

# PREA Facility Audit Report: Final

**Name of Facility:** Robert W. Depke Juvenile Justice Complex

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 02/20/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Jessica Durbin	<b>Date of Signature:</b> 02/20/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Durbin, Jessica
<b>Email:</b>	jdcorrectionsconsulting@gmail.com
<b>Start Date of On-Site Audit:</b>	11/03/2021
<b>End Date of On-Site Audit:</b>	11/05/2021

FACILITY INFORMATION	
<b>Facility name:</b>	Robert W. Depke Juvenile Justice Complex
<b>Facility physical address:</b>	24647 North Milwaukee Avenue, Vernon Hills, Illinois - 60061
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Jennifer Zakaras
<b>Email Address:</b>	jzakaras@lakecountyil.gov
<b>Telephone Number:</b>	8473777939

Superintendent/Director/Administrator	
<b>Name:</b>	Dennis McMahan
<b>Email Address:</b>	dcmcmahan@lakecountyil.gov
<b>Telephone Number:</b>	847-377-7989

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

Facility Health Service Administrator On-Site	
Name:	Taryn Weiler
Email Address:	TWeiler@Wellpath.us
Telephone Number:	847-377-4407

Facility Characteristics	
Designed facility capacity:	60
Current population of facility:	13
Average daily population for the past 12 months:	15
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	12-20
Facility security levels/resident custody levels:	Secure
Number of staff currently employed at the facility who may have contact with residents:	88
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	38
Number of volunteers who have contact with residents, currently authorized to enter the facility:	6

AGENCY INFORMATION	
Name of agency:	Illinois Division of Juvenile Probation and Detention Services
Governing authority or parent agency (if applicable):	
Physical Address:	24647 North Milwaukee Avenue, Vernon Hills, Illinois - 60061
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Jennifer Zakaras	<b>Email Address:</b>	jzakaras@lakecountyil.gov

SUMMARY OF AUDIT FINDINGS
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The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

Number of standards exceeded:	
4	<ul style="list-style-type: none"> <li>• 115.331 - Employee training</li> <li>• 115.333 - Resident education</li> <li>• 115.342 - Placement of residents</li> <li>• 115.381 - Medical and mental health screenings; history of sexual abuse</li> </ul>
Number of standards met:	
39	
Number of standards not met:	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-11-03
2. End date of the onsite portion of the audit:	2021-11-05

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Safe Place Staff Attempted Lake County Sheriff's Department

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	60
15. Average daily population for the past 12 months:	15
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	23
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	88
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	6
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	38
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor was provided a population report upon the first day of the audit. In selecting residents the auditor worked with the PREA Coordinator to ensure that while randomly selected we collected a diverse group of residents to interview.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	2
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site portion of the audit, the facility had no residents with physical disabilities.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site portion of the audit, the facility had no residents with cognitive or functional disabilities.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site portion of the audit, the facility had no residents who were blind or had low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site portion of the audit, the facility had no residents who are deaf or hard of hearing.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site portion of the audit, the facility had no residents who were limited English proficiency.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site audit, the facility had no residents who identified as Transgender or Intersex.</p>



<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site portion of the audit, the facility had no residents who reported sexual abuse within the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site portion of the audit, the facility had no residents who disclosed prior sexual</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>At the time of the on-site portion of the audit, the facility had no residents who were placed in isolation for risk of sexual victimization.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
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**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

71. Enter the total number of RANDOM STAFF who were interviewed:	10
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	At the time of the audit, there were no female residents to identify for an interview.
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**Specialized Staff, Volunteers, and Contractor Interviews**

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) </p>
<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Agency contract administrator  <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment  <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)  <input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)  <input checked="" type="checkbox"/> Medical staff  <input checked="" type="checkbox"/> Mental health staff  <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches  <input checked="" type="checkbox"/> Administrative (human resources) staff  <input type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff  <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations  <input type="checkbox"/> Investigative staff responsible for conducting criminal investigations  <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness  <input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation  <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team  <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation  <input checked="" type="checkbox"/> First responders, both security and non-security staff  <input checked="" type="checkbox"/> Intake staff  <input type="checkbox"/> Other </p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input checked="" type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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**Was the site review an active, inquiring process that included the following:**

85. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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86. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>During the on-site portion of the audit, the auditor was not able to observe a full intake process due to the facility not receiving an intake during the specific time range. The auditor was walked through the intake process and found staff did an excellent job of providing relevant information as it would occur during the admission process for a resident. The auditor was welcomed throughout the facility and gained valuable information through correspondence with both staff and residents during the site the review.</p>

## Documentation Sampling

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

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	0	0	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	1
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
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101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	1
107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1



109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

**Staff-on-inmate sexual harassment investigation files**

111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	0

**Non-certified Support Staff**

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

- Yes
- No

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 533">The Hulse Detention Center/FACE-IT Residential Program meets the requirements of this standard. The facility's policy and procedure: 19A Prevention Planning Policy, Zero Tolerance mandates zero tolerance toward all forms of sexual abuse and sexual harassment. The policy clearly defines the facility's approach to prevention, detection and response to sexual abuse and sexual harassment. During the facility tour the auditor observed signage outlining the facility's zero tolerance mandate in all areas the residents have access to. Policy 19A Prevention Planning Policy, Zero Tolerance defines prohibited behaviors, possible sanctions and strategies to reduce and prevent sexual abuse or sexual harassment of residents. Additionally, interviews with staff and residents confirmed that the facility mandates zero tolerance and that all residents and staff are aware of said policy.</p> <p data-bbox="242 562 1481 723">The facility's PREA Coordinator is an upper level position with sufficient time and authority to develop, implement and oversee efforts to comply with the PREA standards. The PREA Coordinator directly reports to the Superintendent and is charged with authority of all PREA related facility procedures and practices. The facility organizational chart, interviews with both specialized and random staff, as well as Policy 19A Prevention Planning Policy, Zero Tolerance are supportive of the PREA Coordinator's role and authority.</p> <p data-bbox="242 752 1422 815">Through documentation, staff interviews and facility observations it is determined the Hulse Detention Center/FACE-IT Residential Program is in compliance with Standard 115.311.</p>

115.312	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Hulse Detention Center/FACE-IT Residential Program does not contract with outside agencies for the confinement of residents.

115.313	<p><b>Supervision and monitoring</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Hulse Detention Center/FACE-IT Residential Program's Policy and Procedure 19A Prevention Planning, Supervision and Monitoring outlines the facilities requirements to satisfactory meet this standard. The facility develops and reviews an annual staffing plan created by the PREA Coordinator in collaboration with facility administration. The PREA Coordinator provided the most recent staffing plan for review during the pre-audit phase. While onsite the auditor reviewed additional staffing plans from the prior two years of the audit cycle. The staffing plan takes into consideration all criteria as required in Standard 115.313 (a).</p> <p>The facility complies with the staffing plan with the exception of limited and discrete exigent circumstances. Interviews with both administration and random facility staff supported the facility's compliance with the required staffing ratios. The facility had three staffing deviations within the past 12 months prior to the audit. The auditor reviewed all three deviations and found each to be exigent circumstances and within limited timeframes. Each deviation was mitigated within an appropriate timeframe of the circumstance arising. Interviews with facility staff confirmed the facility complies with the staffing plan and completes a deviation any time they are not in compliance. Staffing plans are reviewed annually at minimum. Interviews with facility administration and PREA Coordinator confirmed the staffing plan will be revised as needed during routine management meetings.</p> <p>The facility's Policy 19A Prevention Planning, Supervision and Monitoring requires unannounced rounds to be conducted at random by members of management. The policy also dictates that staff shall not inform anyone that an unannounced round is being completed. The facility Superintendent, Deputy Superintendents, PREA Coordinator and Unit Managers conduct unannounced rounds. The auditor reviewed provided documentation of unannounced rounds during the pre-audit phase. The auditor then reviewed additional unannounced round logs while on-site. The auditor selected a few rounds at random for the PREA Coordinator to review video footage to support the conducted unannounced rounds which were confirmed via video. Interviews confirmed that all management conduct unannounced rounds and that staff are aware of their responsibility to not provide information of conducted rounds to their peers. Interviews and observations of facility practices confirmed that facility management, especially Unit Managers are actively on the units and participating in facility programming.</p> <p>Through documentation review, facility observations and interviews it is determined that the Hulse Detention Center/FACE-IT program meets the requirements for Standard 15.313.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 566">The Hulse Detention Center/FACE-IT Residential Program prohibits staff from conducting cross gender strip searches, cross gender pat down searches or visual body cavity searches. Facility Policy 19A Prevention Planning, Limits to Cross-Gender viewing and Searches states this prohibition. Policy states in exigent circumstances, qualified medical practitioners would conduct cross gender searches while body cavity searches shall always be preformed by off-medical personnel. Facility Policy 2F: Searches of Residents also supports the prohibition of cross-gender searches with the exception of exigent circumstances. The facility reported no such searches being completed during the audit cycle. Interviews with the medical personnel and facility staff confirmed this. Training is provided by all staff on searches being conducted in a professional and respectful manner. This training is completed by all Juvenile Counselors and Intake Staff through their LGBTQI Policy presentation. The auditor reviewed training logs while onsite.</p> <p data-bbox="240 595 1442 689">The facility provides each resident the opportunity to complete an accommodation request at intake shall they identify as lesbian, gay, bisexual, transgender or intersex. This form aides in the facility's ability to ensure the appropriate staff is conducting searches of the said resident after the completion of the form.</p> <p data-bbox="240 719 1497 947">Facility Policy 19A Prevention Planning, Limits to Cross-Gender Viewing and Searches requires staff of the opposite gender to announce their presence in the housing units. The policy additionally states residents shall be provided the opportunity to shower, perform bodily functions and change clothing garments without opposite gender staff viewing except in exigent circumstances or in the event viewing is incidental to routine checks. Interviews with both facility staff and residents confirmed that staff of the opposite gender announce themselves when entering the housing units. During the facility tour this auditor observed posted signage requiring opposite gender to announce themselves as well as directly observed these announcements taking place.</p> <p data-bbox="240 976 1350 1039">Through facility documentation review, on-site observations and interviews it is determined the Hulse Detention Center/FACE-IT Residential Program meets Standard 115.315.</p>

115.316	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 660">The Hulse Detention Center/FACE-IT Residential Program Policy 19A <i>Prevention Planning, Residents with Disabilities or who have Limited English Proficiency</i> states the facility's commitment to provide all residents, including those with disabilities or limited English proficiency information on its efforts towards prevention, detection and response of sexual abuse or harassment. The facility provides documentation such as the resident handbook, PREA information and posters in both English and Spanish. Additionally, the facility employs a number of staff who are bilingual. The auditor observed signage in both languages while on-site and reviewed the handbook and information in both languages during the pre-audit phase. The facility utilizes translation services via telephone through the <i>Language Line</i> for additional languages. Interviews with staff confirmed the ability to use the <i>Language Line</i> if necessary. Appropriate telephone services are available for residents or parents who be hearing impaired. This was confirmed through staff interviews. Interviews also confirmed the facilities efforts to assist residents with disabilities in obtaining and understanding PREA information and their right to be free from sexual abuse and harassment.</p> <p data-bbox="231 660 1508 739">Through documentation review, staff interviews and facility observations it is determined the Hulse Detention Center/FACE-IT Residential Program meets Standard 115.316.</p>



115.317	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 658">The Hulse Detention Center/FACE-IT Residential Program Policy and Procedure 19A Prevention Planning, Hiring and Promotion Decisions outlines the facility's employment practices in regards to the PREA standards. The policy prohibits the facility from hiring or promoting anyone who has engaged in sexual abuse in a confinement facility. This includes anyone who has been convicted of engaging or attempting to engage in sexual activity as well as those who have been civilly or administratively adjudicated to have engaged in sexual activity. The facility's PREA Coordinator is responsible for ensuring the facility's compliance with PREA standards regarding their hiring and promotion procedures. At the time of the audit, the facility had hired six individuals who have contact with the residents within the past 12 months. On-site the auditor requested to review a sample of background checks to include the newly hired individuals. The auditor reviewed three new hires, one promoted staff, two contractors and two interns background checks to ensure the facility is implementing their policy into practice in regards to hiring, promoting and routine checks to be completed every five years. Interviews with the PREA Coordinator and administrative staff confirm that proper background checks are completed when applicable.</p> <p data-bbox="229 658 1509 972">The facility asks applicants and current employees about sexual misconduct in their applications, promotional interviews and performance evaluations. The auditor reviewed documentation on-site to confirm this. Additionally, the interview with the PREA Coordinator supported this practice. Policy 19A Prevention Planning, Hiring and Promotion Decisions imposes an affirmative duty for an employee to disclose any substantiated sexual abuse or harassment to facility administration. Policy and procedure charges the Superintendent with the responsibility to provide information on substantiated allegations of sexual abuse or sexual harassment involving current or former employees to another institutional employer upon written request. This practice was confirmed through interviews with the Superintendent and PREA Coordinator.</p> <p data-bbox="229 972 1509 1055">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.317.</p>

<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 479">The Hulse Detention Center/FACE- IT Residential Program addresses the facility's procedures for updating the physical plant and technology in Policy 19A <i>Prevention Planning, Upgrades to Facility and Technologies</i>. The facility has not acquired any new buildings nor had any substantial expansions or modifications. The facility has updated their video monitoring system since August of 2012 with the purpose to protection residents including from sexual safety. The auditor spent sufficient time in their control room which houses the facility's video monitoring system in which it was confirmed it is used for resident safety. The facility has added cameras to increase resident safety but it does not negate from physical observation by staff.</p> <p data-bbox="229 479 1509 573">Through documentation review and facility observation, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.318.</p>

115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 680">The Hulse Detention Center/FACE-IT Residential Program Policy 19B: <i>Responsive Planning Policy</i> provides the facility's procedures for the use of an evidence based protocol and providing forensic medical examinations. The Hulse Detention Center/FACE-IT Residential Program utilizes the Lake County Sexual Assault Coordinating Council's Protocol which is a county wide uniform evidence protocol. The protocol provides specific measures to be taken for alleged youth victims. The facility has memorandums of understanding (MOU) in place with Lake County Sheriff's department for criminal investigative purposes and the Zacharias Sexual Abuse for victim advocacy. Additionally, the facility has an MOU in place with Advocate Condell Medical Center to ensure they have the ability to provide a SAFE/SANE for the forensic exam in the event one is necessary. Policy 19B: Responsive Planning Policy states any services provided are at no-cost to the resident. The PREA Coordinator has received specialized training in the event a victim advocate is unavailable. The auditor reviewed documentation for the completion of this training and the interview with the PREA Coordinator confirmed this process. The auditor has reviewed all relevant MOU's and policy and found them to be sufficient. Interviews with administrative staff, the PREA Coordinator and facility nurse also support the facility's process.</p>

115.322	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 660">The Hulse Detention Center/FACE-IT Residential Program's Policy 19B: <i>Responsive Planning Policy</i> outlines the process for referrals of allegations for investigation. Administrative investigations are completed by trained investigations within the facility. The PREA Coordinator, Deputy Superintendents and Superintendent are trained and charged with conducting administrative investigations. Policy 19B: <i>Responsive Planning Policy</i> states all allegations of sexual abuse and sexual harassment shall require an administrative investigation. If during the course of the administrative investigation, it is determined it is likely a criminal act occurred, the facility refers the criminal investigation to the Lake County Sherriff's Office. The facility and the Lake Count Sherriff's Office has a memorandum of understanding in place outlining the investigative responsibilities for both parties. During the pre-audit phase it was reported there were no reported allegations of sexual abuse or sexual harassment, this was confirmed with the PREA Coordinator who is responsible for completing and maintain all investigative documentation for the facility. While on-site, the auditor reviewed two prior reported allegations from within the audit cycle and found the referral process per documentation to be appropriate.</p> <p data-bbox="231 660 1508 806">Interviews with administrative staff and the PREA Coordinator confirmed the investigation process. Additionally, interviews with random staff were supportive of the investigation process. The auditor has reviewed the MOU between the Hulse Detention Center/FACE-IT Residential Program and the Lake County Sheriff's Office. The auditor noted that the facility's investigative policy, Policy 19B: <i>Responsive Planning Policy</i> is posted on their website which is accessible to the public.</p>

115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 667">The Hulse Detention Center/FACE-IT Residential Program Policy 19C: <i>Training and Education Policy</i> outlines training requirements and deliverables. The facility has a robust training program. Utilizing a statewide training database, RELIAS in addition to several in-house trainings provided by the PREA Coordinator, the facility exceeds the requirements of Standards 115.331 for on-boarding and routine training. During the pre-audit phase, the auditor reviewed several trainings provided through RELIAS, an online training platform as well as the facility's PREA Presentation and PREA Refresher trainings that are conducted by the PREA Coordinator. The auditor found the trainings to be appropriate and meet the requirements of the standard. Additionally the facility exceeds the standard by providing refresher courses on an annual basis. During the on-site phase of the audit, the auditor reviewed training files at random and found that proper training was provided to each staff. The random personnel files consisted of facility staff, contractors and volunteers. The PREA Coordinator is charged with maintaining training documentation for all personnel. Interviews with staff and facility administration were supportive of the facility's commitment to staff development and institutionalizing their PREA efforts through their training program.</p> <p data-bbox="244 696 1477 757">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program exceeds standard 115.331.</p>

115.332	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1474 600">The Hulse Detention Center/FACE-IT Residential Program Policy 19C: <i>Training and Education Policy</i> outlines the training requirements for volunteers and contractors who may have contact with residents. The PREA Coordinator provides PREA training to all volunteers and contractors with the training based on the services provided within the facility and the level of contact the individual may have with residents. The PREA Coordinator developed a comprehensive training for Volunteers, Contractors and Interns that adequately meets the needs of the standard. Additionally the PREA Coordinator is responsible for maintaining documentation of completed trainings for all facility personnel. During the on-site phase of the audit, the auditor reviewed a sampling of training files which included contractual staff and volunteers and found that proper training was provided and documented for all individuals. Interviews with volunteer staff confirmed that they received adequate training and are aware of their responsibilities, the facility's zero-tolerance policy and how they could report an allegation or relevant information.</p> <p data-bbox="244 631 1422 689">Through documentation review and interviews it was determined the Hulse Detention Center/FACE-IT Program meets standard 115.322</p>

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 600">The Hulse Detention Center/FACE-IT Residential Program Policy Policy 19C: <i>Training and Education Policy</i> outlines the facility's orientation for residents. The facility exceeds the requirements of the standards as the comprehensive orientation is provided to all residents within their intake process far exceeding the required 10 day timeframe. The orientation consist of a handbook, video presentation and a quiz. Residents quizzes and PREA Acknowledgment forms are keep in their file. While on-site the auditor reviewed randomly selected resident files in which all had said documentation that was completed within the appropriate timeframe. Policy states the facility has the ability to provide education materials in formats accessible to all residents. Interviews with the PREA Coordinator and intake staff confirmed this. The auditor reviewed the video presentation and resident handbook and found both to be sufficient. Additionally, interviews with the PREA Coordinator and residents identified that the PREA Coordinator provides additional PREA education to the residents are various times throughout their stay.</p> <p data-bbox="240 629 1481 790">The Hulse Detention Center/FACE-IT Program provides educational posters including those stating their zero tolerance policy and methods of reporting. Posters are available in areas the residents have access to on a routine basis as well as areas that are accessible to visitors. During the facility tour, the auditor recommended posting signage in the gymnasium as the residents have daily access to this area. The PREA Coordinator had signage added to the gymnasium and this was viewed by the auditor prior to the end of the on-site visit.</p> <p data-bbox="240 819 1445 913">The Hulse Detention Center/FACE-IT Program will provide residents with PREA related documents for both the Illinois Department of Juvenile Justice and the Lake County Jail in the event a resident is being released to the custody of either agency.</p> <p data-bbox="240 943 1385 1005">Through documentation review, interviews with facility staff and residents as well as observation of the auditor, it is determined the Hulse Detention Center/FACE-IT Program exceeds standard 115.333.</p>

115.334	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Hulse Detention Center Policy 19C: <i>Training and Education Policy</i> outlines the training requirements for facility investigators. The facility Superintendent, Deputy Superintendents and PREA Coordinator receive training in conducting sexual abuse investigations in confinement settings. The investigators for the facility are charged with administrative investigations. The facility uses the <i>National Institute of Corrections: PREA, Investigating Abuse in a Confinement Setting</i> training course which the auditor has found adequate for the requirements of the standard. Interviews with the investigators confirmed that they have completed the required training and feel confident in their role as an investigator. The PREA Coordinator provided documentation of completed trainings for the auditor to review during the pre-audit phase. Additionally, the auditor noted hard-copies of said training during a review of employee training files while on-site.</p> <p>Through documentation review and interviews with the facility investigators, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standards 115.334.</p>



115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 555">The Hulse Detention Center/FACE-IT Residential Program Policy <i>19C: Training and Education Policy</i> outlines the training requirements for medical and mental health staff. The facility utilizes numerous trainings from the National Institute of Corrections and the Relias training platform used statewide to ensure adequate training is received by medical and mental health staff. The auditor has reviewed said trainings and find them sufficient in meeting the requirements of the standard. Interviews with medical and mental health staff confirmed that they have received appropriate training. The PREA Coordinator provided documentation of completed trainings for all medical and mental health staff for the auditor review during the pre-audit phase. Additionally, the auditor reviewed the training documents during the on-site visit when reviewing employee training files.</p> <p data-bbox="229 555 1509 638">Through documentation review and interviews it was determined that the Hulse Detention Center/FACE-IT Program meets standard 115.335.</p>

115.341	<p data-bbox="229 69 1509 1220"><b>Obtaining information from residents</b></p> <p data-bbox="229 1220 1509 1310"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 1310 1509 1377"><b>Auditor Discussion</b></p> <p data-bbox="229 1377 1509 1601">The Hulse Detention Center/FACE-IT Residential Program Policy 19D: <i>Screening for Risk of Sexual Victimization and Abusiveness Policy</i> outlines the measures taken to screen each resident for risk of sexual abusiveness or sexual victimization. The facility uses the Victimization and Sexual/Physical Aggression Screener (VSPA-S) which is currently in the process of being validated for the juvenile population in Illinois. The screener requires a face to face interview with the youth as well as the use of collateral information. All elements of provision 115.341(c) are addressed within the instrument. Policy dictates that the screener be completed as part of the admission process but no later than 72 hours from time of admission. Completed forms are held on an annual basis by the PREA Coordinator to ensure confidentiality. For FACE-IT Residential residents, the Therapist keeps the completed screening tool in their file in their locked office to ensure confidentiality. The residents' risk level without any additional information is shared with Youth Counselors and other facility personnel on an as needed basis.</p> <p data-bbox="229 1601 1509 1825">At the time of the audit, the PREA Coordinator shared that they recently had a small percentage of assessments that were not completed within the 72 hour time frame. In efforts to mitigate the issue, the PREA Coordinator completed VSPA-S training with intake staff on October 14, 2021 and it is now the responsibility of the intake staff to complete the instrument during the initial intake process instead of Youth Counselors completing it as that latter step in their admission process. The auditor was provided documentation for the completed training. This was confirmed in intake staff interviews that they are now charged with the responsibility and feel comfortable in completing this duty. The auditor reviewed two screenings that were not completed within 72 hours prior to corrective action being taken. The auditor additionally reviewed a sampling of screenings that were completed within the appropriate time frame within the two weeks prior to the audit. Interviews with residents confirmed that each resident received a VSPA-S screening.</p> <p data-bbox="229 1825 1509 2004">Corrective Action: The facility was proactive and took action to mitigate the noted issue prior to the on-site portion of the audit. The auditor was in agreement with the action taken in that the instruments shall be completed by intake staff as part of the initial intake process. The auditor followed up with the PREA Coordinator in January of 2022 to ensure the process was working well and they had no further issues on meeting the 72 timeframe in which they have not.</p> <p data-bbox="229 2004 1509 2116">Through documentation review, interviews with PREA Coordinator, Intake Staff, and residents; as well as working with the PREA Coordinator on completed corrective action, it was determined the Hulse Detention Center/FACE-IT Residential Program meets Standard 115.341.</p>
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115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 703">The Hulse Detention Center/FACE-IT Residential Program Policy 19D: <i>Screening of Sexual Victimization and Abusiveness Policy</i> outlines the use of screening information obtained from the VSPA-S to keep residents safe from sexual abuse and harassment. The final page of the VSPA-S screening tool provides the individual completing the tool the opportunity to state what interventions are needed for the resident to ensure their sexual safety as long as the other youth in the facility's care. The interviews with the PREA Coordinator and Intake Staff who complete the VSPA-S confirmed that this information is used for housing, programming and any other relevant decisions needed to be made to keep residents free from sexual abuse and harassment. In the event a resident identifies as transgender, intersex or non-binary, the intake staff or youth counselor depending on when this information is received, will complete a Transgender, Non-Binary, Intersex Accommodation Form (TNBI form) which provides additional information, available interventions and requested accommodations. Hulse Detention Center/FACE-IT Residential Program Policy 9D: <i>Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex (LGBTQI) Minors Policy</i> further outlines and supports the use of screening information to provide sexual safety for each resident. Interviews with staff confirmed that residents who identify as transgender or intersex have the opportunity to dress or shower separately from other residents. The auditor was able to observe available locations during the on-site facility tour.</p> <p data-bbox="229 703 1509 837">VSPA-S are reviewed on an quarterly basis or sooner if needed. This is stated in Policy 19D and interviews with the PREA Coordinator and Mental Health staff confirm this process. The auditor reviewed a sampling of quarterly VSPA-S and found them to be completed within an appropriate timeframe.</p> <p data-bbox="229 837 1509 1016">Interviews with the PREA Coordinator, Mental Health staff and facility Superintendent identified that isolating a resident would be only if all other means of keeping the youth say were exhausted and that all provisions of the standard are followed in the event it is necessary. No residents were isolated within the past 12 months. The facility exceeds the standards as Policy states and interviews confirmed that the isolation of a youth would be reviewed weekly to determine the need to continue or if another alternative is available.</p> <p data-bbox="229 1016 1509 1120">Through documentation review, interviews and observations, it was determined the Hulse Detention Center/FACE-IT Residential Program exceeds standard 115.342.</p>

115.351	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 479">The Hulse Detention Center/FACE-IT Residential Program Policy 19E: <i>Reporting Sexual Abuse and Sexual Harassment Policy</i> outlines the methods of reporting allegations of sexual abuse and sexual harassment available to residents of the facility. During the onsite tour the auditor observed signage describing methods of reporting in areas the residents have daily access to. The auditor also observed the necessary tools available to the residents to complete a written report if desired. Additionally, the auditor reviewed the resident handbook and orientation that also provide methods of reporting available to residents.</p> <p data-bbox="229 479 1509 636">The facility has a Memorandum of Understanding (MOU) in place with A Safe Place in which the residents can report to their external agency by means of a phone located in the medical department of the facility. The auditor reviewed the MOU and finds it to be sufficient and in compliance with the standard. While on-site, the auditor utilized the phone in medical to make contact with A Safe Place personnel. The call went directly to A Safe Place in which my call was answered immediately.</p> <p data-bbox="229 636 1509 815">The facility does an excellent job of making residents aware of the ways they can report an allegation. All residents interviewed were knowledgeable on multiple ways they could report an allegation. A majority of interviewed residents stated they would tell a staff member which is a testament to the reporting culture of the facility. All interviewed staff were knowledgeable of their means of reporting and were aware they could make a private report as outlined in Policy 19E.</p> <p data-bbox="229 815 1509 943">Through documentation review, facility observation and interviews, it was determined the Hulse Detention Center/FACE-Residential Program meets standard 115.351.</p>

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 638">The Hulse Detention Center/FACE-IT Residential Program Policy 19E: <i>Reporting Sexual Abuse and Sexual Harassment Policy</i> outlines the facility's grievance process for reporting allegations of sexual abuse or harassment. Policy states there is no time limit on when a resident may submit a grievance when it alleges an incident of sexual abuse or sexual harassment. All grievances that allege the resident is subject to substantial risk of imminent sexual abuse shall be handled immediately by either the Deputy Superintendent or PREA Coordinator. The facility has in place a process in the event neither are in the building. This was dictated in policy 19E and was confirmed by the interview with the PREA Coordinator. Policy 19E states residents will not be disciplined or less the grievance was filed in bad faith. This was confirmed during the interview with the PREA Coordinator. Interviews with residents, staff and the PREA Coordinator confirmed that residents are provided with the opportunity to write a grievance. Residents were understanding of the grievance procedures and their rights.</p> <p data-bbox="231 638 1508 728">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.352.</p>

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 264"><b>Auditor Discussion</b></p> <p data-bbox="231 264 1508 526">The Hulse Detention Center/FACE-IT Residential Program Policy 19E: <i>Reporting Sexual Abuse and Harassment Policy</i> outlines the facility's process of offering outside support services and legal representation to the residents in their care. The facility has a Memorandum of Understanding(MOU) in place with the Zacharias Sexual Abuse Center for victim advocacy and emotional support services. The auditor reviewed the MOU and found the document to be sufficient and in compliance with the standard requirements. Interviews with the PREA Coordinator, medical and mental health staff confirm that residents have access to outside services. Interviews with staff and residents confirmed that they have reasonable and confidential access to both their parent or guardian and legal representation.</p> <p data-bbox="231 526 1508 607">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.353.</p>

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 616">The Hulse Detention Center/FACE-IT Residential Facility Policy 19E: <i>Reporting Sexual Abuse and Sexual Harassment Policy</i> outlines the facility procedures for third party reporting. The facility provides several ways for an individual to make a third party report. Parents and guardians are provided a parent handbook which provides instruction on reporting. Additionally, the facility's website provides information on how to report an allegation of sexual abuse or sexual harassment on behalf of a resident. The auditor reviewed the handbook and the website and found both to be sufficient and in compliance with the standard. The facility has ample signage in locations where visitors and outside personnel are able to observe. The facility also provides grievance forms in locations accessible by visitors and outside personnel that can be utilized to report an allegation. These posters and forms were observed by the auditor during the on-site tour. Interviews with the PREA Coordinator, staff and the residents confirm that the facility is welcoming of third party reports and that individuals are aware of their ability to file a report.</p> <p data-bbox="231 616 1508 705">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.354.</p>

115.361	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 591">The Hulse Detention Center/FACE-IT Residential Program Policy 19F: <i>Responding to Sexual Abuse Policy</i> outlines the responsibilities and reporting duties for facility staff. Employees are required comply with mandatory reporting laws provided by the Department of Child and Family Services. Facility Policy 8A: <i>Reporting Child Abuse and Neglect</i> supports this requirement. All staff are to immediately report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment. Additionally they are to report any retaliation or neglect of responsibilities that may have contributed to either an incident or retaliation. This is outlined and policy and was confirmed through random staff interviews as well as interviews with the PREA Coordinator and Superintendent. Facility staff acknowledged the responsibility to maintain confidentiality of information unless the sharing of such information is for treatment, investigation purposes or for the safety of the resident.</p> <p data-bbox="229 591 1509 837">Interviews with medical and mental health staff confirmed their understanding of their duty to report any allegations of sexual abuse or sexual harassment. Interviews also confirmed that medical and mental health staff inform residents of their duty to report and limitation of confidentiality at the initiation of services. Interviews with the PREA Coordinator and Superintendent supported the facility's procedures for notifying law enforcement and outside facilities in the event an allegation regarding sexual abuse while confined at another facility was received. The interview with the PREA Coordinator confirmed the process of notifying a parent or legal guardian including DCFS if applicable as required by the standard. The facility utilizes a Sexual Allegations Checklist for Management which does an excellent job of listing all reporting and notification requirements.</p> <p data-bbox="229 837 1509 929">Through documentation review and facility interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.361.</p>



115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 465">The Hulse Detention Center/FACE-IT Residential Program Policy 19F: <i>Responding to Sexual Abuse Policy</i> outlines the process that staff and administration take if a resident is determined to be at substantial risk of imminent sexual abuse. Interviews with facility administration including the PREA Coordinator and Superintendent confirm that immediate action is taken if this situation were to arise, in order to ensure the safety of the resident. Interviews with random staff confirm that they are aware they would take immediate action to protect a resident in concern and notify the PREA Coordinator or member of management in their absence.</p> <p data-bbox="244 499 1461 555">Through documentation review and facility interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.362.</p>

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Hulse Detention Center/FACE-IT Residential Program Policy 19F: <i>Responding to Sexual Abuse Policy</i> describes the facility's process that is followed in the event a resident reports they were a victim of sexual abuse while confined at another facility. The Superintendent is charged with informing the other facility's administration as well as the appropriate law enforcement agency within 72 hours of receiving the allegation. The staff taking the initial report will complete a PREA Statement form while the Superintendent is responsible for documenting the notification to the other agency. The Superintendent is also charged with ensuring the allegation results in investigation that is completed in accordance with the PREA Standards. This process was confirmed by the interview with the Director of Probation and Court Services, Superintendent and PREA Coordinator.</p> <p>Through documentation and facility interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.363.</p>

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Hulse Detention Center/FACE-IT Residential Program Policy 19F: <i>Responding to Sexual Abuse Policy</i> states the responsibilities of first responders. All facility staff are trained on their responsibilities as a first responder. The auditor reviewed relevant training logs while on-site. Interviews with random staff, volunteers and contractual staff confirmed that all are aware of their responsibilities as a first responder. The facility has prepared a first responder checklist for staff to reference for guidance on the appropriate response. The auditor reviewed policy and the first responder checklist and found them sufficient and meeting all requirements of the standard. The auditor was able to interview a staff member who had previously responded as a first responder in which the staff member confirmed the first responder checklist is available and all proper procedures are taken in the event of responding to an allegation.</p> <p>Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.364.</p>

<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1481 465">The Hulse Detention Center/FACE-IT Residential Program Policy 19F: Responding to Sexual Abuse Policy dictates the use of a coordinated facility response plan which is an attachment to the PREA Policy. The Coordinated Facility Response plan document outlines the details specific actions staff shall take in the event of an allegation of sexual abuse. The auditor has reviewed the plan and found it to be sufficient and in compliance with the requirements of the standards. Interviews with random facility staff, those who have acted as a first responder and the PREA Coordinator confirm that staff are knowledgeable of the coordinated facility response and that it is implemented if necessary.</p> <p data-bbox="244 499 1453 555">Through documentation review and facility interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.365.</p>

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Hulse Detention Center/FACE-IT Residential Program Policy 19F: <i>Responding to Sexual Abuse Policy</i> outlines the facility's process of removing staff from contact with residents or delivering discipline in the event the facility does enter a collective bargaining agreement. At the time of the audit, the facility is in discussion of entering a collective bargaining agreement, to date the facility has not been covered by an agreement and employees are considered "at will" employees. Facility administration stated they have already discussed the language needed within a collective bargaining agreement if ratified to be compliant with the standard.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1477 533">The Hulse Detention Center/FACE-IT Residential Program Policy 19F: <i>Responding to Sexual Abuse Policy</i> outlines the facility's measures taken to protect residents and staff from retaliation for reporting an incident of sexual abuse or sexual harassment; or for cooperating with an investigation of such actions. The policy does a good job of describing what retaliation may consist of. The PREA Coordinator is charged for monitoring retaliation. A Deputy Superintendent is responsible for monitoring in the absence of the PREA Coordinator. The PREA Coordinator or their designee conducts weekly status checks for a period of at least 90 days. Interviews with facility administration confirm this process. The PREA Coordinator or designee utilizes a PREA Retaliation Monitoring Form in which the auditor reviewed after the on-site portion of the audit and found to be sufficient and in compliance with the standard.</p> <p data-bbox="244 566 1477 622">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.367.</p>

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1481 465">The Hulse Detention Center/FACE-IT Residential Program he Hulse Detention Center/FACE-IT Residential Program Policy 19F: <i>Responding to Sexual Abuse</i> outlines the responsibilities of the facility in the event a resident is isolated. As previously stated, the facility ensures all requirements of standard 115.342 are provided through the use of a PREA Isolation Plan developed by facility administration. The auditor has reviewed the form and finds it comprehensive and meeting the requirements of the standard. Interviews with facility administration confirmed that isolation is used only when all alternative measures have been exhausted and for the least amount of time necessary.</p> <p data-bbox="244 499 1453 555">Through documentation review and facility interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.368.</p>

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1465 533">The Hulse Detention Center/FACE-IT Residential Program Policy 19:G <i>Investigations Policy</i> outlines the process for administrative and criminal investigations of allegations of sexual abuse and sexual harassment. The facility investigators, comprising of PREA Coordinator, Superintendent and Deputy Superintendents conduct administrative investigations immediately, but no later than, 24 hours of receiving the allegation. If at any time the administrative investigation deems criminal activity is likely, the Lake County Sheriff's Department is responsible for conducting a criminal investigation. The facility has a Memorandum of Understanding (MOU) in place with the Lake County Sheriff's Department, Criminal Investigation Division. The auditor reviewed the MOU and finds the document to be sufficient and in accordance with the standard requirements. Interviews with investigation staff confirmed the facility's investigative procedures.</p> <p data-bbox="240 562 1490 1025">The facility investigative team has received adequate specialized training on conducting investigations through the National Institute of Corrections, in which the auditor reviewed training documentation and materials. Investigations are completed for third party and anonymous reports. This was confirmed through policy and interviews with the investigation team. Facility Investigators are required to gather and preserve evidence consistent with 115.371 (c). All administrative investigations produce a written report that documents physical, testimonial, and documentary evidence, the reasoning behind credibility assessments, and investigative findings. During the on-site visit, the auditor reviewed a prior completed investigation report and found it to be appropriate and sufficient for the requirements of the standard. Reports are retained for as long as the abuser is incarcerated or employed by the agency with an additional 5 years or less otherwise mandated by statute. Facility administrative investigations attempt to determine whether staff actions or failure to take action contributed to abuse in the event the incident is substantiated. Investigations shall not be terminated if the victim or the individual alleging the incident recants, or, if the abuser or victim is released from custody or terminated from their employment. The facility cooperates with the Lake County Sheriff's Department throughout a criminal investigation and requests to be kept apprised of the progress of the criminal investigation. Interview with the PREA Coordinator confirmed such actions.</p> <p data-bbox="240 1055 1455 1115">Through documentation review and interviews, it is determined the Hulse Detention Center/FACE-IT Residential Program meets standards 115.371.</p>



115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Hulse Detention Center/FACE-IT Residential Program Policy 19G: <i>Investigations Policy</i> states that administrative investigations shall use a preponderance of the evidence or lower standard of proof to substantiate an allegation of sexual abuse or sexual harassment. Interviews with facility investigators confirmed this standard or proof.</p> <p>Through documentation and interviews with the investigative team, it was determined the Hulse Detention Center/FACE It-Residential Program meets standards 115.372.</p>

<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 479">The Hulse Detention Center/FACE-IT Residential Program Policy 19G: <i>Investigations Policy</i> outlines the facility's procedures for reporting investigation findings to the individual who reported the alleged sexual abuse or sexual harassment. The auditor found the facility's protocol as defined in Policy 19G to be sufficient and compliant with the requirements of the standard. Interviews with investigative staff confirmed that residents are informed of the findings of all investigations. The PREA Coordinator is charged with the responsibility of the notification process. The notification is also documented on a designated form. This was confirmed during the interview with the PREA Coordinator.</p> <p data-bbox="229 479 1509 573">Through documentation review and interviews with the investigative staff and PREA Coordinator, it was determined the Hulse Detention Center/FACE-It Residential Program meets standard 115.373.</p>

115.376	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 660">The Hulse Detention Center/FACE-IT Residential Program Policy 19H: <i>Discipline Policy</i> outlines the process of disciplinary action taken upon substantiating an allegation of sexual abuse or harassment of a resident by a staff member, contractor, volunteer or resident within the facility. Interviews with the Director of Probation and Court Services, Superintendent and PREA Coordinator confirms the facility enacts a zero tolerance policy toward sexual abuse or sexual harassment and that disciplinary action is taken in such incidences. Facility staff are subject to disciplinary sanctions up to and including termination for violating the facility's PREA policies. Termination shall be the presumptive disciplinary sanction for a staff who engaged in sexual abuse. Disciplinary sanctions for violations outside of sexual abuse are dependent upon the circumstances of the acts committed, the employee's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. All terminations or resignations that would have be resolved with termination if not for their resignation are reported to the Lake County Sheriff's Office unless the activity was clearly not criminal. The disciplinary process was confirmed by interviews with the Superintendent and PREA Coordinator.</p> <p data-bbox="231 660 1508 739">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.376.</p>

<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1485 499">The Hulse Detention Center/FACE-IT Residential Program Policy 19H: Discipline Policy outlines the process of disciplinary action taken upon substantiating an allegation of sexual abuse or harassment of a resident by a staff member, contractor, volunteer or resident within the facility. Policy 19H states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to relevant licensing bodies and law enforcement agencies, unless the activity was clearly not criminal. For any other violation of the facility's PREA policies by a contractor or volunteer, the facility shall take appropriate remedial measures and shall consider where to prohibit further contact with residents. Interviews with the PREA Coordinator and Superintendent confirm the disciplinary process for contractors and volunteers.</p> <p data-bbox="244 533 1474 589">Through documentation review and interviews with the PREA Coordinator and Superintendent, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.377.</p>

<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 801">The Hulse Detention Center/FACE-IT Residential Program Policy 19H: Discipline Policy outlines the process of disciplinary action taken upon substantiating an allegation of sexual abuse or harassment of a resident by a staff member, contractor, volunteer or resident within the facility. The policy specifically outlines interventions and disciplinary sanctions for residents. Interviews with the Superintendent and PREA Coordinator confirmed that residents receive sanctions that correspond with the nature and circumstances of the offense committed, their disciplinary history and sanctions imposed for comparable offenses by residents with similar histories. Discipline typically consist of loss of privileges for a designated period of time, room assignment changes and if necessary the filing of formal charges with the Lake County Sheriff's Department for substantiated allegations. The resident handbook provided to residents during their intake process as well as the PREA video provided to youth during the intake process explains the zero tolerance policy and the disciplinary action a resident could receive if they engage in such behavior. Interviews with the PREA Coordinator, medical and mental health staff confirmed that in the event isolation was necessary as a disciplinary sanction, residents still receive needed care including a daily visits from medical and mental health and access to educational services. Interviews with mental health staff confirmed that residents who engage in sexual abuse are referred to them for an evaluation in which their participation is not a condition of general programming opportunities. The facility utilizes a PREA Isolation Plan Form in the event isolation was deemed necessary. The form requires justification for isolation as well as indicates the need to document the resident's daily visits and access to programming.</p> <p data-bbox="242 831 1474 891">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential program meets standard 115.378.</p>

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 725">The Hulse Detention Center/FACE-IT Residential Program Policy 19I: <i>Medical and Mental Health Services Policy</i> outlines the process for medical and mental health screenings. The results of the VSPA-S determine the need for medical or mental health follow up. The facility exceeds the standard by requiring both medical and mental health follow ups to be completed within two business days instead of the requirement of 14 days per the standard. Interviews with intake staff who complete the facility VSPA-S confirmed the process of notifying medical and mental health personnel. Interviews with medical, mental health, intake staff and PREA Coordinator confirm the timeframe for follow up meetings. During the pre-audit phase, the PREA Coordinator provided an example of what the notification process and documentation for follow up meetings looks like. The auditor found the process and documentation sufficient. During the on-site visit, the auditor reviewed a sampling of resident files that indicated a follow up meeting was offered. The facility does an excellent job with ensuring confidentiality. Information is limited to medical, mental health and those who need to know to inform treatment plans or security management decisions. This was supported during interviews with facility staff including intake, medical and mental health. Policy requires informed consent for residents over 18 years of age who report information about prior sexual victimization that did not occur in an institutional setting, this was confirmed in interviews with both medical and mental health staff.</p> <p data-bbox="229 725 1509 804">Through documentation review and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program exceeds standard 115.381.</p>

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="242 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1489 499">The Hulse Detention Center/FACE-IT Residential Program Policy 19I: <i>Medical and Mental Health Services Policy</i> outlines access to emergency medical and mental health services for residents who are alleged victims of sexual abuse. Interviews with the PREA Coordinator, medical and mental health staff confirm that residents are provided emergency medical care consistent with the requirements of this standard. The facility has a Memorandum of Understanding in place with Advocate Condell Medical center to provide emergency medical care and forensic exams as needed. The MOU outlines the request for a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE) to conduct the examination when available. The facility also holds an MOU with the Zacharias Sexual Abuse Center for victim advocacy.</p> <p data-bbox="242 530 1477 790">Per Policy 19I, if a nurse or therapist is not on duty, staff first responders are responsible for taking preliminary steps to protect the victim and are to immediately notify medical and mental health staff. As indicated in Standard 115.364, staff are trained on how to be first responders and have a checklist available to them which assists in their response. Additionally, victims of sexual abuse while incarcerated are offered timely information and about and access to emergency contraception and sexually transmitted infections prophylaxis, when medically appropriate. Policy 19I also clarifies that all services are to be provided to the resident without financial cost. Advocate Condell Medical Center will provide paperwork stating the examination was free of charge. This process was confirmed with the PREA Coordinator and medical staff through interviews.</p> <p data-bbox="242 880 1473 938">Through documentation review and interviews it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.382.</p>

115.383	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 622">The Hulse Detention Center/FACE-IT Residential Program Policy 19I: <i>Medical and Mental Health Services Policy</i> outlines the ongoing medical and mental health care available to residents who are victims of sexual abuse. Policy states evaluations and treatment of victims include follow up services, treatment plans, and if necessary, referrals for continued care in the event they are released from the facility's custody. Interviews with both medical and mental health confirmed that the facility provides services that are consistent with the community level of care, if not more beneficial for the resident in that fact that transportation is not a barrier. Residents are are victims of sexually abusive vaginal penetration are offered pregnancy tests in the event pregnancy is a result of the abuse, timely and comprehensive information and access to all lawful pregnancy related medical services are provided. Testing for sexually transmitted infections is also made available as medically appropriate. All services are provided without financial cost. The access to these services was confirmed through interviews with medical and mental health staff as well as the PREA Coordinator.</p> <p data-bbox="229 622 1509 766">The Hulse Detention Center and FACE-IT Residential Program attempts to conduct mental health evaluations on all known resident-on-resident abusers within fourteen days of learning such abuse history. Treatment is offered to the individual when deemed appropriate by mental health staff. Interviews with the PREA Coordinator and mental health staff confirm this process.</p> <p data-bbox="229 766 1509 864">Through documentation and interviews, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.383.</p>



115.386	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1497 533">The Hulse Detention Center/FACE-IT Residential Program Policy 19J: <i>Data Collection and Review Policy</i> outlines the establishment of the PREA Review Committee and their responsibility to review all allegations of sexual abuse or less the said allegation was deemed unfounded. The auditor found the policy to be sufficient and in compliance with the standard. Interviews with members of the PREA Review Committee including the PREA Coordinator, Superintendent and Mental health confirmed the facility's incident review process and their participation. The facility completed one incident review during their audit cycle. The auditor reviewed the incident review documentation during the pre-audit phase as well as during the on-site visit in which the PREA Coordinator further discussed their incident review process and found that it meets the requirements of the standard.</p> <p data-bbox="244 566 1433 622">Through documentation review and interviews it is determined the Hulse Detention Center/FACE-IT Residential Facility meets standard 115.386</p>

<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1473 465">The Hulse Detention Center/FACE-IT Residential Program Policy 19J Data Collection and Review Policy states the requirements for data collection. The PREA Coordinator is responsible for collecting and aggregating data. The PREA Coordinator is responsible for developing an annual report for the facility which is reviewed by facility administration and approved by the facility Superintendent. The auditor reviewed the annual reports for the audit cycle and found the provided data is sufficient. The interview with the PREA Coordinator confirmed that they are responsible for data collection and maintenance.</p> <p data-bbox="244 499 1401 555">Through documentation review and the interview with the PREA Coordinator, it was determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.387.</p>

115.388	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 555">The Hulse Detention Center/FACE-IT Program 19J: <i>Data Collection and Review Policy</i> outlines the facility's process for preparing and reviewing an annual report. The facility's 2020 Annual PREA Report was provided to the auditor during the pre-audit phase and is accessible on the facility website for review. The annual report documents the facility's efforts in collecting data, aggregating data and reviewing the data as a team in order to identify areas of concern or the need for corrective action. The auditor has found the facility's annual report meets the requirements of the standard. Interviews with the PREA Coordinator and facility Superintendent confirmed the process of preparing and reviewing the annual report. The Superintendent and the Director of Probation and Court Services reviews and approves each annual report. The auditor reviewed annual reports for each year of the audit cycle during the on-site visit.</p> <p data-bbox="229 555 1509 638">Through documentation review and facility interviews it was determined the Hulse Detention Center/FACE-IT Program meets standard 115.388.</p>

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 405">The Hulse Detention Center/FACE-IT Residential Program Policy 19J: <i>Data Collection and Review Policy</i> outlines the procedures for data storage, publication and destruction. The PREA Coordinator is responsible for ensuring data is securely retained. Policy and the Interview with the PREA Coordinator confirm that all data is stored in a locked cabinet within the PREA Coordinator's office and electronically on the PREA Coordinator's secure "Y" Drive with sole access.</p> <p data-bbox="229 405 1509 577">The PREA Coordinator ensures aggregated sexual abuse data is readily available to the public by posting it on the facility's website. The auditor accessed the website during the pre-audit phase and observed the inclusion of the annual report on the webpage. No identifying information was included in the data provided to the public. The interview with the PREA Coordinator confirmed that all identifying information is redacted.</p> <p data-bbox="229 577 1509 674">Policy 19J states that data shall be retained for 10 years or less unless stated by law. The PREA Coordinator confirmed this is the facility's practice.</p> <p data-bbox="229 674 1509 810">Through documentation review and an interview with the PREA Coordinator, it was determined the Hulse Detention Center/FACE-IT Residential Program meets Standard 115.389.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p data-bbox="244 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="244 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="244 273 1485 568">The Hulse Detention Center/FACE-IT Residential Program's PREA Coordinator posted audit notices which provided all residents, staff and facility personnel a means to contact the auditor. The PREA Coordinator provided documentation to verify this during the pre-audit phase and the auditor was able to visually confirm the posted notices while on-site. Interviews with residents and further confirmed that audit notices with the auditor's information were available for the appropriate timeframes as required. The auditor did not receive any correspondence from residents, staff or facility personnel as of the time of finalizing the audit report. The auditor had full access to the facility as needed and was able to view on-site the entirety of the physical plant. The PREA Coordinator did an excellent job of having available electronic and hard copy documentation for review during the on-site portion of the audit. Additionally, any further requested documentation was provided to the auditor on-site.</p> <p data-bbox="244 600 1485 658">Through documentation review, facility interviews and auditor observation it is determined the Hulse Detention Center/FACE-IT Residential Program meets standard 115.401.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The Hulse Detention Center/FACE-IT Residential Program is in their second audit cycle and their previous audit final report is available on its website for public access. This was confirmed by the auditor during the pre-audit phase. T</p> <p>Through documentation review it is confirmed the Hulse Detention Center/FACE-IT Residential Program meets Standard 115.403.</p>

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

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



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

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

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

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

<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

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

<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

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



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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



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

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

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

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