data would be reviewed during monthly management meetings.
- The report prepared by the incident review team would be reviewed during monthly management meetings.
- The incident review team assesses whether the incident was motivated by race or by LGBTQI status.
- The incident review team examines the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

	<ul style="list-style-type: none"> ◦ The incident review team looks at staffing levels to ensure they did not contribute to the incident. ◦ The incident review team considers whether monitoring technology should be deployed or augmented to supplement staff supervision. <p>5. Interview with the Incident Review Team Members:</p> <ul style="list-style-type: none"> ◦ Both investigators received specific sexual abuse and sexual harassment investigation training. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p> <p>115.386(e) - Incident Review Recommendation and Implementation</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility implements the recommendations for improvement or documents its reasons for not doing so. ◦ Findings reports are relevant to staffing plans and training. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • 2025 PREA annual report • Facility website review • Interview with PC • Documentation review • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.387(a) - Uniform Data Collection</p>

1. PAQ and PREA Policy Review:

- The facility 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 PC shall collect accurate, uniform data for every allegation of sexual abuse within its facility using the instrument and definitions set forth by the Survey of Sexual Violence conducted by the Department of Justice.

2. Documentation Review:

- The auditor reviewed the facility's 2025 PREA annual report, which provides definitions of sexual abuse data collection and aggregated data. The report meets the requirements of the Department of Justice's Survey of Sexual Violence.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.387(b) - Aggregate Data Collection

1. PAQ and PREA Policy Review:

- The facility aggregates the incident-based sexual abuse data at least annually.
- The PREA Coordinator aggregates the incident-based sexual abuse data annually.

2. Documentation Review:

- The auditor reviewed the facility's 2025 PREA annual report, which provides definitions of sexual abuse data collection and aggregated data.

3. Site Review Observations:

- An informal interview with the PC confirmed that the management team reviews aggregated data during the annual report review.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.387(c) - Incident-Based Data Collection

1. PAQ and PREA Policy Review:

- The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.
- The PC shall collect accurate, uniform data for every allegation of

sexual abuse within its facility using the instrument and definitions set forth by the Survey of Sexual Violence conducted by the Department of Justice.

2. Documentation Review:

- The auditor reviewed the facility's 2025 PREA annual report, which provides definitions of sexual abuse data collection and aggregated data. The report meets the requirements of the Department of Justice's Survey of Sexual Violence.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.387(d) - Maintenance of Data Collection Files

1. PQA and PREA Policy Review:

- The facility maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- The PC shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
- The PC and upper management will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

2. Documentation Review:

- The auditor reviewed the facility's 2025 PREA annual report, which provides definitions of sexual abuse data collection and aggregated data.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.387(e) - Aggregated Data from Contracted Facilities

1. PAQ and PREA Policy Review:

- The facility does not contract with any private facilities for the confinement of its residents. Therefore, the auditor is not required to audit this provision.

115.387(f) - Implementation of Recommendations for Improvement

1. PQA and PREA Policy:

	<ul style="list-style-type: none"> ◦ The facility provided the Department of Justice (DOJ) with data from the previous calendar year upon request. ◦ Upon request, the PC shall provide the Department of Justice with all such data from the previous calendar year no later than June 30. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard, and no corrective action is required.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA policy • 2025 PREA annual report • Interview with agency head • Interviews with the superintendent or designee • Interview with PC • Facility Website Review <p>Reasoning and analysis (by provision):</p> <p>115.388(a) - Data Review for Corrective Action</p> <ol style="list-style-type: none"> 1. PAQ and PREA Policy Review: <ul style="list-style-type: none"> ◦ The facility reviews data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, including identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. ◦ The PC will review data to identify problem areas and take corrective action. The PC will document identified problem areas and corrective actions for each in an annual report. 2. Interview with Agency Head: <ul style="list-style-type: none"> ◦ Reported that we use data to help determine problem areas. Once a problem area is identified, we will make necessary corrections 3. Interview with the Superintendent or Designee: <ul style="list-style-type: none"> ◦ The management team meets to review the data and make any

necessary changes.

4. Interview with the PC:

- The information is reviewed during the team meeting. If a problem is identified, we will take immediate corrective action.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.388(b) - Data Comparison to Prior Years

1. PAQ and PREA Policy Review:

- The annual report will include a comparison of the current year's data and corrective actions with those from prior years. It will provide an assessment of the facility's progress in addressing sexual abuse.

2. Documentation Review:

- The auditor reviewed the 2025 annual plan, which included comparisons with prior-year data.
- The report provided an assessment of the facility's progress in addressing sexual abuse.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.388(c) - Annual Report Approval

1. PAQ and PREA Policy:

- The report will be approved by the Four Oaks President/CEO or designee and made readily available to the public through its website.

2. Interview with Agency Head:

- Confirmed that she approves the annual report and that it has been made available on the agency's website.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.388(d) - Annual Report Contents

1. PAQ and PREA Policy Review:

- The facility may redact specific material from the reports when

	<p>publication would present a clear and specific threat to the facility's safety and security. However, it must indicate the nature of the redacted material.</p> <p>2. Facility Website Review:</p> <ul style="list-style-type: none"> ◦ The auditor reviewed the facility website and confirmed that aggravated sexual abuse data is available for the public to view. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.389	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PAQ • PREA and policy review • Interview with PC • Facility website review • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.389(a) - Data Storage, Publication, and Destruction</p> <p>1. PAQ and PREA Policy Review:</p> <ul style="list-style-type: none"> ◦ The facility ensures that incident-based and aggregate data are securely retained. ◦ The PC shall review collected data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and corrective actions for each facility. <p>2. Interview with the PC:</p> <ul style="list-style-type: none"> ◦ Reported that data is collected and reviewed by the management team to assess and improve residents' protections and to identify the need for policy and training changes. This information is retained in the locked filing cabinet in my office and is inaccessible to all staff. ◦ Confirmed that the data is discussed as needed throughout the year, usually during monthly management meetings.

3. Site Review Observations:

- The auditor reviewed the location of stored data. All data is stored in a locked filing room in the PC office. Only limited staff have access to this location, and line staff cannot enter without an administrative team member escorting them.
- Informal interviews with two staff members confirmed they do not have access to the PC office and/or any locked filing cabinets.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.389(b) - Aggregated Sexual Abuse Data Readily Available to the Public

1. PAQ and PREA Policy Review:

- The PC shall ensure that the data collected is securely retained. All data is stored in a locked filing cabinet.

2. Website Review:

- The auditor reviewed the facility website and confirmed that aggravated sexual abuse data is available for the public to view.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.389(c) - Personal Identifiers

1. PAQ and PREA Policy Review:

- The PC shall make all aggregated sexual abuse data readily available to the public at least annually through its website.

2. Website Review:

- The auditor reviewed the facility website and confirmed that aggravated sexual abuse data that is made available to the public is published without personal identifiers.

Finding:

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.389(d) - Data Retention

1. PAQ and PREA Policy Review:

- Data shall be retained for 10 years after the date of its initial

	<p>collection unless Federal, State, or local law requires otherwise.</p> <p>2. Site Review Observations:</p> <ul style="list-style-type: none"> ◦ The auditor reviewed and confirmed that sexual abuse data has been collected and maintained since 2023. <p>3. Interview with the PC:</p> <ul style="list-style-type: none"> ◦ Confirmed that the facility will maintain sexual abuse data for 10 years. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Notice of audit verification samples • Site review observations <p>115.401 - Frequency and Scope of Audits</p> <p>The facility operates one facility. The auditor was given full access and observed all areas of the facility. The auditor was permitted to request and receive copies of relevant documents. The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send correspondence to the auditor in the same manner as they would to legal counsel. Notice of Audit was displayed throughout the facility.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none">• Documentation review <p>115.403 - Audit Content and Findings</p> <p>The facility is in the first audit cycle; therefore, no previous audit reports are available on its website for public access. The auditor confirmed this during the pre-audit phase.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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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.)	na
	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.)	na
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.)	yes
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".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

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

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

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

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.316 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	no
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

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

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
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	yes

	on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	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	Policies to ensure referrals of allegations for investigations	

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

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

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

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

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

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

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

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

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

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

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

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

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

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

	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

(d)		
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

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

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	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	yes

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

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