

# Prison Rape Elimination Act (PREA) Audit Report

## Juvenile Facilities

Interim       Final

Date of Report February 9, 2018

### Auditor Information

Name: Wayne R. Liddell	Email: wrliddell@comcast.net
<b>Company Name:</b> Wayne R. Liddell and Associates LLC	
Mailing Address: 70910 Ironwood Drive	City, State, Zip: Niles, MI, 49120
Telephone: 269-591-9237	Date of Facility Visit: November 14 – 17, 2017

### Agency Information

Name of Agency Division of Juvenile Probation and Detention Services	Governing Authority or Parent Agency (If Applicable) Administrative Office of the 19th Judicial Circuit		
Physical Address: 24647 N. Milwaukee Avenue	City, State, Zip: Vernon Hills, IL, 60061		
Mailing Address: S/A	City, State, Zip: S/A		
Telephone: 847-377-7800	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

**Agency mission:** The Division of Juvenile Probation and Detention Services supports the mission of the Court by serving a juvenile justice system that ensures public protection from further acts of juvenile delinquency and assisting in the accountability and rehabilitative needs of youthful offenders.

**Agency Website with PREA Information:** [www.19thcircuitcourt.state.il.us/1191/juvenile-probation-detention-services](http://www.19thcircuitcourt.state.il.us/1191/juvenile-probation-detention-services)

### Agency Chief Executive Officer

Name: James Edwards	Title: Director of Juvenile Probation and Detention Services
Email: jedwards@lakecountyil.gov	Telephone: 847-377-7904

### Agency-Wide PREA Coordinator

<b>Name:</b> Jennifer Zakaras	<b>Title:</b> PREA Coordinator
<b>Email:</b> jzakaras@lakecountyil.gov	<b>Telephone:</b> 847-377-7939
<b>PREA Coordinator Reports to:</b>  Lynette Hampton, Superintendent	<b>Number of Compliance Managers who report to the PREA Coordinator</b> None

### Facility Information

<b>Name of Facility:</b>	Hulse Detention Center/FACE-IT Residential Program			
<b>Physical Address:</b>	24647 N. Milwaukee Avenue, Vernon Hills, IL 60061			
<b>Mailing Address (if different than above):</b>				
<b>Telephone Number:</b>	847-377-7800			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal	
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Detention	<input type="checkbox"/> Correction	<input type="checkbox"/> Intake	<input checked="" type="checkbox"/> Other - Residential
<b>Facility Mission:</b> The mission of the Hulse Detention Center/FACE-IT Residential Program is to further justice by providing a safe, caring environment that guides children in our care towards productive lives and enhances community safety and well-being.				
<b>Facility Website with PREA Information:</b> <a href="http://www.19thcircuitcourt.state.il.us/1191/juvenile-probation-detention-services">www.19thcircuitcourt.state.il.us/1191/juvenile-probation-detention-services</a>				
<b>Is this facility accredited by any other organization?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

### Facility Administrator/Superintendent

<b>Name:</b> Lynette Hampton	<b>Title:</b> Superintendent
<b>Email:</b> lhampton@lakecountyil.gov	<b>Telephone:</b> 847-377-7893

### Facility PREA Compliance Manager

<b>Name:</b>	<b>Title:</b>
<b>Email:</b>	<b>Telephone:</b>

### Facility Health Service Administrator

<b>Name:</b> Allison Beatty	<b>Title:</b> Health Services Administrator
-----------------------------	---

<b>Email:</b> abeatty@armorcorrectional.com	<b>Telephone:</b> 847-377-4407
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b> 48 Detention, 12 FACE-IT	<b>Current Population of Facility:</b> 36 Detention, 4 FACE-IT
<b>Number of residents admitted to facility during the past 12 months</b>	398 Detention, 12 FACE-IT
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:</b>	D - 162, FI - 12
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	D - 245, FI - 12
<b>Number of residents on date of audit who were admitted to facility prior to August 20, 2012:</b>	0
<b>Age Range of Population:</b>	10 - 20
<b>Average length of stay or time under supervision:</b>	D - 21, FI - 160
<b>Facility Security Level:</b>	Secure/Staff Secure
<b>Resident Custody Levels:</b>	Secure/Medium
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	91
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	91
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	1
<b>Number of Buildings:</b> 1	<b>Number of Single Cell Housing Units:</b> 6 - Detention
<b>Number of Multiple Occupancy Cell Housing Units:</b>	1 - FACE-IT – 6 double occupancy rooms
<b>Number of Open Bay/Dorm Housing Units:</b>	None
<b>Number of Segregation Cells (Administrative and Disciplinary):</b>	None
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b>	
<p>As noted in the Facility Characteristics section of this report, the Hulse Detention Center/FACE-IT Residential Program incorporates a video monitoring system to enhance safety and security within the facility. The current system was upgraded in 2016 and includes cameras throughout the detention and residential units, as well as in perimeter areas of the facility. Based upon the recommendations of the auditor, seven additional cameras will be installed in 2018 to further enhance video monitoring capability within the facility. The location of the facility's cameras does not appear to infringe on the privacy of residents while in their rooms, or while using shower or toilet areas. The cameras are monitored by staff stationed in the Central Control room 24 hours per day, seven days per week. The facility utilizes a digital video recording system which is capable of storing video recordings for up to 30 days. In addition to video monitoring throughout the rest of the facility, an audio monitoring system is utilized in the detention unit to monitor the safety of residents while in their rooms.</p>	

<b>Medical</b>	
<b>Type of Medical Facility:</b>	Contract: Armor Correctional Health Services
<b>Forensic sexual assault medical exams are conducted at:</b>	Advocate Condell Medical Center, Libertyville, IL
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	25 volunteers, 32 contractors
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	0

# Audit Findings

## Audit Narrative

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

The PREA audit of the Lake County (IL) Hulse Detention Center/FACE-IT Residential Program was conducted from November 14 -17, 2017 in Vernon Hills, Illinois. The audit was conducted by Wayne R. Liddell, M.S., who is a Department of Justice Certified Auditor for Juvenile Facilities.

The auditor wishes to express his appreciation to the following individuals: James Edwards, Director of the Division of Juvenile Probation and Detention Services; Lynette Hampton, Superintendent; Jennifer Zakaras, PREA Coordinator; and all of the members of the Hulse Detention Center/FACE-IT Residential Program Team for their hospitality, professionalism and commitment to the PREA process. It was evident throughout the on-site audit that the organization has successfully incorporated the mission of PREA into its culture, which is one of providing quality services to residents in a safe, secure, and caring environment.

The PREA Coordinator did an excellent job prior to the on-site audit preparing for the auditor's visit. The PREA Coordinator verified the placement of the auditor contact information posters throughout the facility 6 weeks in advance of the on-site portion of the audit. The PREA Coordinator also provided the auditor with a flash drive that contained the completed Pre-Audit Questionnaire, policies and procedures, as well as, supporting documentation one month before the on-site visit occurred. In advance of the on-site portion of the audit, the auditor was able to conduct a thorough review of the submitted, and additionally requested, documentation. In addition, the auditor remained in frequent contact with the PREA Coordinator prior to the on-site visit in order to address any questions, concerns, or issues related to the audit, thereby facilitating a more coordinated site visit.

The auditor arrived at the facility at 1:00pm on November 14, 2017 and was greeted by the Director of Juvenile Probation and Detention Services, the facility Superintendent and the PREA Coordinator. Soon afterwards, the two Deputy Superintendents and therapist arrived for the entrance meeting. Following introductions, the auditor reviewed the PREA Audit Schedule with a general discussion of the overall process and the methodology which would be utilized for the audit. The PREA Coordinator provided the auditor with lists of staff and resident names identifying individuals who would be available for randomly selected or specialized interviews.

The facility tour, escorted by the Superintendent, PREA Coordinator, and Deputy Superintendents commenced after the entrance meeting. During the tour the auditor was provided with the opportunity to observe all areas of the facility in order to assess the physical environment. Some observations and discussion concerned the need for additional cameras in the detention housing units and removal of a sliding door in the FACE-IT Residential Program laundry area to eliminate blind spots. The auditor

observed PREA related signage throughout the facility including auditor contact information, as well as, instructions on how to report sexual abuse or sexual harassment (in English and Spanish).

Following the tour, the auditor began reviewing facility documentation for the standards and initiated the completion of the Auditor Compliance Tool. The PREA Coordinator was present and available to address questions and obtain additional documentation throughout the on-site audit.

During the on-site audit, the auditor interviewed the Director of the Division of Probation and Detention Services, the Superintendent, both Deputy Superintendents, the PREA Coordinator, and the Assistant Director of the Division of Psychological Services. This facility administrative team was very supportive of the PREA process and committed to mandating and implementing a zero tolerance policy regarding sexual abuse and sexual harassment of residents in the Hulse Detention Center/FACE-IT Residential Program.

During the on-site audit, 11 residents were randomly selected and interviewed by the auditor. It was very apparent from the interviews that residents were well aware of PREA and their right to be free from sexual abuse and sexual harassment in the facility. They were very aware of how to report allegations and what the process would be if allegations were reported. Clearly, the residents are provided ample education regarding PREA as part of their regular programming and during the admission process. It was noteworthy that all residents who participated in the interviews were cooperative and well mannered, displaying appropriate social skills and behavior not normally observed in other detention settings.

During the on-site audit, 12 direct care staff were interviewed representing all three shifts. The auditor interviewed the staff during their assigned shifts in order to avoid overtime or unnecessarily inconveniencing the staff. As noted with the residents, staff were highly aware of the requirements of PREA and confirmed that there was ample training provided by the PREA Coordinator on how to implement PREA in the facility.

Also interviewed during this on-site audit were 19 (some with overlapping duties) specialized staff representing: medical/mental health staff (2); investigators (3), intermediate higher level staff (3); intake (1); incident review team (1); staff monitoring retaliation (1); administrative/human resource staff (1); agency contract administrator (1); staff screening for risk (1); staff supervising isolation (1); first responders (1); staff conducting cross gender searches (1); and volunteers/contractors (2). All individuals interviewed were well aware of their respective responsibilities and expressed a good understanding of the PREA process.

The auditor spent an average of 10 hours per day for the on-site audit lasting 4 days which provided ample time to conduct the required interviews, review documents, observe operations, and determine standard compliance for the facility.

On the final day of the on-site audit, November 17, 2017, an exit meeting was held at 3:00pm with the original participants of the entrance interview in order to summarize the findings of the on-site audit. The auditor had conducted daily briefings/updates with the participants throughout the visit so there were no surprises at the exit interview. The participants were recognized for their efforts to implement PREA and commitment to keep residents safe from harm while in the facility's care and custody.

The Superintendent and PREA Coordinator completed some minor corrections during the on-site audit and time period between the on-site visit and the completion of this report and these corrections were approved by the auditor. These corrections included revising several facility policies and procedures to

increase consistency and the degree of specificity, especially those pertaining to investigation related standards. In addition, appropriate measures were taken to satisfactorily address the above mentioned video monitoring concerns.

During the post site visit phase of the audit process, the auditor reviewed all audit related documents, interview notes, observations, etc. utilizing the Auditor Compliance Tool. Frequent communication with the PREA Coordinator as well as the Superintendent and Deputy Superintendents during this phase occurred to address questions and request additional information/documentation as needed. A comprehensive process was utilized by the auditor to determine compliance with standards that weighed relevant primary and secondary documentation, on-site facility observations, as well as information obtained in interviews with residents and adults in the facility.

Based upon a thorough review of all audit related documents, interviews, and observations during the three phases of the audit process, the auditor has determined that the Hulse Detention Center/FACE-IT Residential Program has achieved full compliance with the PREA Standards for Juvenile Facilities. The facility's policies, procedures and practices meet the requirements of these PREA standards and effectively mandate a zero tolerance threshold regarding the sexual abuse or sexual harassment of residents in the facility.

## Facility Characteristics

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

The Hulse Detention Center and the Families and Community Engaged in Treatment (FACE-IT) Residential Program are part of a larger facility known as the Depke Juvenile Justice Complex. The Division of Juvenile Probation/Detention Services is under the authority of the 19th Judicial Circuit Court Chief Judge. The facility is located in Vernon Hills, IL, north of Chicago.

Within the Depke Juvenile Justice Complex is the Hulse Detention Center, FACE-IT Residential Program, juvenile probation unit, two juvenile courtrooms, state's attorney's offices, public defender's offices, guardian ad litem offices, clerk's office, court appointed special advocates' (CASA) office, and judge's chambers. As a result of this unique multi-faceted facility, there is collaboration amongst all parties to help youth and their families.

The Hulse Detention Center and FACE-IT Residential program strive to exceed standards of the Illinois Department of Juvenile Justice, the Federal Prison Rape Elimination Act of 2003, the Illinois Compiled Statutes (ILCS), and the Juvenile Detention Alternatives Initiative (JDAI). Policy and procedures are continually updated to reflect best-practice in the juvenile justice field and to ensure youth's rights are being preserved. Youth are provided with medical and mental health care consistent with community level of care. Restorative justice practices are used within the facility to assist youth with understanding and repairing the harm they caused. Peace circles, conflict mediations, and the criminal thinking group are ways both units use these practices.

The facility emphasizes safety of all the youth in their care as well as their staff. One effort to ensure everyone's safety in the facility is video monitoring. The system includes cameras throughout the detention center and residential unit, as well as perimeter cameras. The video monitoring system was upgraded in 2016 to cover additional blind spots and seven more cameras will be installed in 2018. There is a digital video recorder which is capable of storing data for 30 days. The cameras are monitored 24/7 by Central Control. There is also an audio monitoring system for detention that allows Central Control to monitor the residents while in their rooms.

#### Hulse Detention Center

The Hulse Detention Center provides secure detention services to high risk youth who are pending delinquent or criminal court. Services provided regularly to youth include education, recreation, and medical and mental health care. Youth receive programming outside of their designated room throughout the day and have access to their families through visitation, mail, and telephone calls. The Hulse Detention Center houses up to 48 residents, with 8 of those beds being dedicated to female residents. The age range at this facility is from 13 to 20 years of age, however it is possible to house residents as young as 10 if there is not a suitable community alternative.

The Hulse Detention Center is comprised of two pods, titled North and South, with three side units in each pod. The side units are two-story with four individual rooms on each floor and a full bathroom on each floor. There is a large dayroom that each side unit exits to where the residents enjoy their free-time activities. Within the North Pod, there is a female side unit that has blinds to separate the males from the females during times of changing, toileting, and showering. Aside from these times when the females are in their rooms or showering, the residents participate in programming together.

Also within the Hulse Detention Center is a full-size gymnasium, four classrooms, and a multi-purpose room for gaming and free-time. There are four full-time teachers and three teacher's aides. The Hulse Detention Center also has an Intake Unit with seven assigned Intake Officers that provide on-site 24-7 screening of youth from local police departments. Intake Officers are also cross-trained in detention and provide assistance as needed. In addition, Intake Officers provide diversionary services to low-to-moderate risk youth when immediate and urgent necessity is not found.

#### FACE-IT Residential Program

The FACE-IT Residential Program's focus is meeting the needs of high risk delinquent youth and providing them with the resources and tools to become a productive member of society and learn how to communicate and express themselves in an appropriate manner. This includes a vigorous family component to ensure the youth has continued support in the community. The FACE-IT Residential Program houses up to twelve (12) male participants. The age range of the participants is from 13 to 18 years of age. The unit consists of a classroom, therapy area, cafeteria, and media room. There are six bedrooms, with two participants assigned to a room.

Services provided to the youth include a criminal thinking curriculum, individual, art therapy, group and family therapy, and aggression interruption training. The program has three psychological services staff which includes two masters-level program therapists and a doctorate-level psychologist. The psychological services staff also maintain a caseload of residents in the Hulse Detention Center.

The Hulse Detention Center and FACE-IT Residential Program utilize volunteers and contractors to ensure programming and services for the youth in their care. The volunteers and contractors provide a

range of programming such as tutors, yoga, peace circles, substance abuse counseling, religious services, and book clubs.

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

**Auditor Note:** No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

**Number of Standards Exceeded:** 4

115.331, 115.333, 115.342, 115.381

**Number of Standards Met:** 39

115.311, 115.312, 115.313, 115.315, 115.316, 115.317, 115.318, 115.321, 115.322, 115.332, 115.334, 115.335, 115.341, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

**Number of Standards Not Met:** 0

None

### Summary of Corrective Action (if any)

No corrective action is required.

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  Yes  No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  Yes  No

### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- 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  No

### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  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.)  Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program Policy and Procedure 19A meets the requirements of this standard. The facility does mandate a zero tolerance policy and practice regarding all forms of sexual abuse and sexual harassment. The organizational culture has adopted this basic standard of care throughout the facility. Residents and facility personnel consistently communicated their

understanding of, and commitment to, the zero tolerance standard as evidenced during interviews conducted by the auditor. Chapter 19, Prison Rape Elimination Act, of the facility's Policy and Procedure Manual comprehensively describes its approach to preventing, detecting, and responding to, sexual abuse and sexual harassment within the facility. Interviews with residents and facility personnel confirmed the existence of a zero tolerance mandate regarding all forms of sexual abuse or sexual harassment within the facility. The auditor observed signage throughout the facility reinforcing the zero tolerance mandate.

Based upon a review of the Policy and Procedure 19A, the facility organizational chart, as well as interviews with administrative and line personnel, it is determined that the facility employs an upper level PREA Coordinator with sufficient time and authority to develop, implement, and oversee all aspects of the PREA process. The PREA Coordinator reports directly to the Superintendent and is recognized as the facility authority on all PREA activities.

Based upon the above documentation, interviews, and observations the facility is in compliance with this standard.

## **Standard 115.312: Contracting with other entities for the confinement of residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.312 (a)**

- 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  No  NA

### **115.312 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)  Yes  No  NA

### **Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard (Requires Corrective Action)**

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Based upon interviews with administrative personnel, the Hulse Detention Center/FACE-IT Residential Program or the Division of Juvenile Probation and Detention Services do not contract with private agencies or entities for the confinement of residents.

## **Standard 115.313: Supervision and monitoring**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.313 (a)**

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

#### **115.313 (b)**

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?  Yes  No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.)  Yes  No  NA

#### **115.313 (c)**

- 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  No  NA
- 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  No  NA

- 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  No  NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)  Yes  No  NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?  Yes  No

#### 115.313 (d)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.313 (e)

- 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  No  NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)  Yes  No  NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)  Yes  No  NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard (Requires Corrective Action)**

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. The facility Policy and Procedure 19A, Prevention Planning, satisfactorily addresses the requirements for supervision and monitoring.

In addition to reviewing applicable policy and procedure, the auditor reviewed written staffing plans to ensure that they incorporated all required elements within the standard. Interviews with facility personnel confirmed that staffing plans are complied with except during periods of limited and discrete exigent circumstances. Staffing plans are reviewed and revised as necessary to ensure proper supervision levels. The auditor noted in the pre-audit period an excessive number of times on the overnight shift when the 1:16 ratio was not met due to staff breaks, intakes, or staff call offs. The Superintendent, PREA Coordinator, and management team satisfactorily revised the facility staffing plan and corrected the staff deployment issues prior to the preparation of this report. The 1:8 staffing ratio on the other shifts is consistently maintained and at times exceeds the minimum ratio, providing enhanced supervision and monitoring of residents and programs.

The auditor reviewed documentation of unannounced rounds conducted by upper and middle management including the Superintendent, Deputy Superintendents, PREA Coordinator, and Unit Managers as required in Policy and Procedure 19A. Interviews with these and other facility personnel confirm the consistent implementation of unannounced rounds. The auditor also directly observed a Deputy Superintendent conduct an unannounced round during the onsite audit. It is important to mention that, based upon observations and staff interviews, administrative personnel, including the Director of Probation/Detention Services, Superintendent, Deputy Superintendents, and PREA Coordinator, are frequently on the units interacting with residents/staff and observing programs.

## **Standard 115.315: Limits to cross-gender viewing and searches**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.315 (a)**

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
☒ Yes  No

### **115.315 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? <☒ Yes  No  NA

### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches?  Yes  No

### 115.315 (d)

- 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  No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?  Yes  No
- 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  No  NA

### 115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  Yes  No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

### Auditor Overall Compliance Determination



**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirement of this standard. Facility Policy and Procedure 19A clearly prohibits facility staff from conducting cross gender strip searches, visual body cavity searches, or pat down searches of residents, including transgender residents. Policy and procedure also specifies that cross gender strip searches and visual body cavity searches may only be conducted by qualified medical practitioners and then only in exigent circumstances. In addition to facility policy, resident and staff interviews confirmed that staff do not conduct cross gender searches. Policy requires a Unit Manager to document and justify all cross gender searches by medical practitioners. The facility policy, procedure, and practice requires staff to announce their presence and gender when entering a housing unit comprised of residents of the opposite gender to avoid situations of cross gender viewing except during exigent circumstances. This practice was confirmed through resident and staff interviews as well as direct observation by the auditor on the housing units. Documentation and interviews with staff confirm that they are trained in how to conduct cross gender searches if exigent circumstances occur. Interviews with staff confirm policy, procedure, and practice that they are prohibited from searching transgender or intersex residents for the sole purpose of determining gender.

## **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.316 (a)**

- 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  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  Yes  No
- 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  No
- 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  No
- 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  No
- 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: Are blind or have low vision?  Yes  No

#### **115.316 (b)**

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

### 115.316 (c)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Policy and Procedure 19A addresses the facility's commitment to provide residents with disabilities or limited English proficiency with information regarding efforts to prevent, detect, and respond to sexual abuse or sexual assault. Direct observation of accessible Spanish versions of resident handbooks, PREA brochures, and posters, as well as access to translation services by telephone (Language Line) for other languages confirms this practice. In addition, specialized telephone service is available for hearing impaired residents or parents who may be hearing impaired. The facility policy, procedure and practice does not allow resident interpreters, readers, or other resident assistants except in limited or exigent circumstances. The practice of providing assistance to residents with disabilities in obtaining PREA related information was confirmed through interviews with staff.

## Standard 115.317: Hiring and promotion decisions

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.317 (a)

- 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  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- 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 question immediately above?  Yes  No
- 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  No
- 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  No
- 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 question immediately above?  Yes  No

#### **115.317 (b)**

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?  Yes  No

#### **115.317 (c)**

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check?  Yes  No
- 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  No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?  Yes  No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?  Yes  No

#### 115.317 (e)

- 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  No

#### 115.317 (f)

- 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  No
- 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  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?  Yes  No

#### 115.317 (h)

- 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  No  NA

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard (Requires Corrective Action)**

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program Policy and Procedure 19A satisfactorily addresses the facility's hiring and promotion practices related to the applicable PREA standards. Interviews with the Superintendent and the PREA Coordinator responsible for HR functions confirm pre-employment criminal and child abuse registry background checks of prospective employees or contractors as well as the prohibition on hiring any applicant or enlisting the services of contractors who have engaged in sexual abuse in a confinement facility. This includes being criminally, civilly, or administratively responsible for sexual abuse. Incidents of sexual harassment are considered when determining whether to hire or promote an employee or enlist the services of contractors. A review of personnel files of employees and volunteers confirms that the facility completes criminal record checks and child abuse registry checks on employees, volunteers, interns, and contractors consistent with standard requirements.

Interviews with the PREA Coordinator and a review of personnel forms also confirm that applicants and current employees are asked about sexual misconduct in pre-employment applications, promotional interviews and performance evaluations. This practice is verified by a review of the following facility forms: PREA Employment Questionnaire, and the PREA Self-Disclosure Questions form. Policy and procedure also imposes an affirmative duty for an employee to disclose any substantiated sexual abuse/harassment to the employer. The policy and procedure also requires the facility Superintendent to provide information on substantiated allegations of sexual abuse or harassment by former employees to prospective employers, upon request.

## **Standard 115.318: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.318 (a)**

- 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  No  NA

### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program satisfactorily meets the requirements of this standard. Facility Policy and Procedure 19A delineates the process to address upgrades to the facility or technology. The facility has not acquired any new building or planned any substantial expansion or modification of the current facility. The facility has installed or updated its video monitoring system since August 2012 and based upon a review of documents and personnel interviews by the auditor it is determined that a primary focus of the project was to protect residents from sexual abuse. As a result of concerns noted during the onsite audit, the facility administration is in the process of adding additional cameras in several locations to further enhance video monitoring capabilities.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.321 (a)

- 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  No  NA

#### **115.321 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

#### **115.321 (c)**

- 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  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFES) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- 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  No
- Has the agency documented its efforts to provide SAFES or SANEs?  Yes  No

#### **115.321 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- 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  No
- Has the agency documented its efforts to secure services from rape crisis centers?  Yes  No

#### **115.321 (e)**

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.321 (f)

- 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/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)  Yes  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program satisfactorily meets the requirements of this standard. Facility Policy and Procedure 19B describes the measures taken to utilize a uniform evidence protocol and provide residents who are victims of sexual assault with forensic medical examinations. In cases of sexual assault or abuse, the Lake County Sexual Assault Coordinating Council's Protocol is used as the uniform evidence protocol. It is a comprehensive, county-wide

protocol utilized by law enforcement and community agencies who work with survivors of sexual assault and abuse. Interviews with facility administrative personnel confirm this protocol would be used in the event a case of sexual abuse would occur requiring a forensic medical examination, the examination would be conducted by SANE/SAFE personnel at the Condell Medical Center and provided without cost to the victim. The facility also has a MOU with a local rape crisis center, the Zacharias Sexual Abuse Center, to provide victim advocate services required by the standard, if needed. A MOU with the Lake County Sheriff's Department includes wording that requests the agency to follow the established protocol. The Lake County Sheriff's Office, Condell Medical Center, and Zacharias Sexual Abuse Center are all members of the Lake County Sexual Assault Coordinating Council follow this protocol. The auditor reviewed the MOU'S and found them to be appropriate.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.322 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?  Yes  No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  Yes  No

### **115.322 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  Yes  No
- Does the agency document all such referrals?  Yes  No

### **115.322 (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  No  NA

### **115.322 (d)**

- Auditor is not required to audit this provision.

### 115.322 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19B describes the process for referring all allegations of sexual abuse or sexual harassment to the appropriate agencies. The facility conducts administrative investigations by its investigators, the PREA Coordinator, Superintendent, and Deputy Superintendents in response to sexual abuse and sexual harassment allegations. If the administrative investigator believes that it is likely that a criminal act occurred, the investigation will be forwarded to the Lake County Sheriff's Office for a criminal investigation. The auditor has confirmed this practice with the PREA Coordinator and has reviewed the MOU that the facility has with the Lake County Sheriff's Office. The PREA Coordinator is responsible for documenting all sexual abuse or sexual harassment referrals and has posted the process on the facility's website.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- 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  No

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?  Yes  No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No
- Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?  Yes  No

#### **115.331 (b)**

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  Yes  No
- Is such training tailored to the gender of the residents at the employee's facility?  Yes  No
- 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  No

#### **115.331 (c)**

- Have all current employees who may have contact with residents received such training?  Yes  No

- 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  No
- 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  No

#### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets and exceeds the requirements of this standard. Facility Policy and Procedure 19C describes the training requirements and methods for delivering the content to employees. The facility provides extensive training, utilizing PREA Resource Center and The Moss Group training modules as well as National Institute of Corrections online training, to its personnel including pre-service training as well as frequent refreshers as a regular part of the facility training calendar. The PREA Coordinator, who primarily conducts the PREA training, and all staff interviewed confirm that the training is comprehensive and ongoing. A review of selected personnel files confirmed PREA training was provided for employees. Staff awareness of the requirements and philosophy of PREA attests to the frequency and comprehensiveness of the training. Furthermore the facility policy and procedure also requires annual refresher PREA training for staff, which exceeds the standard language that requires refresher training only every two years.

#### Standard 115.332: Volunteer and contractor training

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.332 (a)**

- 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  No

**115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?  Yes  No

**115.332 (c)**

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?  Yes  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Policy and Procedure 19C describes the requirements for providing PREA training for all volunteers and contractors who may have contact with residents of the facility. Interviews with members of the group consisting of volunteers, contractors, and interns verify that adequate training is provided by the facility. A review of training files for this group confirm the PREA training was provided consistently and documented.

## Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  Yes  No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?  Yes  No
- Is this information presented in an age-appropriate fashion?  Yes  No

### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- 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  No
- 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  No

### 115.333 (c)

- Have all residents received such education?  Yes  No
- 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  No

### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?  Yes  No

- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?  Yes  No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?  Yes  No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  Yes  No

#### 115.333 (f)

- 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  No

### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets and exceeds the requirements of this standard. The facility does an excellent job of providing educational posters and materials throughout the facility regarding PREA in an effort to keep residents safe from sexual abuse and sexual harassment. The facility exceeds the standard requirement by providing a complete PREA orientation for residents during the intake process but no later than 48 hours following their admission instead of within 10 days as required by the standard. The residents are also provided basic information regarding PREA and the zero tolerance policy, reporting process, etc. during their intake. This process was confirmed through interviews with residents and intake staff. The auditor observed an admission process and verified that staff adequately covered the required material in a thorough and professional manner. The auditor observed that residents are provided with PREA information during their stay through the use of Resident Handbooks, PREA brochures, and posters located throughout the facility. The PREA Coordinator affirmed that residents transferred to other facilities are provided information regarding the other facility's PREA process, upon release, to the extent that the information is available. The auditor reviewed PREA related documentation from the Illinois Department of Juvenile Justice and

the Lake County Jail, both of which receive residents from the Hulse Detention Center/FACE-IT Residential Program.

## Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.334 (a)

- 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  No  NA

### 115.334 (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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA

### 115.334 (c)

- 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  No  NA

### 115.334 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Policy and Procedure 19C describes the specialized training that facility administrative investigators receive in order to investigate allegations of sexual abuse or sexual harassment. Interviews with investigators and documentation of training records confirm that these individuals (Superintendent, Deputy Superintendents, and PREA Coordinator) completed training provided through The Moss Group/PREA Resource Center materials and the National Institute of Corrections online training course.

## **Standard 115.335: Specialized training: Medical and mental health care**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.335 (a)**

- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No
- 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?  Yes  No

### **115.335 (b)**

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)  Yes  No  NA

#### 115.335 (c)

- 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?  Yes  No

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331?  Yes  No
- 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?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19C describes the required PREA related training that medical and mental health practitioners must complete. Interviews with nursing staff and therapists confirm that they complete the required specialized training as well as the general employee training required in standard 115.331. A review of medical and mental health practitioner's training files confirmed that the required training has been provided.

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

## Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.341 (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  No
- Does the agency also obtain this information periodically throughout a resident's confinement?  Yes  No

### 115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument?  Yes  No

### 115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?  Yes  No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?  Yes  No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?  Yes  No
- 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  No

#### 115.341 (d)

- Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?  Yes  No
- Is this information ascertained: During classification assessments?  Yes  No
- Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?  Yes  No

#### 115.341 (e)

- 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  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements for this standard. Facility Policy and Procedure 19D describes the measures taken to screen residents for risk of sexual abuse victimization or potential sexual abusiveness. The PREA Assessment form utilized in both

detention and residential is an objective screening instrument which is administered to residents during the admission process. The PREA assessment form was reviewed by the auditor and complies with the standard requirements. This instrument captures information from available records and direct conversations with a newly admitted resident regarding the resident's history and risk for potential victimization or abusiveness. All elements in 115.341(c) are covered on the instrument. Interviews with residents and staff confirm that the instrument is utilized as part of the admission process. Once the assessment is completed the actual form is secured in a locked file in intake or the therapist's office preventing access by unauthorized personnel. Only the resident's risk level itself is made available to Juvenile Counselors and Unit Managers in order to facilitate safety and security through focused supervision or monitoring on the unit. The PREA Coordinator confirmed during interviews that resident PREA assessments are conducted at admission and repeated at least every 90 days. Interviews with residents also confirmed that the PREA assessment is conducted at admission and then every few months throughout their stay.

## **Standard 115.342: Use of screening information**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.342 (a)**

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No

### **115.342 (b)**

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?  Yes  No

- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?  Yes  No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?  Yes  No
- Do residents in isolation receive daily visits from a medical or mental health care clinician?  Yes  No
- Do residents also have access to other programs and work opportunities to the extent possible?  Yes  No

#### **115.342 (c)**

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  Yes  No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?  Yes  No

#### **115.342 (d)**

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?  Yes  No

#### **115.342 (e)**

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  Yes  No

#### **115.342 (f)**

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents?  Yes  No

#### 115.342 (h)

- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)  Yes  No  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?)  Yes  No  NA

#### 115.342 (i)

- 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  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program satisfactorily meets and exceeds the requirements of this standard. Facility Policy and Procedure 19D describes the requirements for utilizing screening information obtained from the PREA assessment to keep residents safe from sexual

abuse. Interviews with the PREA Coordinator and intake staff confirm that information obtained from the PREA Assessment form is used to make housing, bed, program, and education assignments in order to meet the goal of keeping residents safe from sexual abuse and sexual harassment. Interviews with the PREA Coordinator, Superintendent, and mental health staff confirm that in the very rare situation that a resident would be isolated from other residents, the elements contained in 115.342 (b) would be met. The remainder of the language contained in 115.342 (b) was verified in policy and confirmed during interviews with the Superintendent, PREA Coordinator and medical/mental health staff. Interviews with the PREA Coordinator and intake staff responsible for risk screening confirm that the elements of 115.342 (c-f) regarding the placement of transgender and intersex residents would be met. Interviews and observation of the housing unit/intake area also confirm that transgender or intersex residents have the ability to shower separately from other residents. Although no residents were isolated pursuant to 115.342 (b) within the previous 12 months, the policy/procedure and interviews with the PREA Coordinator and administrative staff confirm that a resident would only be isolated pursuant to the standard with documentation citing the basis of the facility's concerns necessitating isolation and the reason why alternative means of separation were not utilized. The facility exceeds the requirements of 115.342 (i) by requiring an administrative review to determine the need for continued isolation every week, instead of every 90 days, as required by the standard.

## REPORTING

### Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  Yes  No
- 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  No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the resident to remain anonymous upon request?  Yes  No

- 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  No (Residents are not detained solely for civil immigration purpose)

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  Yes  No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?  Yes  No

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report?  Yes  No
- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential program meets the requirements of this standard. Facility Policy and Procedure 19E describes the methods by which residents could report allegations of sexual abuse or sexual harassment. Interviews with residents, staff, and the PREA Coordinator confirm that the facility provides a number of different ways for residents to report allegations both internally and with external agencies. The auditor observed posters on the housing units and in program areas describing how residents could report allegations of sexual abuse or harassment. All residents interviewed were very well versed in the reporting methods and appeared confident that their allegations would be given serious consideration by the facility. Residents were aware that they could

report allegations verbally or in writing to all facility personnel, their Probation Officer, or any adult within the facility. Residents also were aware that they could utilize the dedicated phone line in the medical office to contact the Zacharias Sexual Abuse Center's 24 Hour Support Line. The auditor tested the support line in medical to verify that the call did indeed go directly to the Zacharias Sexual Abuse Center. Interviews with staff confirmed their knowledge of how to privately report sexual abuse or sexual harassment of residents.

## Standard 115.352: Exhaustion of administrative remedies

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.352 (a)

- 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.  Yes  No  NA

### 115.352 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring a 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  No  NA

### 115.352 (c)

- 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  No  NA
- 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  No  NA

### 115.352 (d)

- 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  No  NA

- 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  No  NA
- 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  No  NA

#### **115.352 (e)**

- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA

#### **115.352 (f)**

- 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  No  NA
- 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  No  NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA
- 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  No  NA

#### 115.352 (g)

- 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  No  NA

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19E describes the manner in which residents may file grievances alleging sexual abuse or sexual harassment. Interviews with residents, staff and the PREA Coordinator confirm that the facility grievance procedure provides residents with a viable mechanism to report sexual abuse or sexual harassment. Emergency grievances alleging sexual abuse are expected to be responded to immediately with appropriate measures initiated if the resident is determined to need protection. In addition to residents filing grievances, parents or guardians may also file grievances on the resident's

behalf. Interviews with residents confirmed their understanding of the grievance procedure and the manner in which they could report sexual abuse or sexual harassment utilizing this process.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.353 (a)**

- 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  No
- 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  No (Residents are not detained solely for civil immigration purposes)
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?  Yes  No

### **115.353 (b)**

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

### **115.353 (c)**

- 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  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### **115.353 (d)**

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?  Yes  No
- Does the facility provide residents with reasonable access to parents or legal guardians?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Policy and Procedure 19E describes how residents can access outside support services and legal representation. The facility has a Memorandum of Understanding with the Zacharias Sexual Abuse Center which provides residents with access to outside advocates and support services. Interviews with residents and staff confirm that residents can access the Zacharias Center by utilizing the support phone in the medical office or by contacting the center via postal mail. There was ample signage observed throughout the facility that verified the ability to access this resource by residents. Residents, staff, the Superintendent, and PREA Coordinator confirmed in interviews that residents are provided reasonable and confidential access to legal representatives and parents/guardians.

## Standard 115.354: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  Yes  No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard (Requires Corrective Action)**

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program satisfactorily meets this standard. Facility Policy and Procedure 19E describes the methods by which third party reports of sexual abuse or sexual harassment can be submitted. The facility provides information on its website providing information on how to report sexual abuse or sexual harassment on behalf of a resident. In addition, adequate signage was observed in the facility lobby providing information to individuals on how to report abuse or harassment allegations to facility staff, Lake County Sheriff's Department, or to the Department of Children and Family Services hotline. Also, grievance forms were observed by the auditor in the lobby for third parties to use if an individual wanted to file a report on behalf of a resident. Interviews with residents and staff confirm their awareness of third party reporting options.

## **OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT**

### **Standard 115.361: Staff and agency reporting duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.361 (a)**

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

#### **115.361 (b)**

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?  Yes  No

**115.361 (c)**

- 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  No

**115.361 (d)**

- 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  No
- 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  No

**115.361 (e)**

- 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  No
- 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  No
- If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)  Yes  No  NA
- 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  No

**115.361 (f)**

- 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  No

**Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19F describes the reporting duties of facility staff as well as medical and mental health personnel. Interviews with facility staff and medical/mental health personnel confirm that they are aware of their responsibility to comply with all provisions of their duty to immediately report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment concerning a resident and their obligation to comply with mandatory reporting laws for the State of Illinois. In addition, staff indicated that they were aware that they also had a responsibility to report any retaliation against residents or staff who report incidents of sexual abuse or sexual harassment, as well as, any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Staff also were aware of their responsibility to maintain confidentiality of information unless sharing that information is necessary to make treatment, investigation, or security decisions. Interviews with medical and mental health staff confirm their responsibility to report sexual abuse or sexual harassment to the Deputy Superintendent and PREA Coordinator. They also confirmed that they inform residents at the initiation of their services their duty to report abuse and any limits to confidentiality. Interviews with the Superintendent and PREA Coordinator confirm the procedures for notifying law enforcement and parents/guardian consistent with standard requirements. In addition, they confirmed the practice of notifying the Illinois Department of Children and Family Services or juvenile court if one of those agencies has jurisdiction with the resident. Employees are instructed to report all allegations of sexual abuse or sexual harassment to a Deputy Superintendent or the PREA Coordinator.

### **Standard 115.362: Agency protection duties**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.362 (a)**

- 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  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19F specifies the actions that staff and administrators must take if a resident is determined to be in substantial risk of imminent sexual abuse. Interviews with the PREA Coordinator, Superintendent, and other administrators consistently confirmed that immediate action would be taken to ensure the safety of the resident. Staff were aware of the obligation to immediately protect the resident and then notify a Deputy Superintendent and PREA Coordinator who would be responsible for taking further actions to protect the resident by changing housing or program assignments, changing staffing assignments, or implementing other appropriate protective measures.

## Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.363 (a)

- 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  No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency?  Yes  No

### 115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  Yes  No

### 115.363 (c)

- Does the agency document that it has provided such notification?  Yes  No

### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  Yes  No

### **Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Interviews with the Superintendent and PREA Coordinator confirmed the process to be utilized in the event a resident of HDC/FI reports that he/she was sexually abused while confined at another facility. The facility Superintendent is responsible for notifying the Superintendent or administrator of the other facility as well as the appropriate investigative agency as soon as possible but no later than 72 hours after receiving the allegation. The reporting staff shall document the allegation and notification of the other facility administrator shall be documented by the Superintendent. In addition, the Superintendent and PREA Coordinator confirmed that the HDC/FI Superintendent shall be responsible for ensuring that, upon notification of allegations of resident sexual abuse that reportedly occurred at the Hulse Detention Center/FACE-IT Program received from another facility, will result in an investigation in accordance with PREA standards and facility policy.

## **Standard 115.364: Staff first responder duties**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.364 (a)**

- 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  No
- 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  No

- 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  No
- 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  No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program satisfactorily meets the requirements of this standard. Facility Policy and Procedure 19F details the responsibilities of first responders. Interviews with staff confirm their excellent understanding of the required protocol to follow as first responders to incidents of sexual abuse. The written protocol for staff to follow was reviewed and includes: separating the victim and abuser; notifying the appropriate supervisor/administrator, preserving the crime scene, preservation of evidence by requiring that the victim or abuser does not destroy or compromise physical evidence, and medical transport procedures.

#### Standard 115.365: Coordinated response

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.365 (a)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19F references the facility's Coordinated Response Plan which details specific actions employees must take in the event of a sexual abuse incident. The auditor has reviewed the Coordinated Response Plan and found it to be very comprehensive and easy for staff to follow. Interviews with the Superintendent and PREA Coordinator as well as first responder staff confirm the existence and implementation of the written Coordinated Response Plan.

## Standard 115.366: Preservation of ability to protect residents from contact with abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.366 (a)

- 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  No

### 115.366 (b)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Currently, based upon interviews with administration, employees of the facility are not covered by any collective bargaining agreement and are considered "at will" employees. Facility Policy and Procedure 19F meets the requirements of the standard by addressing the process of removing staff from contact with residents or imposing discipline in the event a collective bargaining agreement with employees is negotiated in the future. The administration has the authority to take the necessary actions to protect residents from contacts with abusers.

## Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.367 (a)

- 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  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

### 115.367 (b)

- Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?  Yes  No

### 115.367 (c)

- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- 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  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### **115.367 (d)**

- In the case of residents, does such monitoring also include periodic status checks?  
 Yes  No

#### **115.367 (e)**

- 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  No

#### **115.367 (f)**

- Auditor is not required to audit this provision.

#### **Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program satisfactorily meets the requirements of this standard. Facility Policy and Procedure 19F describes the measures taken to protect residents and staff from retaliation for reporting sexual abuse or sexual harassment as well as for cooperating with investigations. The PREA Coordinator is the individual responsible for the monitoring of retaliation consistent with standard requirements and ensures that weekly status checks are conducted with residents. Interviews with the PREA Coordinator, Superintendent, and Deputy Superintendent confirm this assignment of responsibility. The facility appears committed to protecting residents and staff from retaliation.

### **Standard 115.368: Post-allegation protective custody**

#### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

##### **115.368 (a)**

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?  Yes  No

#### **Auditor Overall Compliance Determination**

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard (Requires Corrective Action)**

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19F mandates that in the event a resident victim of sexual abuse needs to be isolated for his/her protection all of the requirements of 115.342 must be provided. Interviews with facility administrators and staff indicate that it would be an extremely rare situation in which a resident victim would need to be isolated. Alternative measure would need to be exhausted before isolation would be utilized.

## **INVESTIGATIONS**

### **Standard 115.371: Criminal and administrative agency investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.371 (a)**

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).]  Yes  No  NA

#### **115.371 (b)**

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?  Yes  No

#### **115.371 (c)**

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  Yes  No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?  Yes  No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?  Yes  No

#### **115.371 (d)**

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?  Yes  No

#### **115.371 (e)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### **115.371 (f)**

- 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  No
- 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  No

#### **115.371 (g)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- 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  No

#### **115.371 (h)**

- 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  No

#### **115.371 (i)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
 Yes  No

#### 115.371 (j)

- 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  No

#### 115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
 Yes  No

#### 115.371 (l)

- Auditor is not required to audit this provision.

#### 115.371 (m)

- 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  No  NA

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. The revised facility Policy and Procedure 19G describes the process of administrative and criminal investigations into allegations of sexual abuse and sexual harassment. Interviews with the facility investigative staff which

includes the Superintendent, Deputy Superintendents, and PREA Coordinator confirm that the facility places a high priority on implementing the requirements of this standard. Administrative investigations are conducted immediately, or no later than 24 hours, upon receiving any allegation of sexual abuse or sexual harassment. The facility is responsible for conducting administrative investigations while the Lake County Sheriff's Department/ Criminal Investigation Division (LCSD/CID) is responsible for conducting all criminal investigations if the administrative investigation determines that a crime may have been committed. A MOU between the Facility and LCSD/CID was reviewed to confirm this agreement. Facility administrative investigators are trained in the requirements of conducting investigations consistent with 115.334 utilizing training modules developed by The Moss Group and accessed on the PREA Resource Center website as well as online training through the National Institute of Corrections. Investigators are required to gather and preserve evidence consistent with 115.371 (c). Administrative investigations are conducted by the Superintendent, Deputy Superintendents, or the PREA Coordinator. Administrative investigations are documented in written reports that include a description of the physical, testimonial, and documentary evidence, the reasoning behind credibility assessments, and investigative findings. The auditor reviewed completed investigation reports and found them to be completed satisfactorily, consistent with standard requirements. Reports are retained for as long as the abuser is incarcerated or employed by the agency plus 5 years, unless otherwise statutorily mandated. Administrative investigations attempt to determine whether staff actions or failure to act contributed to abuse, if substantiated. Investigations may not be terminated in the event of the victim or source of the allegation recants the allegation or, if the abuser or victim is released from custody or employment. The facility cooperates with the criminal investigators and requests to be kept apprised of the progress of the criminal investigation.

## Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.372 (a)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19G specifies that it requires administrative investigations to use a preponderance of the evidence or lower standard of proof to substantiate allegations of sexual assault or sexual harassment. Interviews with facility administrative investigators confirm this standard of proof is consistently applied in their investigations.

## Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

### 115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

### 115.373 (c)

- 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  No
- 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  No
- 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  No
- 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  No

#### 115.373 (d)

- 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  No
- 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  No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications?  Yes  No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19G defines protocol used to report investigation finding to the resident alleging sexual abuse or sexual harassment. Interviews with the PREA Coordinator and investigation staff confirm that residents are advised whether the allegations of sexual abuse or sexual harassment were determined to be substantiated, not substantiated, or unfounded. The PREA Coordinator is responsible for making the notification with the resident. The notification or attempted notification is documented on the Victim Notification Documentation form.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.376 (c)

- 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  No

#### 115.376 (d)

- 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  No
- 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  No

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure describes the disciplinary sanctions taken with employees who commit acts of sexual abuse or sexual harassment. Interviews with the Superintendent and PREA Coordinator confirm that the facility maintains a zero tolerance approach toward sexual abuse or sexual harassment and administers firm disciplinary action with staff for violations in this area. Employees are subject to disciplinary sanctions up to and including termination for violating the facility's sexual abuse or sexual harassment policies. Interviews confirm that the presumptive disciplinary sanction for committing sexual abuse of a resident is termination of employment.

## Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  Yes  No

### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  Yes  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19H describes the disciplinary measures that would be taken with volunteers and contractors who sexually abuse or sexually harass residents. Interviews with the Superintendent and PREA Coordinator confirm that firm disciplinary measures would be taken with these individuals up to and including permanent revocation of the individual's access to residents or, in cases other than sexual abuse, instituting appropriate remedial measures.

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.378 (a)**

- 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  No

### **115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? <☒ Yes  No
- 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  No
- 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  No
- 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  No
- 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  No

### **115.378 (c)**

- 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  No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?  Yes  No
- 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  No

#### 115.378 (e)

- 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  No

#### 115.378 (f)

- 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  No

#### 115.378 (g)

- 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  No  NA

#### Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

**Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

**Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements for this standard. Facility Policy and Procedure 19G describes the disciplinary measures for residents who commit sexual abuse. Interviews with the Superintendent confirm that while isolation/room confinement is not used as a disciplinary sanction, residents may have certain privileges suspended and room assignments changed as a result of substantiated allegations. In addition, formal criminal charges may be filed in substantiated cases of abuse. The Resident Handbook was reviewed by the auditor and it contained information on the zero-tolerance sexual abuse/sexual harassment policy and disciplinary consequences for violating this policy.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (a)

- 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  No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?  Yes  No

#### 115.381 (c)

- 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  No

#### 115.381 (d)

- 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  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets and exceeds this standard. Facility Policy and Procedure 19I describes the process for conducting medical and mental health screenings. The facility exceeds the standard requirement of 14 days in which medical and mental health practitioners must meet with residents who disclose, at intake, prior sexual victimization, or prior sexual perpetration by requiring such meeting within 2 business days. Interviews with specialized staff who conduct screening for risk of sexual victimization or abusiveness confirm this practice. Medical and mental health practitioners also maintain confidentiality and obtain informed consent as required by the standard. Interviews with medical and mental health practitioners confirmed both of these practices.

## Standard 115.382: Access to emergency medical and mental health services

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.382 (a)

- 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  No

#### 115.382 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?  Yes  No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

### 115.382 (c)

- 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  No

### 115.382 (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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 191 describes how residents who have been victims of sexual abuse can access emergency medical and mental health care. Interviews with medical and mental health practitioners confirm that residents are provided emergency care consistent with the requirements of this standard. Services provided include emergency care and forensic examination, if needed, at Advocate Condell Medical Center conducted by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). The facility nurse and therapist duties are included in the Coordinated Response Plan to ensure required emergency services are accessed. Residents who are sexually abused in the facility are provided information and timely access to emergency contraceptives and sexually transmitted infection prophylaxis as deemed medically appropriate. All medical/mental health treatment services are provided to the resident at no cost.

## Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.383 (a)**

- 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  No

**115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

**115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  Yes  No

**115.383 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

**115.383 (e)**

- 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  No  NA

**115.383 (f)**

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.383 (g)**

- 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  No

**115.383 (h)**

- 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  No

**Auditor Overall Compliance Determination**

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 191 describes the protocol for providing ongoing medical and mental health care services to residents who been victims of sexual assault. Interviews with the Superintendent, PREA Coordinator, as well as, the nurse and therapist, confirm that procedures and practices are in place in the event a resident needs these services arising out of a sexual assault. As of the date of this audit, these services have not been necessary.

## **DATA COLLECTION AND REVIEW**

### **Standard 115.386: Sexual abuse incident reviews**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.386 (a)**

- 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  No

#### **115.386 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### **115.386 (c)**

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?  Yes  No

#### **115.386 (d)**

- 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  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- 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  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- 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  No

#### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19J describes the measures taken by the facility PREA Review Committee to review incidents of sexual abuse following the conclusion of the investigation. Interviews with the Superintendent, Deputy Superintendents, PREA Coordinator, and other members of the review

committee confirm that the composition and duties of the PREA Review Committee adhere to the standard requirements. The auditor reviewed a copy of the PREA Review Committee form and it meets the requirements of the standard.

## Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.387 (a)

- 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  No

### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
 Yes  No

### 115.387 (c)

- 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  No

### 115.387 (d)

- 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  No

### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  Yes  No  NA

### 115.387 (f)

- 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  No  NA

## Auditor Overall Compliance Determination

**Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19J describes the process in which data regarding sexual abuse incidents is collected. Interviews with the Superintendent and PREA Coordinator confirm the responsibilities of the PREA Coordinator to include the collection of accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The PREA Coordinator aggregates incident based sexual abuse data annually consistent with the most recent Department of Justice Survey of Sexual Violence. The auditor reviewed the 2016 PREA Annual Report and found it to be consistent with the guidelines set forth in the DOJ Survey. The PREA Coordinator maintains, reviews, and collects data as needed from incident based reports, investigation reports, and sexual abuse incident reviews, as needed.

### **Standard 115.388: Data review for corrective action**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.388 (a)**

- 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  No
- 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  No
- 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  No

#### **115.388 (b)**

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse  Yes  No

#### 115.388 (c)

- 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  No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

#### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19J describes the process by which the facility reviews data in order to assess and improve upon its sexual abuse prevention, detection, and response policies, procedures, practices, and training. Interviews with the Superintendent and PREA Coordinator confirm that data collected and aggregated pursuant to 115.387 is utilized to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The data reviews include identifying problem areas, taking corrective action, and preparing an annual report of the findings and corrective actions. The 2016 PREA Annual Report was found on the facility's website and reviewed by the auditor. It was determined that the annual report met the requirement of this standard. The PREA Coordinator confirmed that specific material which would present a clear and specific threat to the safety and security of the facility would be redacted, with an explanation of the nature of the redacted material. The report is approved by the Superintendent and the Director of Probation and Detention Services.

## Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
 Yes  No

### 115.389 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

### 115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

### 115.389 (d)

- 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  No

### Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy 19J describes the process for data storage, publication, and destruction of sexual abuse data. Interviews with the PREA Coordinator, the person who is responsible for data collection, management and retention confirmed that all sexual abuse data is securely retained in a locked file cabinet inside of a locked administrative office, with access restricted to the PREA Coordinator and

Superintendent. The auditor observed the administrative office and locked cabinet and verified that the level security was satisfactory. In addition, sexual abuse data is securely maintained on the PREA Coordinator's confidential "Y" drive in the agency's information system. As noted earlier, the facility publishes an annual PREA Report on its website which makes aggregated sexual abuse data available to the public. All personal identifiers are removed from the report prior to being published. Sexual abuse data collected pursuant to 115.387 is retained for 10 years after the date of its initial collection.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)  
 Yes  No  NA

#### 115.401 (b)

- During each one-year period starting on August 20, 2013, 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?  Yes  No

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  
 Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  
 Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. Facility Policy and Procedure 19K describes the audit process consistent with standards. While the facility did not have its initial audit conducted until November, 2017, instead of by August, 2016, it did comply with the standard requirements which provided the auditor with necessary access to the facility, staff, and residents as well as all requested documentation. Written announcements of the audit, including auditor contact information, were verified as being posted throughout the facility 60 days in advance providing residents with the opportunity to send confidential correspondence advance of the audit. These postings were also observed throughout the facility during the on-site audit.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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 that there has never been a Final Audit Report issued.)  Yes  No  NA

## Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

#### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

The Hulse Detention Center/FACE-IT Residential Program is in compliance with this standard. This is the facility's initial audit and therefore no Final Audit Report exists as yet. However, the facility Policy and Procedure 19K which describes the audit process requires that the Final Audit Report resulting from the present audit must be made publicly available on its website within 30 days of issuance by the auditor. The existence of the Final Audit Report pertaining to the present audit will need to be verified as part of the subsequent audit in three years.

## AUDITOR CERTIFICATION

I certify that:

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

### **Auditor Instructions:**

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Wayne R. Liddell

February 9, 2018

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.