

PREA Facility Audit Report: Final

Name of Facility: Winnebago County Juvenile Detention Center

Facility Type: Juvenile

Date Interim Report Submitted: 08/29/2024

Date Final Report Submitted: 03/27/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
Auditor Full Name as Signed: Brian Brown	Date of Signature: 03/27/2025

AUDITOR INFORMATION	
Auditor name:	Brown, Brian
Email:	bbrown@peoriacounty.org
Start Date of On-Site Audit:	07/01/2024
End Date of On-Site Audit:	07/03/2024

FACILITY INFORMATION	
Facility name:	Winnebago County Juvenile Detention Center
Facility physical address:	5350 Northrock Drive, Rockford, Illinois - 61103
Facility mailing address:	

Primary Contact

Name:	Rachael Carmack
Email Address:	RCarmack@17thcircuit.illinoiscourts.gov
Telephone Number:	8155162986

Superintendent/Director/Administrator	
Name:	Julie McCray-Grotto
Email Address:	JMcCray-Grotto@17thcircuit.illinoiscourts.gov
Telephone Number:	8155162980

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

Facility Health Service Administrator On-Site	
Name:	Univeristy of Illinois College of Medicine Valerie Kidd, RN, BSN, CCHP Administrative Nurse III
Email Address:	lewisval@uic.edu
Telephone Number:	815-319-6635

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	34
Average daily population for the past 12 months:	36
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population	Both womens/girls and mens/boys

designation?	
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	10-20 years old
Facility security levels/resident custody levels:	Secure facility
Number of staff currently employed at the facility who may have contact with residents:	44
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	31
Number of volunteers who have contact with residents, currently authorized to enter the facility:	15

AGENCY INFORMATION	
Name of agency:	Illinois Seventeenth Judicial Circuit Court
Governing authority or parent agency (if applicable):	
Physical Address:	400 West State Street, Rockford, Illinois - 61101
Mailing Address:	5350 NORTHROCK DR, ROCKFORD,
Telephone number:	8155162986

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

Agency-Wide PREA Coordinator Information			
Name:	Rachael Carmack	Email Address:	rcarmack@17thcircuit.illinoiscourts.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>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.</p> <p>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.</p>	
Number of standards exceeded:	
0	
Number of standards met:	
43	
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:	2024-07-01
2. End date of the onsite portion of the audit:	2024-07-03

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Rockford Sexual Assault Counseling and UW Health Swedish America Hospital.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	36
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 checked="" type="radio"/> No <input 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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	25
19. 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
20. 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
21. 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
22. 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
23. 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
24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

25. 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
26. 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:	3
27. 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:	4
28. 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
29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
30. 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:	39
31. 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:	19

32. 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
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	10
35. 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 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
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The auditor randomly selected every third resident in each male living unit and two female units. In addition, two residents specifically requested to be interviewed.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

38. 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):	The facility reported zero youth isolated for risk of sexual victimization. However, to better understand the facility's isolation practices, the auditor interviewed two youths currently held in isolation and two additional youths who reported having previously been isolated.
Targeted Inmate/Resident/Detainee Interviews	
39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<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>	
40. 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
40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="815 1512 1469 1675"> <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. </div> <div data-bbox="815 1720 1469 1798"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<p>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed special education and mental health staff to determine whether residents with disabilities or limited English proficiency were present in the facility. Additionally, during informal interviews throughout the on-site phase, the auditor inquired about how staff would address the needs of these populations. There was no documentation available for review, as the facility did not house residents from these groups during the audit cycle.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</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>41. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor interviewed special education and mental health staff to determine whether residents with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) were present in the facility. Additionally, during informal interviews throughout the on-site phase, the auditor inquired about how staff would address the needs of these populations. There was no documentation available for review, as the facility did not house residents from these groups during the audit cycle.</p>

42. 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:	0
42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
42. 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).	Throughout the on-site audit, the auditor asked both residents and staff how the facility would accommodate a resident who is blind or visually impaired. The auditor determined that no blind or visually impaired residents had been incarcerated during the audit cycle.
43. 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:	0
43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
43. 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).	Throughout the on-site audit, the auditor asked both residents and staff how the facility would accommodate a resident who is deaf or hard of hearing and how they would accommodate this population. The auditor determined that deaf or hard-of-hearing residents had been incarcerated during the audit cycle.

44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The auditor interviewed special education and mental health staff to determine whether residents who were Limited English Proficient and how they would accommodate this population.
45. 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:	3
46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input 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. </div> <div> <input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

47. 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:	2
48. 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:	2
49. 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:	2
50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
51. Enter the total number of RANDOM STAFF who were interviewed:	12

52. 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 checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
53. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	8
56. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No

58. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
59. Were you able to interview the PREA Compliance Manager?	<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)

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

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

	<input type="checkbox"/> Other
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. 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
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	1
62. 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 type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

☒ Yes

☐ No

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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

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

70. 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
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71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

72. 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
Total	0	0	0	0

73. 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	22	0	22	0
Staff-on-inmate sexual harassment	9	0	9	0
Total	31	0	31	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.

74. 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
Total	0	0	0	0	0

75. 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
Total	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	2	16	3
Staff-on-inmate sexual harassment	0	1	4	1
Total	0	3	20	4

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

78. Explain why you were unable to review any sexual abuse investigation files:

The facility reported no sexual abuse investigations, therefore no sexual abuse investigation files were reviewed.

79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
81. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)
82. Did your sample of INMATE-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 inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
84. 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)

85. 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)
Sexual Harassment Investigation Files Selected for Review	
86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	6
87. Did your selection of SEXUAL HARASSMENT 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 harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	4
89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal 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)
90. 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

91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
92. 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)
93. Did your sample of STAFF-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 staff-on-inmate sexual harassment investigation files)
94. 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**

95. 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
95. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:	1

Non-certified Support Staff

96. 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

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

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

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

☐ Other

Standards
Auditor Overall Determination Definitions
<ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> WCJDC PAQ WCJDC PREA prevention planning policy WCJDC organizational chart WCJDC Discipline process Site review observations Interview with PREA coordinator (PC) Informal interview with superintendent or designee Informal interview with agency head
	<p>Reasoning and analysis (by provision):</p> <p>115.311(a)</p>

1. WCJDC PAQ:
 1. The agency employs or designates an upper-level, agency-wide PREA Coordinator.
2. WCJDC Prevention planning and discipline process policy:
 1. The facility mandates zero tolerance for all forms of sexual abuse and sexual harassment.
 2. Prohibited behaviors regarding sexual abuse and sexual harassment were defined.
 3. Appropriate disciplinary action shall be taken upon substantiation of any sexual misconduct, sexual abuse, and sexual harassment.
 4. The facility has a comprehensive approach to preventing, detecting, and responding to sexual abuse and sexual harassment.
 5. The facility designates a PREA coordinator with sufficient time and authority to oversee PREA compliance.
3. WCJDC organizational chart:
 1. The facility organizational chart indicates the PREA coordinator is an upper-level position and reports directly to the Superintendent.
4. Site review observations:
 1. Informal interview with the PC:
 1. The only responsibilities are PREA compliance and training; the position reports directly to the superintendent.
 2. Informal interview with facility leadership:
 1. The PC's only responsibilities are PREA compliance and training, and the position reports directly to the superintendent.
5. Interview with the PC:
 1. The PREA coordinator believes she has enough time and appropriate authority to ensure compliance with the PREA standards. '
 2. The facility recently promoted a supervisor to PREA manager, and she looks forward to an additional position.
 3. When asked to identify an issue with complying with a PREA standard and what action she takes to work towards compliance, she stated getting buy-in from the facility's staff, and she plans to address this by continuing to provide training to staff.

Finding:

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

115.311(b)

1. WCJDC PAQ:
 1. The agency employs or designates an upper-level, agency-wide PREA Coordinator.
 2. The PREA Coordinator has sufficient time and authority to develop,

implement, and oversee agency efforts to comply with its facilities' PREA standards.

3. The position of the PREA Coordinator in the agency's organizational structure:
2. WCJDC Prevention Planning and Discipline Process Policy:
 1. WCJDC Prevention Planning and Discipline Process Policy:
 2. WCJDC has designated a PREA Coordinator with sufficient time and authority to develop, implement, and oversee its efforts to comply with the PREA standards.
3. WCJDC Organizational Chart:
 1. The facility organizational chart indicates the PREA coordinator is an upper-level position and reports directly to the Superintendent.
4. Interview with the PREA Coordinator:
 1. Reported she has enough time and appropriate authority to ensure compliance with the PREA standards.
 2. The facility recently promoted a supervisor to PREA manager, and she looks forward to an additional position.
 3. When asked to identify an issue with complying with a PREA standard and what action she takes to work towards compliance, she stated getting buy-in from the facility's staff, and she plans to address this by continuing to provide training to staff.

Finding:

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

115.311(c)

1. WCJDC PAQ:
 1. The facility does not have a designated PREA compliance manager.
 2. WCJDC only operates one facility:
2. Site review observations:
 1. Informer interview with the PC:
 1. Reported the facility recently hired a PREA manager. However, she has not started yet.

Finding:

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

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The WCJDC is a County Juvenile Detention Center facility that does not contract with other agencies for services.</p> <p>Findings:</p> <p>The auditor is not required to audit this provision.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC detention staffing plan • Staffing plan deviations • Documentation review • Staffing rosters • Logbooks showing completion of unannounced rounds • Video of unannounced rounds being conducted • Annual reviews of the staffing plan • Site review observations • Interview with the superintendent's designee: • Interview with the PC • Interviews with two intermediate or higher-level staff <p>Reasoning and analysis (by provision):</p> <p>115.313(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. The facility has developed a staffing plan to document and implement its best efforts to comply regularly with a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect youths against abuse. 2. Since August 20, 2012, the facility's average daily population has been 39 youth. 3. The staffing plan is not predicated on a set number of residents, but

the facility maintains a minimum staff-to-youth ratio of 1:8 during waking hours and 1:16 during non-waking hours.

2. WCJDC Detention staffing plan:

1. The facility has developed, implemented, and documented a staffing plan to provide adequate staffing levels for all residents.
2. The staffing plan does not dictate security staff assignments to provide direct staff supervision of youth in housing units or isolation areas.
3. The staffing plan addresses video monitoring, the composition of residents and security staff supervision, staffing ratios, and staffing by different shifts.
4. The staffing plan does not include resident living areas, separate staff assignments for living areas, or staffing to address youth-held booking and isolation areas.
5. The staffing plan discusses blind spots or areas of isolation and describes a process for considering the need for increased video monitoring to protect residents against abuse.

3. Documentation Review:

1. The facility's 2023 IDJJ audit recommends eliminating the practice of having direct care staff transport residents from the assessment center.
2. The facility's AOIC site review action plan required the facility to review staffing patterns.
3. Staffing rosters by shift were requested, and the auditor received them during the on-site phase.

4. Interview with the superintendent's designee:

1. The formal staffing plan was recently created and implemented. The management team will meet as needed to review facility staffing needs to protect residents from sexual abuse. The management team considers video monitoring placement when assessing the facility's staffing needs.
2. The staffing plan is documented but was created and implemented in 2024.
3. The management team assesses the staffing levels and the need for video monitoring. The facility has added numerous video cameras and plans to continue adding cameras as needed.
4. When the management team assesses staffing level needs, we consider several variables, such as generally accepted detention practices, the population's makeup, the number of operational living units, shift programming, regulations, and the number of incidents of sexual abuse.
5. No findings of inadequacy from judicial, federal, internal, or external oversight bodies; however, both IDJJ and AOIC recommended that the facility eliminate requiring direct care staff to transport youth from the assessment center and review staffing patterns.

5. Interview with PC:

1. To comply with the staffing plan, the facility may move residents to their assigned living units to allow staff to manage group changes, split recreation, and other group programming movements. When residents are secured in their rooms, watchman checks are conducted.

Initial Finding:

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

Ensure the findings of inadequacy from internal or external oversight bodies are included in the staffing plan.

Modify the staffing plan to ensure that supervisory staff are placed in positions that provide direct care supervision of the residents in the living units and isolation areas as defined in the standards.

Corrective Action:

During the corrective action phase, the facility took comprehensive measures to address staffing concerns. These actions included incorporating findings from external oversight bodies, adding two staff positions, improving scheduling and post assignments, eliminating the use of S-Pod to house residents, and enhancing direct care supervision.

During the follow-up site visit, the auditor observed staff positioned at residents' living units across the first, second, and third shifts. The former S-Pod had been converted into offices for the mental health team. The auditor conducted 12 informal staff interviews, all of whom confirmed they were required to be assigned to specific posts to provide direct supervision. Additionally, 11 informal resident interviews were conducted, with 10 residents reporting that staff were now consistently positioned in the living units.

Finding:

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

115.313(b)

1. WCJDC PAQ:

1. The most common reasons for staffing deviation are staff going on transport and insufficient staff.

2. WCJDC Detention Staffing Plan:

1. The facility documents all deviations from the staffing ratios of one staff to eight residents (1:8) during waking hours and one staff to 16

residents during non-waking hours.

3. Documentation Review:

1. Staffing rosters by shift were requested, and the auditor received them during the on-site phase.
2. The staffing rosters included sufficient employees employed; however, they did not note security staff assignments in the living or isolation area.

4. Site Review Observations:

1. During the site review, the auditor observed staff roaming throughout the facility with security staff assigned to the housing and isolation areas where residents were housed.
2. Several times a day during the on-site phase of the audit, this auditor observed residents being secured in their rooms due to a reported lack of staffing.
3. Informal conversations with staff:
 1. The staffing ratios are calculated based on the aggregate or building-wide ratios minus the booth and watchman staff minus the booth and watchman staff.
 2. Three staff members stated that management wastes staff because of our schedule.
 3. Three staff members stated that the management staffing patterns are inadequate and that we are constantly understaffed.
 4. Two staff members stated we supervise the entire building and have too much to do rather than be in the housing areas.
5. Five staff stated they are not assigned nor required to be in the housing units.

5. Interview with the superintendent's designee:

1. There have been several circumstances in which the facility could not meet the staffing ratios of one staff to eight residents (1:8) and one to 16 residents (1:16) during non-waking hours.
2. These situations occurred because two staff members were sent to transport residents from the assessments, call-ins, or intakes. We are working with juvenile probation to have the assessment center staff transport youth to the center.
3. We recently were approved for several new direct care staff positions from AOIC.

Initial Finding:

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

Develop a process to ensure the staffing plan is complied with except during limited and discrete exigent circumstances and all staffing deviations are documented. Documentation of deviations from the staffing plan shall include any time, even for

a short period, the facility does not maintain a minimum staffing ratio of 1:8 during waking hours and 1:16 during non-waking hours.

Modify the staffing plan to include documenting all deviations when security staff are not actively supervising residents and can't be counted in the staffing ratios of 1:8 during waking hours and 1:16 during non-waking hours.

Corrective Action:

During the corrective action phase, the facility implemented a process to document all staffing deviations. During the follow-up site visit, the auditor conducted 12 informal staff interviews, all of whom confirmed they are required to document any time they do not maintain a minimum staffing ratio of 1:8 during waking hours and 1:16 during non-waking hours. The auditor reviewed the staffing deviations log with the PC and a few minor adjustments were made to the documentation.

Finding:

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

115.313(c)

1. WCJDC PAQ:

1. The facility is obligated by law and regulation to maintain staffing ratios of a minimum of 1:8 during waking hours and 1:16 during non-waking hours. The facility maintains staff ratios of a minimum of 1:8 during waking shifts.
2. The facility maintains a minimum of 1:16 staff ratios during non-waking shifts.
3. The facility had three deviations from the staffing ratio of 1:8 during waking hours

2. WCJDC Detention staffing plan:

1. The staffing plan is reviewed annually when staff are assigned shifts by facility management in concerted efforts with the PREA coordinator.

3. Site Review Observations:

1. During waking and non-waking hours, this auditor observed staff performing other duties throughout the building rather than directly supervising the youth in housing and isolation areas. As a result, residents assigned to the housing and isolation areas were unsupervised, except for the staff providing 15-minute watchmen checks.
2. The eight staff assigned the shift roamed between living units, leaving no staff member actively supervising any residents in their living or isolation areas.
3. Informal Interviews:

1. Management does not comply with the staffing ratios, and we are chronically understaffed.
2. The facility does not require staff to be assigned to the living, isolation, or intake areas.
4. Interview with the superintendent's designee:
 1. The Illinois Department of Juvenile Justice (IDJJ) and the Administrative Office of Illinois Courts (AOIC) require the same staffing ratios as PREA.

Initial Finding:

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

Develop a process to ensure the staffing plan is complied with except during limited and discrete exigent circumstances and that all staffing deviations are documented. Documentation of deviations from the staffing plan shall include any time, even for a short period of time, the facility currently does not maintain a minimum staffing ratio of 1:8 during waking hours and 1:16 during non-waking hours.

Modify the staffing plan to include documenting all deviations from it. Only security staff actively supervising youth can be counted in the staffing ratios of 1:8 during waking hours and 1:16 during non-waking hours.

Train all staff on the requirements of the staffing plan, what constitutes direct supervision, and how to document all deviations from the staffing plan.

Corrective Action:

During the corrective action phase, the facility took comprehensive measures to address staffing concerns. These actions adding two staff positions, improving scheduling and post assignments, eliminating the use of S-Pod to house residents, and enhancing direct care supervision.

During the follow-up site visit, the auditor observed staff positioned at residents' living units across the first, second, and third shifts. The former S-Pod had been converted into offices for the mental health team. The auditor conducted 12 informal staff interviews, all of whom confirmed they were required to be assigned to specific posts to provide direct supervision. Additionally, 11 informal resident interviews were conducted, with 10 residents reporting that staff were now consistently positioned in the living units.

The facility provided additional training on direct supervision, the handling of limited and discrete exigent circumstances, and the requirement to document any deviations from the staffing plan.

Finding:

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

115.313(d)

1. WCJDC PAQ:

1. During our monthly PREA meetings and in collaboration with the PREA Coordinator, the facility reviews the staffing plan to see whether adjustments are needed to the plan, prevailing staffing patterns, the deployment of the monitoring technology, or the allocation of agency or facility resources to commit to the plan to ensure compliance with the plan.

2. WCJDC Detention staffing plan:

1. The staffing plan is reviewed every year when staff is assigned shifts by the facility.
2. The staffing plan is reviewed, any recommendations for revisions are documented, and additions or deletions are implemented promptly.

3. Interview with the PC:

1. PREA meetings are held whenever necessary to discuss pending investigations, but the staffing plan or adjustments are not assessed. These meetings are not documented.

4. Documentation review:

1. The facility does not document PREA meetings, so the auditor did not review the documentation.

Initial Finding:

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

Ensure that the facility, in collaboration with the PREA Coordinator, reviews the staffing plan at least once every year to determine whether adjustments are needed and these meetings are documented.

Ensure that the facility, in collaboration with the PREA Coordinator, reviews the staffing plan at least once every year to determine whether adjustments are needed to the deployment of the monitoring technology.

Ensure that the facility, in collaboration with the PREA Coordinator, reviews the staffing plan at least once every year to assess whether adjustments are needed to allocate facility resources, commit to the staffing plan, and ensure compliance with it.

Corrective Action:

During the corrective action phase, the facility implemented a process to review the staffing plan monthly and staffing deviations to determine whether adjustments are needed to the staffing plan, consider monitoring enhancements, and ensure compliance with the staffing plan.

Finding:

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

115.313(e)

1. WCJDC PAQ:
 1. Requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.
2. WCJDC Prevention planning policy:
 1. Supervisors are required to conduct unannounced rounds on all shifts at various times for the purpose of sexual safety and document those rounds in the unit shift log. Staff is prohibited from alerting other staff members when unannounced rounds occur.
3. WCJDC Detention staffing plan:
 1. Supervisors are required to conduct unannounced rounds on all shifts at various times to ensure sexual safety.
4. The unannounced rounds are documented in the unit shift logs.
 1. Staff are prohibited from alerting other staff that unannounced rounds are being conducted.
5. Interview with two intermediate or higher-level facility staff:
 1. Revealed that unannounced rounds are conducted to deter staff sexual abuse and sexual harassment, and they are documented in the logbook.
 2. The unannounced rounds rotate shifts, times, and the order of units that I conduct the unannounced rounds.
6. Video of unannounced rounds being conducted:
 1. The auditor randomly selected unannounced rounds from the logbook and requested a demonstration of a video of unannounced rounds. All selected unannounced rounds corresponded with the logbook.

Finding:

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

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA prevention planning policy • Logs of cross-gender pat searches • Logs of cross-gender strip and visual body cavity searches • Body search training curriculum • Body search staff training log • Staff body searches and training records • Body searches policy • Site review observations • Interviews with random staff • Interviews with random residents • Interview with LGBTQI residents <p>Reasoning and analysis (by provision):</p> <p>115.315(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents. 2. Zero cross-gender pat searches conducted in the past 12 months. 3. Zero cross-gender cavity searches conducted in the past 12 months. 2. WCJDC prevention planning policy: <ol style="list-style-type: none"> 1. Cross-gender pat searches will be conducted only in exigent circumstances. 2. Cross-gender strip searches are prohibited. 3. Logs of cross-gender strip and visual body cavity searches: <ol style="list-style-type: none"> 1. There were no records of cross-gender strip search logs or visual search logs to review. 4. Site review observations: <ol style="list-style-type: none"> 1. During the site review, the auditor learned that a staff member stands outside the intake search area while the residents disrobe and cover their genital areas in front of the staff before showering. 2. These searches are always conducted by staff of the same gender. 5. Interview with non-medical staff who conducted cross-gender strip or visual body searches: <ol style="list-style-type: none"> 1. The facility reported no non-medical staff conducted these searches, and the auditor could not obtain information indicating the facility conducted these types of searches, so no staff was interviewed using

this protocol.

Finding:

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

115.315(b)

1. WCJDC PAQ:
 1. The facility does not permit cross-gender pat-down searches of residents absent exigent circumstances.
 2. There have been no cross-gender pat-down searches in the last 12 months.
2. WCJDC PREA prevention planning:
 1. Policy Cross-gender pat searches will only be conducted in exigent circumstances.
3. WCJDC search policy:
 1. Except in exigent circumstances, youth will be both pat-searched and visual-searched by staff of the same gender.
4. Logs of cross-gender pat searches:
 1. The auditor requested documentation of instances of any cross-gender or pat-down for the past three years.
 2. There were no cross-gender or pat-down search logs to review.
5. Interviews with 12 random staff:
 1. When asked, are you restricted from conducting cross-gender pat-down searches except in exigent circumstances, staff responded as follows:
 1. Three staff reported that transgender residents can choose the gender of staff they would like to search them.
 2. Three staff stated they had never conducted any pat searches.
 3. Four staff reported not being allowed to conduct cross-gender pat-down searches.
 4. Two staff reported not being allowed to conduct cross-gender pat searches. They added they had been trained to conduct these searches in case of an emergency, and no same-gender staff was available.
6. Interviews with ten residents using the random resident protocol:
 1. Ten residents reported they had not witnessed or been subjected to cross-gender pat searches.

Finding:

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

115.315(c)

1. WCJDC PAQ:
 1. The agency reported that the facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.
2. WCJDC PREA prevention planning policy:
 1. Requires that cross-gender pat searches conducted are to be documented and justified.
 2. Cross-gender strip searches are prohibited.
3. Logs of cross-gender pat searches:
 1. The auditor requested documentation of cross-gender pat- searches from the previous three years.
 2. There were no cross-gender pat-down search logs to review.
4. Logs of cross-gender strip and visual body cavity searches
 1. There were no records of cross-gender strip search logs or visual search logs to review.

Finding:

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

115.315(d)

1. WCJDC PAQ:
 1. The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without the non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).
 2. Policies and procedures require staff of the opposite gender to announce their presence when entering a resident unit/area where residents are likely to be showering, performing bodily functions, or changing clothing.
2. WCJDC PREA prevention planning policy:
 1. Announcement is required when entering a housing unit designated for the opposite gender for staff, contractors, interns, and volunteers.
 2. Staff will announce the presence of visitors of the opposite sex when they enter housing units for visitation.
3. Site review observations:
 1. The auditor observed an opposite-gender staff announcing themselves upon entering the housing areas.
 2. The auditor observed a same-gender staff monitoring a youth in the shower. The staff member stood outside the shower door and spoke with the residents during their shower time.

4. Interviews with ten random residents:
 1. When asked if opposite-gender staff announce their presence when entering the housing area or any area where they shower, change clothing, or perform bodily functions, they reported:
 1. Four residents reported that the staff of the opposite gender announced themselves when entering the pod.
 2. Two residents reported staff working in the unit informed them of opposite-gender staff.
 3. One resident reported that opposite-gender staff does not announce themselves on the night shift.
 2. When asked if they can shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender, they reported:
 1. All residents stated they could dress, shower, and perform bodily functions privately.
5. Interviews with 12 random staff:
 1. When asked if they and other officers announced their presence when entering a living unit that houses residents of the opposite gender, staff stated:
 1. Twelve staff members stated that they verbally announced themselves upon entering opposite-gender housing units.
 2. When asked if youth are able to shower, dress, and use the toilet without being seen by staff of the opposite gender, they reported:
 3. Seven staff reported that the same-sex staff constantly monitors youth while in the shower, and there are no issues with seeing them as the door has a privacy screen on it.
 4. Three staff stated that they may be seen if they use the toilet in their room.
 5. Two staff members responded yes. They added that it is possible to see if they are using the toilet in their room.

Finding:

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

115.315(e)

1. WCJDC PAQ:
 1. The facility has a policy prohibiting staff from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status.
 2. No such searches occurred in the last twelve months.
2. WCJDC PREA prevention planning policy:
 1. Staff is prohibited from examining residents for the sole purpose of

determining their genital status.

3. Body search training curriculum and policy:

1. The auditor requested information located in a training curriculum, operating procedure, or other document that outlines how the determination is to be made, such as in conversations with the residents, 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. This supporting information was received during the adult's onsite phase.

4. Interviews with 12 random staff:

1. Eleven staff stated they were aware of the policy and the prohibition.
2. One staff reported they were aware of the policy of not strip-searching residents to determine genital status, but they disagreed with the policy as birth sex should be the standard.

5. Interview with three LGBTQI residents:

1. When asked if they had ever been searched without clothing on, they reported:
 1. Two residents stated they had to disrobe and cover the genital area in direct view of staff.
 2. One resident stated a staff stood at the door while they stripped down to their underwear.

Initial Finding:

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

Train all staff about the policy prohibiting them from examining residents to determine their genital status and ensure they understand the training received about this piece of the training.

Corrective Action:

During the corrective action phase, the facility conducted multiple trainings for all staff on the policy prohibiting them from examining residents to determine their genital status. The auditor reviewed the training curriculum and signed training documentation, confirming that staff received and understood the policy. During the follow-up site visit, the auditor conducted 12 informal staff interviews, and all staff demonstrated a clear understanding that they are not permitted to conduct such examinations.

Finding:

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

115.315(f)

1. WCJDC PAQ:

1. The facility reported that all staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex youths professionally and respectfully, consistent with security needs.

2. Interviews with 12 random staff;

1. When asked if the facility has a policy to train staff to conduct cross-gender pat searches and searches of transgender and intersex residents professionally and respectfully, consistent with security needs, staff reported:
2. Seven staff reported being trained on pat searches during their training, and they only pat-search residents who are the same gender as them.
3. Three staff reported receiving training during the PREA training but had never conducted a cross-gender search.
4. Two staff reported that they have never done a pat search but know that male staff search males and female staff search females.

3. Body search training curriculum:

1. The auditor reviewed the body search training curriculum and determined that it was consistent with the provision's requirements.
2. Staff body searches and training records.
 1. 17 staff had yet to receive the body search training.

Initial Finding:

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

Train all security staff members on conducting cross-gender pat-down searches and searches of transgender and intersex residents professionally and respectfully, and in the least intrusive manner possible, consistent with security needs, and ensure they understand the training received.

Corrective Action:

During the corrective action phase, the facility conducted multiple trainings for all staff on performing cross-gender pat-down searches and searches of transgender and intersex residents. The training emphasized conducting these searches in a professional, respectful, and minimally intrusive manner while maintaining security needs. The auditor reviewed the training curriculum and signed acknowledgment forms, confirming that staff received and understood the training. During the follow-up site visit, the auditor conducted 12 informal staff interviews, and all staff demonstrated a clear understanding of how to properly conduct these searches while upholding professionalism and minimizing intrusiveness.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision.
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA Prevention planning policy • PREA pamphlet and Signage (English and Spanish versions) • Contracts for interpretation services • Instructions for the use of interpretation services • Materials utilized for education for youth with disabilities • Training records for staff • Site review observations • Interview with agency head designee • Interviews with random staff • Interviews with random residents <p>Reasoning and analysis (by provision):</p> <p>115.316(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. The facility reported it has established procedures to provide disabled youths equal opportunity to participate and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. 2. WCJDC PREA prevention planning policy: <ol style="list-style-type: none"> 1. Youthful residents, residents who have limited vision, intellectual challenges, or other disabilities, are to be provided PREA information in a manner that allows them to understand WCJDC' zero-tolerance policy for sexual abuse, sexual misconduct, and sexual harassment, as well as how they can report sexual abuse/sexual misconduct/sexual harassment. 2. Language translation services are available through Language Line

Solutions.

3. PREA pamphlet and signage

1. Zero tolerance for sexual abuse and sexual harassment, the right to report sexual abuse and sexual harassment, and how to report sexual abuse and sexual harassment.
2. Definitions of sexual abuse, sexual harassment, and staff voyeurism are provided, along with examples of staff voyeurism.
3. The pamphlet explains internal, third-party, and external reporting methods and provides telephone numbers.
4. The pamphlet also explained that support services are available “24/7” if a youth is sexually abused and that the residents may call or write the sexual assault services.
5. The pamphlet is only provided in English and Spanish. It is not in any other language or format for residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or have low vision.
6. The pamphlet did not address how the facility would ensure effective communication with residents with disabilities, including those with intellectual disabilities.

4. Contracts for interpretation services:

1. The contract with Language Line Solutions did not include details regarding interpretation services for deaf and hard-of-hearing residents.
2. The contract did not specifically address a process for communication with residents with disabilities, including those with intellectual disabilities.

5. Training records for eight staff:

1. No training logs of staff trained on PREA-compliant practices for residents with disabilities were provided for review.

6. Materials utilized for education for youth with disabilities:

1. No documents were received from the facility that provide information about how those who are deaf, hard of hearing, blind, or low vision, and those who have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
2. No other written materials were provided to the auditor in formats that demonstrate compliance with this provision, which requires written materials be provided in formats or through methods that ensure effective communication with residents with disabilities, including residents who have intellectual disabilities, limited reading skills, or who are blind or have low vision. While the pamphlet might be read to residents to help them understand, it still must be made available to residents in this category in a written format and in a format they will understand.

7. Site review observations:

1. No PREA signage tailored to those with intellectual disabilities or limited reading skills was observed.
 2. No additional systems were observed to supplement the cross-gender announcement in housing units with Deaf or hard-of-hearing residents.
8. Interview with the agency head designee:
1. Acknowledged the facility has an established procedure to provide residents with disabilities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
 2. The PREA policy of offering interpreters and having them help communicate with residents was mentioned. The facility does not have Braille information available.
9. Interviews with 12 random staff:
1. The auditor learned through interviews with staff that a language line is available for residents. However, they are unaware of communicating with deaf, hard-of-hearing, blind, or low-vision residents.
10. Interview with cognitively disabled youth:
1. No cognitively disabled residents were in custody at the time of the on-site phase. Therefore, no interviews were conducted.

Initial Finding:

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

Ensure the facility takes appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing and providing access to effective interpreters.

Ensure that written materials are provided in formats or methods that ensure effective communication with residents with disabilities, including those with intellectual disabilities, limited reading skills, blindness, or low vision.

Ensure that staff are aware of how and when to access services and materials for residents who have disabilities pursuant to this provision.

Corrective Action:

During the corrective action phase, the facility implemented a process to ensure that residents who are deaf or hard of hearing have equal opportunities to participate in and benefit from all aspects of the agency's

efforts to prevent, detect, and respond to sexual abuse and sexual harassment through the County Court interpreter's services. Additionally, the facility expanded its contract with the language line to provide services for residents who are blind or have low vision, as well as those with intellectual, psychiatric, or speech disabilities.

Finding:

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

115.316(b)

1. WCJDC PAQ:

1. The facility reported it has established procedures to provide youths with limited English proficiency 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.
2. The facility utilizes the language line to ensure effective communication with residents who have limited English proficiency and are deaf or hard of hearing.
3. The facility only uses resident interpreters or other resident's assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the youth's safety.

2. WCJDC PREA prevention planning policy:

1. PREA material shall provide information and methods that ensure effective communication with residents with disabilities.
2. Language translation services are available through Language Line Solutions.

3. The PREA pamphlet:

1. The information was only provided in English.

4. Contracts for interpretation services:

1. No contracts for interpretation services were provided for review.

5. Instructions for the use of interpretation services:

1. The language line signage posted instructions for staff on using the interpreter services, but only in English.

6. Training records for eight staff:

1. No staff training logs on PREA-compliant practices for residents with deaf or hard of hearing residents.

7. Site review observations:

1. There were no zero-tolerance posters in English and Spanish.
2. The language line solution information hotline was only posted in English.
3. Audit notices were posted in Spanish and English.

8. Interview with limited English proficient residents:

1. There were no limited English-proficient residents in custody at the

- time of the on-site phase. Therefore, no interviews were conducted
2. The facility could not identify limited English proficiency (LEP) during the 12 months preceding the audit. The auditor reviewed the risk screening for all residents housed at the facility to find anyone who fell into a targeted group. In addition, the auditor asked for additional information from education staff to see if they could help identify residents who may have been within any of these groups. The auditor team could not identify any LEP residents when onsite.

Initial Finding:

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

Ensure there is abundant signage in Spanish (and other prominent languages spoken by residents, as necessary) around the facility so limited-English proficient residents have equal access to zero-tolerance information.

Train all staff on how to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment of all residents.

Corrective Action:

During the corrective action phase, the facility added additional signage in Spanish to enhance communication and provided further training for staff on efforts to prevent, detect, and respond to the sexual abuse and sexual harassment of all residents. The auditor reviewed the training curriculum and staff acknowledgments, confirming that staff received and understood this training.

Finding:

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

115.316(c)

1. WCJDC PAQ:

1. The facility reports the use of residents as 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-responder duties under 115.364 or the investigation of the resident's allegations.

2. WCJDC PREA prevention planning policy:

1. The facility reports the policy prohibits the use of residents as interpreters, resident readers, or other types of resident assistants

	<p>except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-responder duties under 115.364, or the investigation of the resident's allegations.</p> <ol style="list-style-type: none">2. The Superintendent or Assistant Superintendent shall approve using resident interpreters in exigent circumstances.3. Records of resident's interpreters:<ol style="list-style-type: none">1. No records of residents using interpreters were available for review because there were no known occurrences of residents interpreting for other residents during the audit period.4. A review of six administrative investigation files did not contain any information, which led the auditor to believe a resident was allowed to interpret for another resident.5. Interviews with 12 random staff:<ol style="list-style-type: none">1. When asked if the facility ever allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse or sexual harassment, they reported:<ol style="list-style-type: none">1. One staff reported they did not know.2. Eleven staff stated this would not be allowed.6. Interview with limited English proficient youth:<ol style="list-style-type: none">1. There were no limited English-proficient residents to interview.2. The facility did not have the capability to identify limited English proficiency (LEP) during the 12-month period preceding the audit. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>Recommendation:</p> <p>Develop a process to identify LEP residents and document them.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCJDC PAQ
- WCJDC PREA prevention planning policy
- Hiring and Promotion Decision Policy
- PREA Rehire/Promotion Self-Disclosure Form
- Pre-Employment questionnaire for current/previous employees
- Randomly selected personnel files
- Randomly selected contractor files
- Interview with human resources (HR) staff
- Documentation review

Reasoning and analysis (by provision):

115.317(a)

1. WCJDC PAQ:
 1. Stated facility policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents.
2. WCJDC PREA prevention planning policy:
 1. WCJDC shall not hire or promote anyone who may have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions, 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 has been civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community.
3. WCJDC Hiring and promotion decision policy:
 1. The facility will not hire, promote, or allow to be a volunteer/intern anyone who may have contact with the residents and shall not enlist the services of any contractor who may have contact with the minors who:
 1. Has engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution such as a group home or school.
 2. Has been convicted of engaging or attempting in sexual activity in the community, which was facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.
 3. Has been civilly or administratively adjudicated to engage in

the abovementioned activity.

4. PREA Rehire/promotion self-disclosure form:

1. Regarding the allegation of sexual abuse, the form asks, "While employed by your agency/organization, did you ever have an allegation of sexual abuse?" Did you resign while there was an appending investigation for an allegation of sexual abuse?

5. Pre-Employment questionnaire for current/previous employees:

1. Regarding previous sexual abuse, the form asks the following questions: "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions? Have you ever 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? Have you ever been civilly or administratively adjudicated for 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?"

6. Randomly selected personnel files:

1. The auditor requested a list of all staff hired in the past 12 months to make randomly selected requests for hiring paperwork and verify the process of asking these questions.
2. The auditor reviewed eight out of 21 personnel files hired in the past 12 months, and all eight completed checks consistent with the requirements of this provision.

Finding:

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

115.317(b)

1. WCJDCJ PAQ:

1. Stated facility policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents.

2. WCJDC PREA Prevention planning policy:

1. The superintendent and hiring committee will consider any incident of sexual harassment we determine to hire, promote, or enlist an individual's volunteer or contractual service.

3. WCJDC Hiring and promotion decision policy:

1. The facility will consider any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with minors.

4. PREA Hire/promotion self-disclosure form:
 1. Regarding sexual harassment, the form asks the question, "Have there ever been an allegation, complaint, or finding made against you regarding any incidents of sexual harassment?"
5. Pre-Employment questionnaire for current/previous employees:
 1. Regarding sexual harassment allegations at a previous institution, the form asks the question, "While employed, did you have any substantiated allegations of sexual harassment?"
6. Interview with the HR staff:
 1. All staff undergo criminal background checks and child abuse registry checks upon hire, upon promotion, and annually thereafter.
7. Documentation review:
 1. The auditor randomly selected eight personnel files to verify the completion of background checks, and all eight files had completed the background checks as required by this provision.

Finding:

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

115.317(c)

1. WCJDC PAQ
 1. Stated facility policy requires new staff to be subject to a background check before having contact with residents.
2. WCJDC PREA prevention planning policy:
 1. The facility conducts criminal background records checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work, and (c) consistent with Federal, State, and local law, makes 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.
3. Interview with the HR staff:
 1. All staff undergo criminal background checks and child abuse registry checks upon hire, upon promotion, and annually thereafter.
 2. Stated that a spreadsheet tracks all criminal background and child abuse registry checks, which are done upon hiring and every subsequent time.
4. Documentation review:
 1. The auditor randomly selected eight of 21 personnel files, and all eight files had completed the child abuse registry check required by this provision.

Finding:

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

115.317(d)

1. WCJDC PAQ:
 1. Stated facility policy requires that a criminal background record check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.
 2. Reported that in the past 12 months, 15 contractors had completed their criminal background checks.
2. WCJDC PREA Prevention planning policy:
 1. The facility will conduct criminal background checks and child abuse registry inquiries before enlisting the services of any contractor or volunteer who may have contact with residents.
 2. The assistant superintendent shall conduct background checks and child abuse registry inquiries for all employees, contractors, and volunteers every five years.
3. Hiring and promotion decision policy:
 1. The facility will perform a criminal background record check and consult applicable child abuse registries before enlisting the services of any contractor who may have unsupervised contact with any of the minors.
 2. The facility will conduct criminal background checks on current employees, volunteers/interns, and contractors who may have contact with minors at least every five years or have a system for otherwise capturing such information for current employees.
 3. Applicants for positions or volunteers/interns within the facility will be asked about any previous misconduct described in the first paragraph of this section, either in the written application or in interviews for hiring or promotions. All staff working in the facility are required to immediately report any activities or allegations of any activities described in the first paragraph of this section. Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.
4. Interview with the HR staff:
 1. Stated that contractors and vendors are subject to the same background check as newly hired and current employees.
5. Documentation review:
 1. The auditor randomly selected 4 out of 17 contractor files, and all files had completed the criminal history background and child abuse registry check required by this provision.

Finding:

Based on this analysis, the agency is substantially compliant with this

provision, and corrective action is not required.

115.317(e)

1. WCJDC PAQ:
 1. Stated facility policy requires that either current employees and contractors who may have contact with youths undergo criminal background checks at least every five years or that a system is in place for otherwise capturing such information for current employees.
2. WCJDC PREA Prevention planning policy:
 1. Employees, contractors, volunteers, and interns shall submit to a background check every five years.
3. Hiring and promotion decision policy:
 1. The facility will conduct criminal background checks at least every five years of current employees, volunteers/interns, and contractors who may have contact with the minors or have in place a system for otherwise capturing such information for current employees.
4. Documentation review:
 1. The auditor selected and reviewed eight randomly personnel files:
 2. All employees had completed a background check within the past five years.
5. Documentation review:
 1. The auditor selected and reviewed four random contractor files.
 2. All contractors had completed a background check within the past five years.
6. Interview with the HR staff:
 1. All current employees, contractors, and volunteers must complete the same background consent form at least every five years.

Finding:

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

115.317(f)

1. Pre-Employment questionnaire for current/previous employees:
 1. Requires the affirmation of knowledge of the requirement to notify the facility of any incidents noted in provision (a) of this Standard.
 2. Stated, "I acknowledge that I am authorized to provide the information above."
2. WCJDC PREA Prevention planning policy:
 1. Stated that material omissions or providing materially false information regarding sexual abuse, sexual misconduct, or sexual harassment will be grounds for termination.
3. Documentation review:

1. The auditor selected and reviewed eight random personnel files:
2. All employee files included an affirmative duty to discuss such misconduct and self-disclosure responsibilities. reviewed were consistent with the provision.
4. Interview with the HR staff:
 1. Reported all newly hired and promoted staff must complete the background check authorization form acknowledging their duty to disclose any previous misconduct and any current allegations of misconduct, criminal convictions, or civil adjudications.

Finding:

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

115.317(g)

1. Pre-Employment questionnaire for current/previous employees:
 1. Stated, "I understand that any falsification or omission of relevant information on this form is justification for progressive discipline, up to and including termination."
2. WCJDC PREA Prevention planning policy:
 1. Stated that material omissions or providing materially false information regarding sexual abuse, sexual misconduct, or sexual harassment will be grounds for termination.
3. Hiring and promotion decision policy:
 1. Applicants for positions or volunteers/interns within the facility will be asked about any previous misconduct described in the first paragraph of this section, either in the written application or interviews for hiring or promotions. All staff working in the facility are required to immediately report any activities or allegations of any activities described in the first paragraph of this section. Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination.

Finding:

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

115.317(h)

1. WCJDC PREA prevention planning policy:
 1. Upon request from another institutional employer, the WCJDC Superintendent or designee shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee.

	<p>2. Hiring and promotion decision policy:</p> <ol style="list-style-type: none"> 1. Unless prohibited by law or court order, the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving current or former employees upon receiving a request from an institutional employer for whom such employee has applied for work. The current or former employee consents to this disclosure if they complete and sign a release of information for their prospective employer. <p>3. Interview with the HR staff:</p> <ol style="list-style-type: none"> 1. Stated any requests for background information involving a PREA-related question would be forwarded to our human resource departments. This would be documented, but we have never had such a request. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA Prevention planning policy • Site review observations • Interview with agency head • Interview with the superintendent or designee • Documentation review <p>Reasoning and analysis (by provision):</p> <p>115.318(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. Since August 20, 2012, the facility has not acquired a new facility or substantially expanded or modified the existing one. 2. WCJDC PREA Prevention planning policy : <ol style="list-style-type: none"> 1. The facility will consider how technology may enhance the ability to protect residents from sexual abuse. 3. Interview with the agency head:

1. We currently do not have any plans to change the existing facility structure.
4. Interview with the superintendent of designee:
 1. There are no plans to modify the facility substantially.

Finding:

The WCJDC has no plans to substantially expand or modify the existing facility.

Reasoning and analysis (by provision):

115.318(b)

1. WCJDC PAQ:
 1. Since August 20, 2012, the facility has not acquired a new facility or substantially expanded or modified the existing one.
2. WCJDC PREA Prevention planning policy:
 1. The facility will consider how technology may enhance the ability to protect residents from sexual abuse.
3. Site review observations:
 1. During the onsite visit, the auditor observed multiple new cameras that had been installed throughout the facility.
 2. The facility demonstrated the new camera technology via the control room, which was able to manipulate the security system's camera angles and viewpoints.
4. Interview with the agency head:
 1. We recently upgraded our security cameras to cover all blind spots throughout the facility.
5. Interview with the superintendent of designee:
 1. We meet as a team to review our staffing plans, shift patterns, and any additional cameras needed. We have installed many new cameras recently and plan to add more, as the County is currently planning a countywide upgrade to all security cameras.
6. Documentation review:
 1. The auditor reviewed the facility blueprint indicating the location of the recently installed cameras.
 2. The facility provided a list of cameras and their location.

Finding:

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

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA responsive planning training and education policy • MOU with Winnebago County Sheriff's Office (WCSO) • MOU with Rockford Sexual Assault Counseling (RSAC) • MOU with UW Swedish American Hospital • Documentation of process through the incident with contact RSAC contact • Site Review Observations: • Interview with PREA Coordinator (PC) • Interview with youth who reported prior sexual assault • Attempted Interview with SANE/SAFE • Interview with Random Staff • Call the Rockford Sexual Assault Center <p>Reasoning and analysis (by provision):</p> <p>115.321(a) & 115.321(b)</p> <ol style="list-style-type: none"> 1. WCJDC PREA responsive planning training and education policy: <ol style="list-style-type: none"> 1. Administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment an age-appropriate, uniform evidence-based protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions is utilized. 1. Outlines that WCSD will conduct criminal investigations for the WCJDC. 2. MOU does not request the WCSD utilize a uniform evidence-based protocol. 2. Interview with the PC: <ol style="list-style-type: none"> 1. Identified that they have not requested WCSD to utilize a uniform evidence-based protocol and that the facility does not currently have an identified uniform evidence-based protocol that is used. 3. Interviews with 12 random staff: <ol style="list-style-type: none"> 1. Confirmed that there is no use of a uniform evidence-based protocol at the time of the on-site phase of the audit. <p>Initial Finding:</p> <p>Based on this analysis, the facility is not substantially compliant with this provision, and corrective action is required.</p>

Identify and adopt a uniform evidence-based protocol. The facility shall request that the WCSD utilize the protocol while investigating at WCJDC. Investigation and supervisory staff shall be knowledgeable about the protocol.

Corrective Action:

During the corrective action phase, the facility confirmed with WCSD that they utilize a uniform evidence-based protocol for their investigations.

Finding:

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

115.321(c)

1. WCJDC PREA responsive planning training and education policy:
 1. WCJDC offers all residents who have experienced sexual abuse access to forensic medical examinations off-site. These services are provided at no cost to the resident. Examinations are conducted by a SAFE or SANE at the Rockford UW Swedish American Hospital Emergency Department. If a SAFE or SANE is unavailable, the examination will be performed by a qualified medical practitioner. The on-site nurse or designee will document the effort to provide a SAFE or SANE.
2. Interviews with SAFEs/SANEs staff:
 1. The auditor attempted to interview a SANE/SAFE provider with UW Swedish American Hospital on two occasions but was unsuccessful. Voice messages were left during both attempts, and there has been no return call to date of this report.
3. Interview with the PC:
 1. provided insight into a good working relationship with the hospital and good discussions regarding the potential need for SANE/SAFE-conducted exams on residents.

Finding:

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

115.321(d)

1. WCJDC PREA responsive planning training and education policy:
 1. A victim advocate will be obtained through Rockford Sexual Assault Counseling (RSAC). If an RSAC advocate is not available to provide victim advocate services, WCJDC will provide victim advocacy through a qualified staff member.
2. MOU with RSAC:

	<ol style="list-style-type: none"> 1. It is RSAC's responsibility to provide victim advocacy services and counseling. 3. Documentation review: <ol style="list-style-type: none"> 1. The PC provided an example contact for connecting a resident with RSAC services while in the WCJDC. 2. This was documented and kept with the file for the particular incident. 4. Interviews PC: <ol style="list-style-type: none"> 1. Confirmed partnership with RSAC and available services and advocacy for residents who report an allegation 5. Site review observations: <ol style="list-style-type: none"> 1. The auditor utilized the phone service at WCJDC to contact RSAC. A representative from the agency answered and confirmed that services would be provided to the facility's residents. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.321(e)</p> <ol style="list-style-type: none"> 1. WCJDC PREA responsive planning training and education policy: <ol style="list-style-type: none"> 1. As requested by the victim, the victim advocate shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. 2. MOU with RSAC: <ol style="list-style-type: none"> 1. states victim advocacy services will be provided. 3. Interviews RSAC: <ol style="list-style-type: none"> 1. Phone interview with RSAC confirmed that an advocate would be available for a resident at the hospital during an examination. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCJDC PAQ
- WCJDC PREA responsive planning training and education policy
- MOU with WCSO
- Facility website review
- Site review observations:
- Investigation files and documentation review
- Interview with PC
- Interview with the superintendent or designee
- Interview with investigation staff

Reasoning and analysis (by provision):

115.322(a)

1. WCJDC PREA responsive planning training and education policy:
 1. Administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment
2. MOU with WCSO:
 1. Outlines that WCSO will conduct criminal investigations for the WCJDC.
3. Interview with PC:
 1. Affirmed that all allegations of sexual abuse and sexual harassment are investigated.
4. Interview with Superintendent or designee:
 1. Reported that all allegations of sexual abuse and sexual harassment are investigated.
5. Interview with four investigative staff:
 1. confirmed that all allegations are investigated.
 2. The process of conducting an administrative investigation or referring out to WCSO was well understood, but the responsibility of who completes the referral process was not concrete amongst the investigation team.

Finding:

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

Recommendation:

Increase communication for the Investigative team regarding post-investigation information and investigation procedures. The investigation team includes line staff, so consistency is necessary outside of the management team in regard to responsibilities and roles regarding PREA.

115.322(b)

1. WCJDC responsive planning training and education policy:
 1. All allegations of sexual abuse or sexual harassment are referred for investigation to the WCSO, which has the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior.
 2. WCJDC shall document all referrals.
 3. The facility policy shall be published on its website.
2. Documentation review;
 1. The auditor reviewed the facility website and confirmed that WCJDC Policy 9.6 Investigations is posted and readily available for the public to access. During the onsite phase of the audit, the auditor was able to review a sampling of investigation files to confirm necessary documentation. One file reviewed had been referred to WCSO; documentation of the referral was held within the file.
3. Interview with the superintendent or designee:
 1. Reported the practice of referring allegations of sexual abuse and sexual harassment, unless the allegation does not involve potentially criminal behavior, to WCSO.
4. Interview with PC:
 1. Reported all allegations of sexual abuse and sexual harassment unless the allegation does not involve potentially criminal behavior to WCSO.

Finding:

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

115.322(c)

1. Documentation review:
 1. The facility's website provides WCJDC 9.6 Investigation Policy as well as outlines the responsibilities of both WCJDC and WCSO regarding investigations.

Finding:

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

115.322(d) & (e)

The auditor is not required to audit this provision.

115.331	Employee training
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 1295 376">Evidence relied upon in making the compliance determinations:</p> <ul data-bbox="352 443 1348 768" style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA employee training policy • WCJDC PREA responsive planning training and education curriculum • WCJDC Staff training non-JDC staff curriculum • WCJDC PREA staff training curriculum • PREA Employee training acknowledgment • Training records for eight staff • Interviews with 12 random staff <p data-bbox="280 813 896 846">Reasoning and analysis (by provision):</p> <p data-bbox="280 880 454 913">115.331(a)</p> <ol data-bbox="341 981 1481 1641" style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. The facility reports that it trains all employees who may have contact with residents on the 11 required elements of this provision. 2. WCJDC PREA employee training policy: <ol style="list-style-type: none"> 1. Prior to working with residents, all WCJDC employees who have contact with residents received comprehensive PREA training. 3. Interviews with 12 random staff: <ol style="list-style-type: none"> 1. Twelve of the 12 reported receiving their PREA training before contact with residents. 4. Training records for eight staff: <ol style="list-style-type: none"> 1. Training records for eight randomly selected staff were requested. Six records included signed training acknowledgments indicating that the staff received the required training for this provision. 5. WCJDC PREA staff training curriculum: <ol style="list-style-type: none"> 1. The training provides information regarding all 11 required elements within this provision. <p data-bbox="280 1686 411 1720">Finding:</p> <p data-bbox="280 1753 1396 1832">Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p data-bbox="280 1865 454 1899">115.331(b)</p> <ol data-bbox="341 1966 1449 2045" style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. Reported the training is tailored to the unique needs and attributes

and gender of the residents at the facility.

2. WCJDC PREA staff training curriculum:

1. This training is tailored to the unique needs and attributes of the residents under our care.
2. What are WCJDC's responsibilities to the PREA standards to prevent, detect, and respond to SA and SH at WCJDC?

Finding:

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

115.331(c)

1. WCJDC PAQ:

1. Reported that staff complete PREA training on Relias yearly and will receive PREA comprehensive training every other year.
2. Reported that we go over PREA at various times in our staff meetings that cover sexual abuse and sexual harassment policies.

2. Training records for eight staff:

1. Training records for eight randomly selected staff were requested, and seven records included all elements of this provision.

3. Interviews with 12 random staff:

1. All staff reported they are required yearly PREA refresher Relias training and other PREA training during staff meetings.

Finding:

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

115.331(d)

1. WCJDC PAQ:

1. The facility documents employees who may have contact with residents to understand the training they have received through employee signature or electronic verification.

2. Training records for eight staff:

1. Training records for eight randomly selected staff were requested, and seven included the refresher training information required by this provision.

Finding:

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

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115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • PREA Responsive planning training and education policy • PREA Training for non-JDC staff (Tier 2) • PREA Volunteer and contractor training (Tier 1) • PREA Pamphlet: family and visitors • Documentation review • Site review observations • Interview with a volunteer • Interview with a teacher • Interview with a contractual staff <p>Reasoning and analysis (by provision):</p> <p>115.332(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. The PREA Coordinator uploaded the PREA Training for Non-JDC Staff (Tier 2) and PREA Volunteer and Contractor Training (Tier 1) as part of the PAQ. 2. PREA responsive planning training and education policy: <ol style="list-style-type: none"> 1. WCJDC shall ensure all volunteers and contractors who have contact with residents have been training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. 3. Site review observations: <ol style="list-style-type: none"> 1. An informal discussion with the PREA Coordinator confirmed that all volunteers and contractors receive training. The current process is for the PREA Coordinator to meet and provide the training curriculum to the volunteer/contractor. The PREA Coordinator is looking at a process in place where the training can be provided in advance and followed up with a meeting for signatures and to acknowledge retention, roles, and responsibilities. 4. Interview with one teacher who has contact with residents <ol style="list-style-type: none"> 1. They confirmed they received PREA training. 2. Reported their first responders' roles and responsibilities in the event

of an allegation and the means of reporting information.

5. Interview with one volunteer who has contact with residents:

1. Initially, the volunteer stated they had not received PREA training. However, after the auditor probed them regarding PREA-related information, the volunteer stated they had reviewed material regarding keeping residents safe from sexual abuse. The training included telling a staff member if they were the recipient of an allegation or if they observed anything concerning.

6. Interview with one contractual staff who has contact with residents:

1. Confirmed they received PREA training. The training included their responsibility to report information, and the facility has a zero-tolerance policy.

7. Documentation review:

1. The auditor reviewed both training curricula and found them sufficient in providing necessary information for volunteers and contractors and delegating information based on the level of interaction with residents in the building.
2. The auditor reviewed the training file for the volunteer, contractual staff, and teacher interviews and found the training documentation form showing that training was received for each individual.

Finding:

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

115.332(b)

1. WCJDC PAQ:

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

2. PREA Responsive planning training and education policy:

1. WCJDC volunteers and contractors shall receive PREA training based on their contact level with WCJDC residents. Volunteer and contractor training is based on a two-tier training model:
 1. TIER 1 training is required for the infrequent, periodic, and low-contact volunteer or contractor. This training entails reviewing an abbreviated PREA Orientation/Acknowledgment Agreement, which contains WCJDC's Zero Tolerance policy regarding sexual abuse and sexual harassment, definitions, professional boundaries agreement, as well as how to report PREA-related incidents if observed or informed.
 2. TIER 2 training is required for daily, weekly, consistent, and scheduled volunteers or contractors who frequently contact residents. This training is WCJDC's highest level, the same as

its comprehensive new employee onboarding/orientation PREA training.

3. Documentation review:

1. The auditor reviewed the PREA training for non-JDC staff (Tier 2) and PREA volunteer and contractor training (Tier 1) curriculum and found it sufficient in providing necessary information for volunteers and contractors and delegating information based on the level of interaction with residents in the building.
2. The PREA pamphlet explains the facility's zero-tolerance policy, resident rights, and means for reporting an allegation. The auditor found the information sufficient.

Finding:

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

115.332(c)

1. WCJDC PAQ:

1. The agency maintains documentation confirming that the volunteers and contractors understand the training they have received.

2. PREA responsive planning training and education policy:

1. WCJDC shall maintain documentation confirming that volunteers and contractors understand the training they have received.

3. Documentation review:

1. The auditor reviewed the training files for the volunteer and teacher who were interviewed and confirmed documentation was maintained that training was received.

Finding:

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

Recommendation:

Update training acknowledgment so that the form clearly states the recipient understands their rights and roles regarding PREA.

115.333	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCJDC PAQ
- PREA Video
- PREA Bookmark
- PREA Resident education orientation and implementation guide
- PREA Resident acknowledgment form
- PREA Intake orientation for 12 youth files
- Intake dates for 34 youth
- Site review observations
- Interview with the agency head or designee
- Interviews with random staff
- Interviews with random residents
- Interview with three intake staff
- Interview with cognitively disabled residents

Reasoning and analysis (by provision):**115.333(a)**

1. WCJDC PAQ:

1. Reported that staff review PREA information at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and sexual harassment.
2. This information is available in an age-appropriate fashion.

2. PREA Video:

1. The video describes their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding facility policies for responding to such incidents.
2. The video presents information in an age-appropriate manner.

3. PREA Bookmark:

1. A bookmark provided to residents during the intake process describes their rights to be free from sexual abuse and sexual harassment and how to report such incidents.

4. PREA resident education orientation and implementation guide

1. The PREA orientation material contained facility-specific reporting information regarding procedures for responding to such incidents.
2. Reporting options:
 1. External reporting can be done through the Winnebago County Sheriff's Office, probation officer, attorney, and Rockford sexual assault services.
 2. Emotional support services are available through Rockford Sexual Assault Counseling Services.
 3. Internal options were listed as:
 1. Reporting to staff, contractors, and volunteers.

2. The PREA phone on the pod.
 3. Filling out a written grievance or nurse slip.
 4. Reporting to the PREA coordinator
 5. Having a family member, friend, legal counsel, or anyone else outside the facility call the facility and report on their behalf.
3. Contained definitions of sexual abuse, sexual harassment, and voyeurism, as well as examples of voyeurism
5. Site review observations:
 1. The auditor observed the entire resident intake process, and the intake staff reviewed all information pursuant to this provision.
 2. Posters were observed throughout the intake area that were written in age-appropriate language.
6. Interview with 12 intake staff:
 1. Stated staff review the zero-tolerance policy with residents.
 2. Stated all new residents complete the PREA orientation on Sundays. This includes being shown the PREA video and reviewing other PREA policies. They then complete a PREA acknowledgment form that is signed by staff and the resident.
 3. Indicated residents are asked if they understand; if they do not, staff offer clarification.
7. Interviews with ten random residents:
 1. When asked if, when they arrived at the facility, they were told about their right to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse and harassment, they reported:
 1. Five residents reported they were informed.
 2. Two residents reported they were informed but do not remember much about it.
 3. One resident reported they did not know if they were given the information.
 4. One youth did not recall receiving this information.
 5. One resident recalled staff reviewing PREA but stated they weren't paying attention to it. Not one uses those phones.
 2. When asked when they received this information, they reported.
 1. Six residents indicated they received PREA information as required by this provision.
 2. One resident stated staff read PREA stuff a couple of days after I was arrested.
 3. One resident stated that the staff had me sign a form about PREA.
 4. One resident stated that the staff reviewed PREA with the mental health staff.
 5. One resident did not give enough information to be able to determine how close to booking they received education.

3. When asked if, when they arrived, they received information about the facility's rules against sexual abuse and sexual harassment, they reported:

1. Five residents reported that the staff reviewing PREA gave them a bookmark containing PREA information.\
2. Three residents reported that the staff read the rules during intake.
3. Two reported it is not tolerated and that they were given this information.

8. No cognitively disabled youth were in custody at the of the onsite audit to interview.

Finding:

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

115.333(b)

1. WJDC PAQ:

1. In the 12 months, the facility admitted 283 resident who received comprehensive, age-appropriate education on their rights.

2. PREA Resident education orientation and implementation guide:

1. Residents' Education will convene on Sundays. Resident education involves reading and watching information on sexual safety and the Winnebago County Juvenile Detention Handbook. The following steps will be followed:

1. Step 1: Read the "What You Should Know about Sexual/ Abuse" handout to the residents.
2. Step 2: Play the PREA Education Video.
3. Step 3: Have the residents sit at a table to complete the PREA Test.
4. Step 4: Hand out the Winnebago County Juvenile Detention Center Handbook. Staff and Residents will read this together and go over each section. Please take time after each section to answer any questions.
5. Step 5: Hand out the Winnebago County Juvenile Detention Center Rules and Expected Behavior. Staff and Residents will read this together and go over any questions.

3. PREA Resident acknowledgment form:

1. This form states the facility has a zero-tolerance policy towards sexual abuse and sexual harassment, and such actions are punishable by disciplinary sanctions and/or criminal prosecution.
2. Included statements regarding the resident's right to be free of sexual abuse, sexual harassment, and retaliation from reporting sexual abuse and sexual harassment, that sexual activities between

youth and youth and youth and staff are not allowed, even if consensual, and a statement regarding an internal, third party, outside reporting options.

3. The form is signed by the residents and staff.
4. Intake dates for ten residents:
 1. All resident intake dates were cross-referenced with the signed resident acknowledgment forms to verify that the residents received the PREA information required by the provision.
5. PREA video:
 1. The video explains ways to report sexual abuse and sexual harassment; understanding youth rights versus privileges; zero tolerance means zero; ensuring safety (i.e. grooming, letting others know of inappropriate touch, sharing of contraband by staff, sharing of personal information by staff, bullying by other youth; making reports.
 2. The video presents information in an age-appropriate manner.
6. Site review observations:
 1. While walking through the facility, the auditor observed staff reading the PREA orientation material with two residents.
7. Interview with 12 intake staff:
 1. Residents are made aware of their rights during intake and on Sundays.
8. Interviews with ten random residents:
 1. When asked if, when they arrived at the facility, they were told about their right to be free from sexual abuse and sexual harassment, how to report sexual abuse and sexual harassment, and their right not to be punished for reporting sexual abuse and harassment, they reported:
 1. Six residents reported they were informed of their rights.
 2. Three residents reported they watched the PREA video.
 3. One youth reported they did not recall being told about PREA.
 2. When asked how to use the pod phones to make a PREA report, they reported:
 1. Eight out of the ten residents reported that the PREA phones were not turned on, and they would have to ask staff to turn them on to make a call. Staff and other residents would listen to the call if they used them.
 3. When asked when they received this information, they reported:
 1. Six residents reported on Sunday.
 2. Three residents reported they were given the information during intake.
 3. One resident reported that it was within two days after arrival.

Finding:

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

115.333(c)

1. WCJDC PAQ:
 1. The PAQ indicated that all residents who enter the facility receive PREA training at intake and on Sunday for new residents.
2. Interview with 12 intake staff:
 1. All residents are read our zero-tolerance policy by staff at intake.
3. Intake dates for ten residents:
 1. Ten resident intake dates were cross-referenced with the signed resident acknowledgment forms to verify that the residents received the PREA information required by the provision. Considering the interviews with the intake staff, the number of random residents who indicated receiving PREA information, and verification through site observation, the facility has demonstrated that all residents have been given PREA education.

Finding:

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

115.333(d)

1. WCJDC PAQ:
 1. The PAQ indicates that the PREA video and resident education material are available in English and Spanish for LEPS.
2. PREA video:
 1. The PREA video was provided in English and a version with Spanish subtitles.
3. PREA Resident education orientation and implementation guide:
 1. The auditor reviewed the resident education material written in English and Spanish.
 2. The resident education material is not accessible to residents who are deaf, visually impaired, or otherwise disabled.
4. Site review observations:
 1. Educational posters and pamphlets were observed on a unit during the on-site visit.
 2. There were multiple signs and posters made by the residents hanging on the walls throughout the facility.
5. Interview with the agency head or designee:
 1. We have interpreters and have them help us communicate with residents as needed.

Initial Finding:

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

Ensure resident education is available and formatted to be accessible to all residents, including those who are deaf, visually impaired, or otherwise disabled.

Corrective Action:

During the corrective action phase, the facility implemented a process to ensure that residents who are deaf, visually impaired, or otherwise disabled have access to educational materials. This process supports equitable access to information related to the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Finding:

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

115.333(e)

1. Resident PREA education log:
 1. The facility provided a log showing the residents completing resident education and acknowledgment forms.

Finding:

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

115.333(f)

1. Site review observations:
 1. During the site visit, the auditor observed PREA posters on each unit. These posters provided information on youths' rights, including where they can report sexual abuse and sexual harassment, and resource information, such as phone numbers.
 1. Signs appeared to be easy to read and age-appropriate.
 2. Signs were observed on every unit throughout the facility, including the cafeteria, the booking area, and the school.
 3. Signs throughout the facility displayed consistent content, including the facility's zero-tolerance policy and phone numbers, to reach external reporting entities and outside emotional support services. Larger fonts on larger signs would be beneficial to assist youth with low vision.
 2. The auditor observed PREA pamphlets on the units.
 3. Audit notices in both English and Spanish were observed throughout the facility.

	<p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>Recommendation:</p> <p>To assist residents with low vision, signs could benefit from larger fonts on larger signs.</p>
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115.334	Specialized training: Investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA responsive planning training and education policy • WCJDC PREA investigator agreement • WCJDC PREA investigation training guidelines and notes documentation • Documentation review • NIC PREA investigating sexual abuse in a confinement setting training certificates • PREA Academy investigations training certificate • Training documentation for investigators • Interviews with investigators <p>Reasoning and analysis (by provision):</p> <p>115.334(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. Facility policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 2. The facility PAQ provides PREA Responsive Planning Training and Education Policy. 3. Investigation training guidelines, notes, and training certificates for all investigators. 2. WCJDC PREA responsive planning training and education policy: <ol style="list-style-type: none"> 1. In addition to WCJDC's comprehensive new employee PREA training provided pursuant to 115.331, WCJDC shall ensure that Administrative PREA Investigators and the PREA Coordinator receive

specialized training in conducting sexual abuse investigations in confinement settings.

3. WCJDC PREA investigator agreement:

1. The facility's investigators make up the PRA Investigators task group, which includes the PREA Coordinator and line staff.
2. The facility recently hired a PREA Manager, who will be a supervisor who also participates in the task force and has the responsibility of being an investigator, but at the time of the audit, had not started their role.

4. WCJDC PREA investigation training guidelines and notes documentation

1. The PREA Coordinator provided materials given to the investigation team that provides guidelines post investigation training along with notes from the training material for

5. NIC PREA investigating sexual abuse in a confinement setting training certificates:

1. Three Investigators receive NIC PREA investigating sexual abuse in a confinement setting training along with the PRC PREA report writing training.

6. PREA Academy investigations training certificate:

1. One investigator was selected to attend the PRC's PREA Academy Investigations training and successfully completed it.

7. Site review observations:

1. During the pre-site phase of the audit, the auditor reviewed training certifications, email correspondence regarding the investigations task group, the facility's Investigation training guideline, PREA investigator agreement, PREA investigation training notes, and facility policy.
2. During the on-site phase of the audit, the auditor requested the curriculum for the specialized training investigators received. The PREA PC provided this information.

8. Interviews with four investigators:

1. All reported receiving training in PREA-specialized investigations.

Finding:

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

115.334 (b)

1. WCJDC PREA responsive planning training and education policy:

1. Such specialized training shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

	<p>2. Documentation review:</p> <ol style="list-style-type: none"> 1. The auditor reviewed all training curricula, including NIC PREA investigating sexual abuse in a confinement setting training, PRC investigations module training: report writing, and the facility's training guidelines and notes, and found the materials sufficient and to include all techniques as required by the standard. <p>3. Interviews with four investigators:</p> <ol style="list-style-type: none"> 1. All reported that their specialized investigations training included interviewing juvenile sexual abuse victims, evidence collection in confinement settings, use of Miranda and Garrity warnings, as well as the criteria and evidence required to substantiate a case for administrative action or prosecution referral. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.334(c)</p> <ol style="list-style-type: none"> 1. WCJDC PREA responsive planning training and education policy: <ol style="list-style-type: none"> 1. WCJDC shall maintain documentation that the facility's Administrative PREA Investigators have completed the required specialized training. 2. Training documentation for investigators: <ol style="list-style-type: none"> 1. The auditor provided the certificates for all facility investigators. 3. Interviews PC: <ol style="list-style-type: none"> 1. Confirm that all investigator certificates and facility documentation of completed training are maintained, which is done via spreadsheet. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

- WCJDC PAQ
- WCJDC PREA responsive planning training and education policy
- NIC: Behavioral health care for sexual assault victims in a confinement setting training
- NIC: Medical health care for sexual assault victims in a confinement setting
- NIC: Your role in responding to sexual abuse
- NIC Training certificates
- Interview with medical staff
- Interview with mental health staff

Reasoning and analysis (by provision):

115.335(a)

1. WCJDC PAQ:
 1. The facility PAQ provides PREA Responsive Planning Training and Education Policy, NIC Training certificates for Mental Health and Medical Staff, and facility training logs.
 2. The facility has ten medical and mental health staff who work regularly; certificates were available for all individuals.
2. WCJDC PREA responsive planning training and education policy:
 1. The WCJDC shall ensure that all full-time and part-time medical and mental health care practitioners who work regularly in its facility have received specialized training in addition to the appropriate tiered training requirements in 115.331. (Tier 1 or Tier 2 training). Specialized training includes the following:
 1. How to detect and assess signs of sexual abuse and sexual harassment.
 2. How to preserve physical evidence of sexual abuse.
 3. How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment.
 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.
3. Interviews with one mental health staff:
 1. Reported that they received specialized training regarding their role with PREA.
 2. Reported the training included how to detect and assess signs of sexual abuse and sexual harassment, how to preserve evidence, how to respond to juvenile victims, and how to report allegations.
4. Interview with one medical staff:
 1. Reported receiving specialized training regarding their role with PREA.

Finding:

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

115.335(b)

The facility does not conduct forensic examinations. Therefore, the auditor is not required to audit this provision.

115.335(c)

1. WCJDC PREA responsive planning training and education policy:
 1. The WCJDC shall maintain documentation that medical and mental health practitioners received training.
2. Documentation review:
 1. The auditor reviewed training certificates for all mental health and medical staff as well as training logs provided by the PREA Coordinator.

Finding:

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

115.335(d)

1. WCJDC PREA responsive planning training and education policy:
 1. In addition to specialized training, full-time medical and mental health care practitioners shall also receive training mandated for employees in 115.331 annually.
 2. In addition to specialized training, part-time medical and mental health care practitioners shall also receive training mandated for contractors and volunteers based on the appropriate tiered training requirements in 115.332.
2. Documentation review:
 1. The PC provided training logs for medical and mental health staff that provided documentation of their training.
3. Interviews with one mental health staff:
 1. Reported understanding their role and how to report an allegation.
4. Interview with one medical staff:
 1. Reported receiving PREA training on knowing their role, how to report an allegation and the facility's zero tolerance policy.

Finding:

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

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ol style="list-style-type: none"> 1. WCJDC PAQ 2. WCJDC PREA Risk assessment programming and housing placements policy 3. WCJDC PREA Training 4. WCJDC PREA Victimization and sexual physical aggression screener (VSPA) 5. Documentation of initial intake dates for randomly selected residents 6. Screening forms for randomly selected residents 7. Interviews with random staff 8. Interviews with staff who conduct risk screening 9. Interview with PREA coordinator 10. Interviews with random residents 11. Interview with residents who reported sexual abuse <p>Reasoning and analysis (by provision):</p> <p>115.341(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. Staff are required to administer the VSPA to each resident in an understandable manner and seek appropriate assistance when residents have a barrier to understanding. Staff will evaluate each resident specifically to determine the resident's vulnerability to sexual abuse. Staff will complete the VSPA for all incoming residents within 72 hours of intake, including transfers from other facilities. 2. WCJDC PREA Risk assessment programming and housing placements policy: <ol style="list-style-type: none"> 1. Trained staff will complete a PREA VSPA. 2. All incoming residents must complete the PREA VSPA within 72 hours of intake. The VSPA will also be completed every 30 days. 3. The residents' advocate will reassess them every 30 days. If new information is received or an event warrants a reassessment prior to 30 days. 3. Site review observations: <ol style="list-style-type: none"> 1. The auditor team learned that residents are asked a series of questions by trained staff and resident advocates. The auditor observed an intake while on site, as a resident had just arrived at the facility. The staff asked questions on the VSPA during the intake process, which was consistent with this provision's requirement. 2. The auditor had informal conversations with two residents regarding where they were asked VSPA questions and whether they were comfortable answering them. Both residents reported meeting with

staff alone and did not mind the questions.

4. Documentation review:

1. The auditor randomly selected ten intake dates for residents:
2. Information was requested from the facility for records for residents admitted within the past 12 months for evidence of appropriate screening within 72 hours of arrival. All selected intake dates for residents were completed within the 72-hour timeframe consistent with this provision's requirement.

5. Interviews with ten random residents:

1. When asked if, when they first arrived at the facility, they were asked questions like whether they had experienced previous sexual victimization, whether they identified as being gay, lesbian, bisexual, transgender, or intersex, whether they had any disabilities, or whether they felt they might be at risk of being sexually abused at the facility, they reported:
 1. Eight residents reported being asked these questions sometime after their intake.
 2. Two residents did not recall being asked these questions
2. When asked if they have ever been asked these questions again, they reported:
 1. Seven residents reported they discussed this information with their advocate.
 2. Three residents reported not being asked these questions again.

6. Interviews with two staff who conduct risk screening:

1. When asked about the VSPA screening process and timeline to conduct these screenings, they reported:
 1. One staff member reported that this information was gathered 72 hours after arrival at the facility.
 2. One staff reported the residents are reassessed at least every 30 days. Further, this staff reported going through the PREA VSPA form line by line to ensure they understood the questions.

Finding:

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

115.341(b)

1. WCJD PAQ:

1. The facility indicated they use an objective screening instrument.
2. The PREA VSPA was provided and identified as the objective screening instrument.

2. WCJDC PREA Risk assessment programming and housing placements policy:

1. Staff will complete the VSPA for all incoming residents within 72 hours.
3. WCJDC PREA VSPA:
 1. The facility VSPA contains a weighted scoring mechanism that culminates in an overall determination of a resident's risk of sexual victimization and sexual abuse. This is an important element in achieving objectivity. The VSPA also requires the signature of the staff screener and a supervisor.

Finding:

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

115.341(c)

1. WCJDC PAQ:
 1. Staff are required to administer the PREA VSPA in a manner that is understandable to each resident and seek the appropriate assistance when residents have a barrier to understanding. Staff will evaluate each resident specifically to determine the resident's vulnerability to sexual abuse.
2. WCJDC PREA Risk assessment programming and housing placements policy:
 1. Staff will complete a PREA VSAP for all incoming residents within 72 hours of intake. The PREA VSAP will also be completed every 30 days.
3. Documentation review:
 1. The auditor randomly selected ten residents' initial intake dates admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours of arrival.
 2. The records indicated that all ten intakes received the VSAP at the time of intake or within 72 hours.
4. PREA VSPA:
 1. The screening tool contains all required factors as required by the provision, including:
 1. Prior sexual victimization or abusiveness
 2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may, therefore, be vulnerable to sexual abuse.
 3. Current charges and offense history
 4. Age
 5. Level of emotional and cognitive development
 6. Physical size and stature
 7. Mental illness or mental disabilities
 8. Intellectual or developmental disabilities

9. Physical disabilities
 10. The youths' own perception of vulnerability
 11. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth.
5. Interviews with two staff who conduct risk screening:
1. Screening staff reported that the facility obtains information at intake most of the time but always within 72 hours.

Finding:

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

115.341(d)

1. WCJDC PAQ:
 1. Screening information was reported to have been gathered through conversations with the youth during the intake process, medical mental health screenings, classification assessment, review of court records, review of case files, and review of behavioral records.
2. WCJDC PREA Risk assessment programming and housing placements policy:
 1. Stated the information that the information shall be ascertained through conversations with the resident during the intake process and medical and mental health screenings, during classification assessments, and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.
3. Documentation review:
 1. The auditor randomly selected ten screening forms.
 2. All screening forms were completed consistent with this provision's requirement.
4. Site review observations:
 1. During an intake observed by the auditor, the facility staff did gather information on past sexual abuse. At the intake unit, it was observed that youth were asked the screening questions. Information on the screening questions was observed and gathered through conversations with the youth during the screening process.
5. Interview with one staff who conducts the PREA VSPA:
 1. The staff member who conducted the screening reported that the staff reviewed court documents and indicated that all staff had access to the "PREA stuff," and the mental team will review this information when they meet with them.

Finding:

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

	<p>provision, and corrective action is not required.</p> <p>115.341(e)</p> <ol style="list-style-type: none"> 1. WCJDC PREA Risk assessment programming and housing placements policy: <ol style="list-style-type: none"> 1. Information regarding sexual abuse or sexual misconduct incidents is to be considered confidential, and only individuals with direct involvement in or oversight responsibilities to the incident are privileged to the information. 2. Interviews with two staff who conduct risk screening: <ol style="list-style-type: none"> 1. Facility screening staff indicated that the VSAP form is given to the supervisor and PREA coordinator. 3. Interview with PC: <ol style="list-style-type: none"> 1. When asked who should have access to the resident risk assessment within the facility in order to protect sensitive information from exploitation, they reported: <ol style="list-style-type: none"> 1. The screenings are kept in a locked cabinet in my office. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA Risk assessment programming and housing placements policy • PREA VSPA • Documentation review • Site review observations • Interview with the superintendent or designee • Interview with staff who supervise residents in isolation

- Interview with medical staff
- Interview with mental health staff
- Interview with residents in isolation
- Interview with transgender resident
- Interview with staff responsible for risk screening
- Interview with PC
- Interview with transgender, gay, lesbian, bisexual, intersex resident

Reasoning and analysis (by provision):

115.342(a)

1. WCJD PAQ:
 1. The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.
2. WCJDC PREA Risk assessment programming and housing placements policy:
 1. WCJDC shall use information obtained in the V.S.P.A. risk assessment to subsequently make housing, programming, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.
3. PREA VSPA:
 1. The PREA VSPA assesses for resident risk of sexual victimization and abusiveness, and it culminates in an overall determination of residents' risk of vulnerability and abusiveness by means of a point scoring mechanism.
4. Interviews with two staff who conduct risk screening:
 1. Both staff report that VSAP is given to the supervisor, but they are unaware of how it is used. The risk screening they use to determine housing decisions is based on the information.
5. Sight review observations:
 1. The auditor learned that residents are assigned housing before the intake process and often before the residents enter the facility. While the VSPA is conducted at intake, the screening information is not being used to keep residents safe and free from sexual abuse prior to placement in their permanent units. Furthermore, it was not conveyed or evident to the auditor that there was a clear practice where resident's screening information was used to inform housing, bed, work assignment, or educational assignments with the goal of keeping separate residents at risk of sexual victimization from those that are at risk of sexual abusiveness. Specific and detailed information was not offered about how compliance with this provision is accomplished.

Initial Finding:

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

Ensure and be able to demonstrate to auditors that the facility uses information obtained from the PREA Intake Screening Tool, pursuant to § 115.341, to inform housing, bed, program, education, and work assignments for youth with the goal of keeping all residents safe and free from sexual abuse.

Corrective Action:

During the corrective action phase, the facility has taken effective steps to improve the Vulnerability Screening and Protection Assessment (VSPA) process by revising it to align with all required elements. The supervisor on duty reviews the VSPA at intake to determine appropriate housing assignments. The auditor's review of 10 VSPAs and interviews with two mental health staff confirm improved communication between mental health and security staff, enhancing the safety of housing decisions.

Finding:

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

115.342(b)

1. WCJDC PAQ:

1. The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.
2. In the 12 months prior to the audit, there were zero residents at risk of sexual victimization who were placed in isolation.
3. In the 12 months prior to the audit, there were zero residents at risk of sexual victimization who were placed in isolation and who have been denied daily access to large muscle exercise and/or legally required education or special education services.
4. The average period of time residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was identified as not applicable.

2. WCJDC PREA Risk assessment programming and housing placements policy:

1. Residents who are at risk of victimization or abusiveness shall only be placed in isolation as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping residents safe can be arranged.
2. If a resident is isolated, the on-duty supervisor shall document the basis of concern for the resident's safety and the reason why no alternative means of separation can be arranged.

3. If a resident is placed in isolation, they receive daily educational programming and large-muscle exercise. Residents shall also have access to other programming opportunities to the extent possible.
4. Every five days, WCJDC's PREA Coordinator or Superintendent/designee shall afford each resident placed in isolation [pursuant to 115.342 (b)/Section B (46)] a review to determine whether there is a continuing need for separation from the general population for their personal safety concerns.
3. Site review observations:
 1. While the facility does not designate S-Pods and individual rooms as isolation, they may be considered so in practice.
4. Interview with one medical staff:
 1. Medical staff reported that residents in isolation can be seen as often as requested, and the policy is at least once daily. This information is documented. Residents on suicide watches are seen daily.
 1. Note: this provision requires that residents in isolation "shall receive daily visits from a medical or mental health care clinician."
5. Interview with 12 staff who supervise residents in isolation:
 1. This staff indicated that residents do not attend school while in their rooms, receive individual school packets, go to the Gym, or come out of their rooms to sit in the day rooms; they can shower daily and go to the Gym if staffing permits.
6. Interview with one mental health staff:
 1. Indicated that residents on suicide watch are seen daily and as often as requested, and this information is documented.
7. Interviews with two residents in isolation:
 1. Both residents reported being in their rooms all day and night and being only allowed out for showers and hygiene if they behaved.
 2. Both residents reported they cannot attend school or receive educational materials or packets.
 3. One resident reported that the nurse only comes to his room to give his medications.
 4. One resident reported that the staff gave him medication because the nurse was scared of him because I was sexual with her.
 5. Both residents reported that they are not allowed to make or receive phone calls.

Initial Finding:

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

Considering any type of isolation, such as S-Pod or individual rooms, the facility should ensure and be able to demonstrate to the auditor that residents are isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of

keeping all residents safe can be arranged.

Ensure that residents in isolation are afforded daily large muscle exercise, legally required education programming or special education services, medical and mental care, and access to other programs and work opportunities to the extent possible.

Corrective Action:

During the corrective action phase, the facility eliminated the use of S-Pod and implemented a process to ensure that residents in isolation receive daily large muscle exercise, legally required educational programming or special education services, medical and mental health care, and access to other programs to the extent possible. An alternative programming form was created to track and ensure compliance with these requirements.

During the follow-up site visit, the auditor conducted six informal interviews with residents who had been or were currently held in isolation. Four of the six residents confirmed they received educational materials from the teacher and participated in daily large muscle exercises.

The auditor also interviewed two teachers and two mental health staff. Both teachers reported preparing educational packets and visiting the living units during school hours to assist residents. The auditor's review of the electronic tracking log confirmed that residents in isolation received educational programming. Additionally, the auditor reviewed 12 behavioral health services clinical contact forms, which verified that mental health staff conducted mental health checks for residents in isolation.

Finding:

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

115.342(c)

1. WCJDC PREA Risk assessment programming and housing placements policy:
 1. "Lesbian, gay, bisexual, transgender, questioning or intersex residents shall not be placed in particular housing, bed, or other assignments solely on the basis of such identification or status. Residents identifying as such shall not be considered predisposed to predatory behavior due solely to their identification or status."
2. Site review observations:
 1. The auditor did not observe housing, bed, or other resident assignments solely on the basis of LGBTI identification or status or that such status is an indicator of the likelihood of being sexually abusive.
3. Interview with PC:

1. Indicated there are no special housing units for LGB residents.
4. Interview with three LGB residents:
 1. Revealed they were not placed in a housing unit solely based on transgender identification or status.

Finding:

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

115.342(d)

1. WCJDC PAQ:
 1. Housing determinations for transgender and intersex residents are to be made on a case-by-case basis, taking into consideration which setting would best ensure the resident's health and safety, as well as potential management or security problems.
2. WCJDC PREA Risk assessment programming and housing placements policy:
 1. The policy indicates housing assignments for transgender or intersex residents will be determined by the WCJDC's PC and/or superintendent or designee with input from medical and mental health when necessary.
3. Documentation review:
 1. The auditor requested information on case-by-case placement determinations and their documentation. The facility presented the one TTP form used for this process, which the auditor reviewed and found sufficient to meet this provision, however there only form completed for review.
4. Interview with three LGB residents:
 1. They did not indicate whether a case-by-case determination was made for their housing assignment.
 2. They were housed in accordance with their biological sex at birth, though they were comfortable with this placement.

Initial Finding:

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

Ensure when deciding whether to assign a transgender or intersex resident to a facility for male or female residents and in making other housing and programming assignments, the facility shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety and whether the placement would present management or security problems.

Corrective Action:

During the corrective action phase, the facility made significant progress

in addressing the needs of transgender residents by implementing a transgender placement form. This form captures essential information, including the resident's perception of safety, preferred pronouns, preferred name, showering preferences, search preferences, and physical transition status. This process promotes a more individualized and respectful approach to housing, searches, and programming decisions.

The follow-up site visit indicates that the facility is actively implementing the transgender placement form and accommodating transgender residents' needs. Interviews with 12 staff members, including two mental health staff, confirm that most staff understand and can describe how the facility accommodates transgender residents. Both mental health staff affirmed that transgender residents are provided accommodations upon request.

Finding:

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

115.342(e)

1. WCJDC PREA Risk assessment programming and housing placements policy:
 1. Placement and programming assignments for transgender or intersex residents shall be reassessed every 90 days. If warranted, an assessment will be completed prior to the 90-day review.
2. Documentation review:
 1. Throughout the audit review period, no relevant documentation was available for the audit team to review because no transgender or intersex residents were housed at the facility long enough.
3. Interview with two staff responsible for risk screening:
 1. The auditor did not glean information from the screening staff relevant to this provision.

Finding:

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

115.342(f)

1. WCJDC PREA Risk assessment programming and housing placements policy:
 1. Transgender or intersex residents' own views with respect to their own safety shall be given serious consideration.
2. Interview with 12 staff responsible for risk screening:
 1. All indicated that we would consider a transgender or intersex resident's own view with respect to their safety if the placement of a resident would present a management or security problem.

3. Interview with three LGB residents:

1. Indicated they were asked about views with respect to their sexual identity.

Finding:

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

115.342(g)

1. WCJDC PREA Risk assessment programming and housing placements policy:

1. Residents who identify as transgender or intersex shall be given the opportunity to shower separately from the other residents. In the event a transgender or intersex resident request to shower separately, they shall be taken to the intake shower or a private shower on another housing unit or at a different time than other residents to complete their shower process.

2. Interview with 12 staff responsible for risk screening:

1. Reported that residents are allowed only to shower one at a time, allowing for privacy.

3. Interview with three LGB residents:

1. Indicated they were asked questions about their own safety and corroborated that they shower alone.

Finding:

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

115.342(h)

1. WCJDC PREA Risk assessment programming and housing placements policy:

1. The policy did not indicate how the facility and residents housed pursuant to element (b) in the provision are documented. No policy language was provided or found regarding the documentation requirements of this provision.

2. Documentation review:

1. No documentation was provided or available for residents in isolation to account for the facility's concern for their safety and why no alternative means of separation could be arranged.

3. Interviews with two youth in isolation:

1. Both residents reported being in their cells all day and night and being only allowed out for showers and hygiene.

Initial Finding:

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

Ensure that when a resident is placed in isolation, the basis for the facility's concern for the resident's safety and the reason or reasons why alternative means of separation cannot be arranged are documented as required in the provision.

Corrective Action:

During the corrective action phase, the facility has implemented an alternative programming form to monitor compliance with the required provisions for residents in isolation. The auditor's review of 21 completed forms confirms that the facility is consistently documenting and tracking the necessary information for residents in isolation. This demonstrates a systematic approach to ensuring adherence to the standards.

Finding:

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

115.342(i)

1. WCJDC PREA Risk assessment programming and housing placements policy:
 1. Every five days, WCJDC's PREA Coordinator or Superintendent/designee shall afford each resident placed in isolation [pursuant to 115.342 (b)/Section B (46)] a review to determine whether there is a continuing need for separation from the general population for their personal safety concerns.
2. Interviews with two residents in isolation:
 1. Both residents reported being in their cells all day and night and being only allowed out for showers and hygiene.

Initial Finding:

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

Implement a process to ensure that residents in isolation are reviewed every 30 days to determine whether there is a continuing need for separation from the general population.

Corrective Action:

During the corrective action phase, the facility has successfully implemented an alternative programming form to track compliance with the required provisions for residents in isolation. The auditor's review of 21 completed forms confirmed that each included a documented review assessing the continued need for separation from the general population.

	<p>This indicates that the facility is monitoring and evaluating the necessity of isolation on an ongoing basis.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA reporting sexual abuse and sexual harassment policy • MOU with Winnebago County Sheriff's Office (WCSO) • MOU with Rockford sexual assault counseling (RSAC) • PREA Resident education orientation and implementation guide • PREA staff-mandated reporter training PowerPoint • Interviews with random staff • Interviews with random residents • Interview with two residents who reported sexual abuse at the facility • Site review observation and testing of critical functions: <p>Reasoning and analysis (by provision):</p> <p>115.351(a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA reporting sexual abuse and sexual harassment policy : <ol style="list-style-type: none"> 1. WCJDC shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents have the following methods to report internally: <ol style="list-style-type: none"> 1. Residents can utilize the WCJDC grievance system. 2. Residents can tell a staff member, volunteer, or contractor. 3. Residents can report utilizing a sick call slip or mental health request.

4. Residents can inform another resident, who can report on their behalf.

2. Site review observation and testing of critical functions:

1. The auditor observed PREA signs throughout the facility that listed the reporting options.
2. The auditor observed grievance boxes mounted on the walls throughout the facility. To test the function of the grievance system as a reporting mechanism, the auditor submitted a test grievance while onsite to see that the appropriate designated staff members received grievances. The test grievance included the auditor's contact information and instructions to call the auditor as soon as the grievance was processed. The grievance was submitted on 7.2.24 at approximately 5:00 pm. At approximately 10:30 pm on 7.2.24, the auditor received a call from the supervisor indicating the grievance was processed and was forewarned to the PC.
3. To test the function of the mail-sending and receiving process, I requested that a resident write to this auditor and send it to the mailing address posted on the PREA audit notice. Approximately two weeks after the on-site audit, the auditor received a letter from the resident that they were allowed to write it privately.

3. Informal conversation with four residents:

1. Reported that the staff read their incoming and outgoing mail.

4. Informal conversations with six staff:

1. Reported the resident's mail is opened and read for security purposes.

5. Interviews with ten random residents:

1. When asked how they would report sexual abuse or sexual harassment that happened to them or someone else, they reported:
 1. Four residents reported a variety of reporting options: verbally telling the staff, filling out a grievance, or reporting to family, their attorney, probation officer, or the judge.
 2. Three reported they did not feel safe making a report to anyone here and were unsure what outside reporting options were.
 3. Two residents reported they were not told how to make a report but that they would tell staff.
 4. One resident reported they would only tell his attorney but could not call them directly.
 5. Seven out of ten residents reported that the PREA phones were not private, as they were in the common area, and staff in the booth would listen to phone calls.

6. Interviews with 12 random staff:

1. Of the twelve staff interviewed, all of them reported multiple ways in which youth can report.
 1. It was reported seven times that residents could tell a staff.
 2. It was reported five times that residents could write a

grievance.

3. It was reported three times that residents could use the PREA phone.

Initial Finding:

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

Ensure residents are provided multiple internal ways to privately report sexual abuse and sexual harassment.

Corrective Action:

During the corrective action phase, the facility has taken appropriate corrective action by developing a policy prohibiting staff from monitoring calls to the PREA hotline and providing staff training on this requirement. During the follow-up site visit, interviews with 12 staff members confirmed that residents are allowed to use the PREA phone in private. Although none of the 11 residents interviewed had used the PREA phone, they understood that they could access it confidentially if needed.

Finding:

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

115.351(b)

1. WCJDC PAQ:
 1. The facility provides residents access to WCSO and RSAC to report abuse or harassment.
2. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. Residents have the following methods to report externally:
 1. WCJDC shall provide an external method for residents to report abuse or harassment to the WCSO and RSAC, who can receive and immediately forward resident reports of sexual abuse and sexual harassment to WCJDC's PREA Coordinator and Superintendent/designee. The resident shall be allowed to remain anonymous upon request.
 2. Residents can inform their attorney, a guardian, or a family member who can make a report to WCJDC on their behalf.
3. Interviews with ten random residents:
 1. When asked if there was someone who does not work at the facility the youth could report to, they responded:
 1. Six residents reported various reporting options, including reporting to family, their attorney, probation officer, or the judge, writing a note to staff, filling out a grievance form,

- using PREA phone, and reporting to facility staff or a teacher.
2. Two residents stated no.
 3. One youth reported they were unsure if there was anyone outside of the facility they could report to.
 4. One youth reported that they were not told how to make a report but that they would tell staff.
 5. When asked if youth were allowed to make a report without giving their name, they responded:
 6. Five residents reported they could make an anonymous report.
 7. Three residents reported they thought they could make an anonymous report but were unsure how.
 8. Two residents reported they were unsure if they could make an anonymous report.

4. Site review observation and testing of critical functions:

1. Informal interview with the PC:

1. Reported the PREA phone connects directly to WCSO and RSAC.
2. Reported the PREA phones have to be turned on by staff or taken to intake to use the PREA phone.

2. The PREA phones in the housing unit and intake area are not turned on; residents must ask staff to turn them on to place a call. The "booth" had to switch them off so residents could use them. The auditor requested the phones be turned on to test the functionality. The PREA phone had three options: to contact the WCSO, RSAC, or the PREA coordinator. The phone line connected directly to the WCSO. The WCSO representative verified they would take any information provided by a resident from the WCJDC and forward the report to a detective, who would conduct an investigation. The phone connected directly to the RSAC representative verified RSAC's responsibilities if they received a call from a resident at WCJDC. The WCSO and RSAC indicated that the resident could remain anonymous when calling.

Initial Finding:

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

Ensure that residents have access to external reporting entities, allowing them to report sexual abuse or harassment and to communicate in a manner that does not reveal the substance of the communication while safeguarding the fact that the residents utilized such a mechanism to the greatest extent possible.

Corrective Action:

During the corrective action phase, the facility added locked grievance

boxes in classrooms, providing residents with a confidential means to report allegations of sexual abuse or harassment. This measure allows residents to communicate without revealing the substance of their reports. Additionally, the facility conducted training for both staff and residents to ensure proper use of this system.

Finding:

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

115.351(c)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall document any verbal reports before the end of their shift.
2. Interviews with 12 random staff:
 1. Reported that reports made verbally, in writing, anonymously, and from third parties are accepted, and verbal reports are documented.
 1. Six staff reported being able to report through a third party.
 2. Four staff reported that residents could report verbally and that it would be written on an incident report.
 3. Two staff reported that residents can report anonymously.
 4. Interviews with ten random residents:
2. When asked if youth can make a report in person or through writing or if they could have a third party make a report on their behalf, they reported:
 1. Five residents reported yes.
 2. Three residents reported they could do a written report using a grievance form.
 3. Two residents reported they were unsure.

Finding:

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

115.351(d)

1. Interview with the PC:
 1. The residents have access to pencils to write grievances. Written reports are to be turned in and documented to the PREA coordinator.
2. Interview with two residents who reported sexual abuse:
 1. Both reported they were not sure they could make a report without giving their names.

Finding:

	<p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.351(e)</p> <ol style="list-style-type: none"> 1. WCJDC PREA reporting sexual abuse and sexual harassment policy: <ol style="list-style-type: none"> 1. The WCJDC shall provide a method for staff to privately report sexual abuse and sexual harassment of residents. Staff can report utilizing the same methods as residents. 2. PREA staff-mandated reporter training PowerPoint: <ol style="list-style-type: none"> 1. Staff training provided yearly shows that the staff receive training on their responsibilities as mandated reporters and to whom they must report. 3. Site review observations: <ol style="list-style-type: none"> 1. During the on-site visit, PREA signage with reporting information such as phone numbers was observed throughout the facility, in each living unit, and common areas visible by staff, residents, and others. 4. Interviews with 12 random staff: <ol style="list-style-type: none"> 1. When asked how staff can privately report sexual abuse and/or sexual harassment, staff reported: <ol style="list-style-type: none"> 1. Six staff reported they would report to a supervisor in private. 2. Four staff reported that they would call the hotline to report but while not at work. 3. Two staff indicated they were unsure how to report privately. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA Policy reporting sexual abuse and sexual harassment policy • WCJDC Resident grievance form • Documentation review • Site review observations and testing critical functions

- Interviews with random Staff
- Interviews with random residents

Reasoning and analysis (by provision):

115.352(a)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. This policy describes Winnebago County Juvenile Detention Center's zero-tolerance policy toward all forms of sexual abuse and sexual harassment.
 2. It explains the reporting methods available to residents and third-party reporters, administrative remedies for allegations, and outside support services offered to residents.
2. Informal interview with PC:
 1. Staff provide insight into the administrative procedure for resident grievances.

Finding:

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

115.352(b)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. WCJDC does not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.
 2. WCJDC shall not require a resident to use an informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.
2. Documentation review:
 1. The auditor reviewed two grievances that the reporting resident designated at PREA; neither were sexual abuse allegations. The PREA Coordinator processed the grievances within the appropriate timeframes.
3. Informal Interviews with two facility investigators:
 1. Reported that residents have no time frame for reporting an allegation via a grievance form.

Finding:

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

115.352(c)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint; such grievances are not referred to a staff member who is the subject of the complaint.
 2. Residents can submit grievance forms confidentially through locked dedicated boxes located on each side of the recreation room.
2. Site review observations:
 1. During the on-site tour of the facility, the auditor noted the dedicated lock boxes available to youth to provide grievance forms. The boxes were located in the main programming area and housing units, and forms were provided in the same locations.
3. Interview with 12 random staff:
 1. Five noted grievances being a reporting mechanism and the inclusion of the lock boxes so that the residents do not have to provide it to staff, although if they want it to be immediately addressed, it will not happen until the grievances are pulled from the lockbox.
4. Interview with ten random residents:
 1. Four noted grievances were included as a reporting mechanism, and the lock boxes were included so they do not have to be given directly to staff.

Finding:

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

115.352(d)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. A complete investigation of a grievance related to sexual abuse should not exceed two calendar days from the filing of the grievance. Residents should be notified within four calendar days of the outcome/decision.
 2. If a resident does not receive a response within the four calendar days or a notice that it was extended due to an investigation, the resident may consider the absence of a response to be a denial at that level.
2. Documentation review:
 1. The auditor reviewed 14 grievances, of which zero grievances related to sexual abuse.

Finding:

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

115.352(e)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. Third parties (attorneys, caseworkers, parents) shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and shall also be permitted to file such requests on behalf of residents.
 2. Residents can decline to have third-party assistance filing a grievance alleging sexual abuse; the on-duty supervisor or the PREA Coordinator will document the resident's decision to decline.
 3. Parents or legal guardians of the resident can file a grievance alleging sexual abuse (or an appeal) regardless of whether the resident agrees to have the grievance filed on their behalf.
2. Site review observations and testing critical functions:
 1. During the on-site tour, the auditor observed signage appropriate for third-party reporting. Signage was provided in the lobby area and at the location of visits. Additionally, signage was located in areas throughout the facility frequented by residents, such as housing units and programming areas.
 2. During the onsite phase of the audit, the auditor wrote a grievance and provided the auditor's number to be contacted when received. The auditor received a call that evening. The auditor repeated this process on the following daytime shift and was also followed up with by the supervisor on duty by the end of the shift.
 3. During the onsite phase of the audit, the auditor drafted an email to the third-party reporting email address provided to the public. The auditor received a return email within 48 hours.

Finding:

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

115.352(f)

1. WCJDC PAQ:
 1. It was reported that the facility had received no emergency grievances.
2. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. Any grievance in writing or verbally that alleges sexual boundary violations, sexual abuse, and/or sexual harassment shall be referred immediately to the on-duty supervisor, who contacts WCJDC's PREA Coordinator, then law enforcement (if sexual abuse) or assigns an Administrative PREA Investigator to investigate the report (if resident-to-resident sexual harassment).
 2. Any grievance that alleges that a resident is subject to a substantial risk of imminent sexual abuse will be considered an emergency

grievance and referred immediately to the on-duty supervisor, who shall take immediate act to eliminate the resident's risk of harm.

3. Action taken to eliminate risk shall be case-by-case but include options such as changes in housing assignments or programming assignments, and staffing changes.
4. Emergency grievances shall be responded to immediately, with an initial response within two calendar days. A final decision shall be issued within four calendar days.
3. Informal interview with the PC:
 1. Confirmed they have not received an emergency grievance as of the time of the audit.

Finding:

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

115.352(g)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. Any resident who files frivolous or fabricated grievances may be subject to discipline based on the recommendation of an on-duty supervisor or PREA Coordinator. This decision will be based on grievances written solely in bad faith.
 2. A resident will not be denied a grievance form at any time except when the on-duty supervisor or PREA Coordinator determines it is a security risk for the resident to have a pencil. If this concern arises, the resident shall be able to complete a written grievance as soon as the resident regains control of their behavior. When possible, grievances should be written during programming hours.
2. Site review observations:
 1. It became apparent that residents only have access to write grievances during recreational time when they have a pencil for note-taking. Grievance forms and boxes are not located in education, and based on a discussion with the PC, residents are instructed not to utilize education time for this purpose.
3. Interviews with ten random residents:
 1. All reported that if you file a grievance for PREA, you are secured in your room until it can be addressed.
4. Interviews with 12 random staff:
 1. Eight reported that residents are placed in their room after filing a grievance for PREA purposes until a Supervisor on Duty or PC gives further direction; staff reported this can often be an entire shift or sometimes longer.

Initial Finding:

	<p>Based on this analysis, the facility is not substantially compliant with this provision, and corrective action is required.</p> <p>Develop a process so that residents are not automatically secured in their rooms upon the receipt of an allegation regarding a PREA incident via a grievance or any other means of reporting. Isolation shall only be used as a last resort, and the optics of securing all residents upon receipt of a grievance appear to be that a consequence is provided upon filing a grievance, and incidents are not treated in a case-by-case scenario.</p> <p>Ensure residents have access to writing grievances without time limitations, as dictated in the policy. Residents shall be able to write grievances at various times outside of recreational note-writing opportunities as long as safety is not at risk.</p> <p>Corrective Action:</p> <p>During the corrective action phase, the facility has successfully provided training to staff on the PREA investigation process, ensuring that residents are not automatically secured pending a PREA investigation and that they have the ability to file grievances. During the follow-up site visit, interviews with 12 staff members confirmed that residents are not automatically secured during a PREA investigation. Furthermore, interviews with 11 residents revealed that two residents had filed PREA complaints and confirmed they were not secured pending the investigation.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA reporting sexual abuse and sexual harassment policy • WCJDC RSAC training materials • MOU with RSAC • WCJDC signage in English and Spanish

- Site observations
- Interviews with random staff
- Interviews with random residents

Reasoning and analysis (by provision):

115.353(a)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. WCJDC shall provide residents with access to outside victim advocates for emotional support services related to sexual abuse through the Rockford Sexual Assault Counseling (RSAC).
2. MOU with RSAC:
 1. The auditor reviewed the MOU with RSAC and found it sufficient for outlining the services provided to the residents of WCJDC.
3. Site observations:
 1. During the on-site tour, the auditor noted signage that provides information regarding RSAC, including that they can provide services and their contact information. This signage was located in areas frequented by residents, such as housing and programming areas.
4. Interview with ten random residents:
 1. When asked initially, one resident explained that they could receive services through RSAC while at the WCJDC. After the auditor probed, two additional residents stated they believed they could use the phone and call a place to talk to someone.
 2. None of the other residents identified these services during their interview.
 3. The resident who reported sexual abuse did not report receiving information regarding RSAC during their interview.

Initial Finding:

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

The facility shall increase resident education regarding the available services with RSAC.

Corrective Action:

During the corrective action phase, the facility enhanced its resident education curriculum by adding questions and answers about the services offered through the RSAC. Additionally, the facility provided further training to staff regarding RSAC services. During the follow-up site visit, interviews with 12 staff members and 11 residents confirmed that both staff and residents understand the RSAC services available.

Finding:

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

115.353(b)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:
 1. Residents shall have access to the RSAC through postal mail and a toll-free hotline via telephones in the Quiet Room or Dining Room.
 2. Signage with the RSAC's contact information, including the address and telephone number, shall be placed throughout the facility.
 3. WCJDC shall 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.
2. Site review observations:
 1. During the on-site tour, the auditor noted signage that provided information regarding RSAC, including that they can provide services and their contact information. This signage was located in areas frequented by residents, such as housing and programming areas. The signage provided the phone number and postal address for RSAC.
3. Informal interviews with six staff:
 1. All reported resident mail is read for safety purposes.
4. Interview with ten random residents.
 1. All residents interviewed were unaware of the confidentiality limitations of services provided by RSAC and if their correspondence is monitored.
 2. The majority of residents reported that staff read their mail, so if they wrote RSAC, it would be read.

Initial Findings:

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

Ensure that residents understand the limitations of confidentiality when they use services with RSAC.

Develop a process where residents can write to RSAC without the information being viewed by staff.

Corrective Action:

During the corrective action phase, the facility improved its resident education curriculum by incorporating information on the limitations of confidentiality, in alignment with mandatory reporting laws. This ensures that residents are aware of the circumstances under which confidentiality may be breached, particularly in relation to incidents that require

mandatory reporting.

Finding:

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

115.353(c)

1. MOU with RSAC:

1. The MOU describes that RSAC will provide residents with confidential emotional support services related to sexual abuse.
2. The auditor reviewed the MOU and found it sufficient.

Finding:

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

115.353(d)

1. WCJDC PREA reporting sexual abuse and sexual harassment policy:

1. WCJDC shall provide residents with reasonable and confidential access to their attorneys or other legal representation and reasonable access to parents or legal guardians.

2. Interview ten random residents:

1. All residents reported that a signup sheet is collected twice weekly to call their attorney.
2. Staff will complete the call for them and will put them in contact with the staff in the resident's presence if the attorney is available.

3. Informal interviews with six staff:

1. Our process is to collect a sheet of residents who would like to talk to their attorney, which is completed twice weekly.
2. Staff completes the calls for the residents.

Initial Findings:

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

Demonstrate a practice that allows residents reasonable access to their attorneys in a confidential manner.

Corrective Action:

During the corrective action phase, the facility conducted additional staff training and incorporated questions and answers into the resident education curriculum regarding residents' confidential access to their attorneys and access to parents or legal guardians. The follow-up site visit

	<p>included 12 staff interviews and 11 resident interviews, both of which confirmed an understanding of residents' rights to confidential access to their attorneys and parents or legal guardians.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PREA reporting sexual abuse and sexual harassment policy • WCJDC Website Review <p>Reasoning and analysis (by provision):</p> <p>115.354 (a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA reporting sexual abuse and sexual harassment policy: <ol style="list-style-type: none"> 1. WCJDC shall publicize information on how to report sexual abuse and sexual harassment on behalf of a resident through the facility or agency's website. 2. Third parties can also report directly to WCJDC's Superintendent(s), PREA Coordinator, or the on-duty supervisor. 3. Third parties can also utilize the Winnebago County Sheriff's Office (WCSO) to report a sexual abuse/sexual harassment allegation. 4. Third parties shall have access to grievance forms and a locked grievance box located in the facility's lobby area. 2. Website review: <ol style="list-style-type: none"> 1. The auditor reviewed the facility's website during the pre-audit phase. The auditor found reporting information on the website listing multiple reporting methods. The website also provides a link to complete a third-party reporting form that can be emailed to a PREA email contact for the facility that the PC maintains. <p>Findings:</p>

	Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is necessary.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCCJD PAQ • WCJDC PREA official response following a resident report policy • Investigation Files • Documentation review of correspondence with DCFS reports • Medical confidentiality form • Correspondence with PREA coordinator and medical • Interview with the superintendent or designee • Interview with PC • Interview with medical staff • Interview with mental health staff • Interview with random staff <p>Reasoning and analysis (by provision):</p> <p>115.361(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. The agency requires 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. 2. The agency requires all staff to report immediately and, according to agency policy, any retaliation against residents or staff who reported such an incident. 3. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 2. WCJDC PREA official response following a resident report policy: <ol style="list-style-type: none"> 1. WCJDC shall require all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to the supervisor on duty, PC, or superintendent/assistant superintendent.

2. Staff shall immediately report any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the supervisor on duty, PC, or superintendent/assistant superintendent.
3. Interview with twelve random staff:
 1. Confirmed staff's duty to report.
 2. Interviewed staff reported they would tell a supervisor immediately, PC or the superintendent, if they could not or were not comfortable directly telling the supervisor on duty.

Finding:

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

115.361(b)

1. WCJDC PAQ:
 1. The facility requires all staff to comply with any applicable mandatory child abuse reporting laws.
2. WCJDC PREA official response following a resident report policy:
 1. The WCJDC staff shall comply with mandatory child abuse reporting laws for the State of Illinois.
3. Documentation review:
 1. During the onsite phase of the audit, the auditor reviewed the completed hotline report and DCFS correspondence for six instances. All appropriate records were maintained.
4. Interview with twelve random staff:
 1. Supported that they comply with their responsibilities as mandated reporters.
 2. Ten reported they would make a hotline call upon an allegation or if a resident reports abuse upon entering the facility.
5. Interview with the PC:
 1. Confirmed the process of complying with their facility's mandatory child abuse reporting laws.

Finding:

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

115.361(c)

1. WCJDC PAQ:
 1. Apart from reporting to the designated supervisors or officials and designated State or local service agencies, facility policy prohibits staff from revealing any information related to a sexual abuse report

to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

2. WCJDC PREA official response following a resident report policy:
 1. WCJDC staff shall be prohibited from revealing any information related to sexual abuse reports other than to the extent necessary to make treatment, investigation, and other security decisions.
3. Interviews with twelve random staff:
 1. Confirm that staff are not to reveal information related to sexual abuse other than to the extent necessary.
 2. Reported that the completed VSPA is placed in a locked box in the control room and not shared with staff outside of those needing relevant information to work with the resident.
 3. Reported when it is a PREA-related incident, they do not follow the general process of submitting incident reports.

Finding:

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

115.361(d)

1. WCJDC PREA official response following a resident report policy:
 1. Medical and mental health practitioners shall be required to inform residents at the initiation of services of their duty to report and limitations of confidentiality.
2. Interview with the medical staff:
 1. Confirmed that they obtained the resident's signature on the form during their medical intake process. There have been no issues with the process.
3. Documentation review:
 1. The auditor reviewed WCJDC's medical and mental health limitations of confidentiality form
 2. Correspondence regarding training and using this form from the PC and medical and mental health staff.
 3. Three examples of signed confidentiality forms.

Finding:

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

115.361 (e)

1. WCJDC PREA official response following a resident report policy:
 1. Upon receiving an allegation of sexual abuse, the Superintendent or designee shall promptly report the allegation to the local law

enforcement agency and to the alleged victim's parent or legal guardians after receiving the allegation.

2. If the alleged victim is under the Department of Children and Family Services guardianship, the report shall be made to the alleged victim's caseworker.
3. If a juvenile court retains jurisdiction over the alleged victim, the Superintendent or their designee shall also report the allegation to the juvenile's attorney or other legal representative or record within 14 days of receiving the allegation.

2. Documentation review:

1. The auditor reviewed one investigation file regarding sexual abuse.
2. There was no documentation of notice to the legal guardian or relevant individuals for the resident.

3. Interviews with the PC:

1. Reported since assuming their role, it is understood and known that the Superintendent or designee will alert and notify appropriate sources for each alleged victim.

4. Interview with superintendent or designee:

1. Confirmed the process of notifying appropriate sources for each alleged victim.

Initial Finding:

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

Establish a process that ensures appropriate notifications for alleged victims of sexual abuse and includes documentation of the notification.

Corrective Action:

During the corrective action phase, the facility established a process to ensure that appropriate notifications are made to alleged victims of sexual abuse, documenting such notifications. Additionally, the investigation team received training on this new step in the investigation process. During the follow-up site visit, the auditor interviewed two members of the investigation team, and both confirmed that alleged victims are notified of the results of the investigation.

Finding:

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

115.361 (f)

1. WCJDC PREA official response following a resident report policy:
 1. All WCJDC employees shall report all allegations of sexual abuse and

	<p>sexual harassment, including third-party and anonymous reports, to the PC or supervisor on duty to initiate an investigation.</p> <p>2. Interview with the superintendent or designee:</p> <ol style="list-style-type: none"> 1. Confirmed that all allegations are reported to the investigation team, typically through the PC or supervisor on duty. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>Recommendations:</p> <p>The policy shall provide direction so that investigators are informed about each allegation. The investigation team is made up of line staff, and policy reads that a report shall be made to (The PREA Coordinator or Supervisory on duty) to initiate an investigation.</p>
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115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCCJD PAQ • WCJDC PREA official response following a resident report policy • Interview with the agency head • Interview with the superintendent or designee • Interview with random staff <p>Reasoning and analysis (by provision):</p> <p>115.362(a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA official response following a resident report policy: <ol style="list-style-type: none"> 1. In the event a WCJDC staff learns that a resident is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the resident. <ol style="list-style-type: none"> 1. In the instance a resident is found to be at imminent risk of sexual abuse, the WCJDC staff will immediately alert the on-duty Supervisor. 2. The on-duty Supervisor will take immediate action to eliminate the risk of imminent harm.

	<ol style="list-style-type: none"> 3. The on-duty Supervisor will inform the PREA Coordinator of the incident and take further action if recommended by the PREA Coordinator. 4. Warranted actions to eliminate the risk of imminent harm will be considered on a case-by-case basis. Necessary actions can include but are not limited to cell assignment changes, pod assignment changes, or staffing changes. <ol style="list-style-type: none"> 2. Interview with the agency head: <ol style="list-style-type: none"> 1. When asked, when you learn that a resident is subject to a substantial risk of imminent sexual what immediate protective action does the facility take: <ol style="list-style-type: none"> 1. Reported that we would remove the resident from the threat. 2. When asked what the expectation is for how quickly staff should respond to protect residents at substantial risk of imminent sexual abuse. 3. Reported that we would take immediate steps to protect the resident. 3. Interview with superintendent or designee: <ol style="list-style-type: none"> 1. When asked, when you learn that a resident is subject to a substantial risk of imminent sexual abuse, what immediate protective action does the facility take: <ol style="list-style-type: none"> 1. Reported that we would immediately separate the resident for the threat. 2. When asked, what is the expectation for how quickly staff should respond to protect residents at substantial risk of imminent sexual abuse: <ol style="list-style-type: none"> 1. Staff should act immediately. 4. Interview with 12 random staff: <ol style="list-style-type: none"> 1. When asked what action you take to protect residents once you learn they are at risk of imminent sexual abuse: <ol style="list-style-type: none"> 1. Eleven stated they immediately removed the resident from the area. 2. One stated they would contact the supervisor. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCCJD PAQ
- WCJDC PREA official response following a resident report policy
- Documentation review
- Interview with the agency head
- Interview with the superintendent or designee

Reasoning and analysis (by provision):

115.363(a)

1. WCJDC PAQ:
 1. The facility reported receiving three allegations that a resident was abused while confined at another facility.
 2. The superintendent and PC reported working together to find the facility's contact information. Once the contact information is confirmed, the Superintendent contacts the facility with the information given by the resident in WCJDC custody.
2. WCJDC PREA official response following a resident report policy:
 1. Upon receiving an allegation that a resident was sexually abused while confined at another facility, WCJDC's superintendent or their designee shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred and shall also notify the appropriate investigative agency. In the instance a resident is found to be at imminent risk of sexual abuse, the WCJDC staff will immediately alert the on-duty supervisor.

Finding:

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

115.363(b)

1. WCJDC PREA official response following a resident report policy:
 1. Such notification shall be provided as soon as possible but no later than seventy-two (72) hours after receiving the allegation.
2. Documentation review:
 1. All three allegations of sexual abuse at another facility were made within the 72-hour requirement in the provision.

Finding:

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

115.363(c)

	<ol style="list-style-type: none"> 1. WCJDC PREA official response following a resident report policy: <ol style="list-style-type: none"> 1. WCJDC's Superintendent/designee will document that it has provided such notification. 2. Documentation review <ol style="list-style-type: none"> 1. Notification of the head of the facility was made to all three allegations of sexual abuse. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.363(d)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. The facility has received zero allegations of sexual abuse from other facilities 2. WCJDC PREA official response following a resident report policy: <ol style="list-style-type: none"> 1. If WCJDC receives such notification from another agency, WCJDC shall ensure the allegation is investigated per PREA standards. 3. Interview with the agency head: <ol style="list-style-type: none"> 1. When asked if there is a designated point of person to receive referrals of allegations from other facilities and what happens when your facility receives such an allegation, it was reported: <ol style="list-style-type: none"> 1. Yes, our assistant superintendent is responsible for investigating the allegations. 4. Interview with the superintendent or designee: <ol style="list-style-type: none"> 1. When asked what happens when your facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in your facility, it was reported: <ol style="list-style-type: none"> 1. These situations would be investigated just like any other incident. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCCJD PAQ
- WCJDC PREA official response following a resident report policy
- WCJDC Staff PREA training
- Documentation review
- Interview with staff first responders
- Interview with security staff and non-security staff first responders
- Interview with medical staff and one mental health staff
- Interviews with random staff
- Interview with residents who reported sexual abuse

Reasoning and analysis (by provision):**115.364(a)**

1. WCJDC PAQ:

1. The facility reported having a first responder policy for allegations of sexual abuse.
2. The facility reported one allegation that a resident was sexually abused in the past 12 months.
3. The investigation into this allegation was unfounded.

2. WCJDC PREA official response following a resident report policy:

1. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall be required to:
 1. Separate the alleged victim and abuser and immediately notify the on-duty Supervisor and PC.
 2. Preserve and protect any crime scene until the WCSO arrives to take further action.
2. If the abuse occurred within a period that still allows for the collection of physical evidence, WCJDC staff will request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating.
 1. Alleged victims shall be taken to UW Swedish American Hospital. Injuries will not be treated within the WCJDC. No treatment, except for injuries that would cause deterioration of the victim's medical condition, will be given in the event of a sexual assault.
3. If the abuse occurred within a period that still allows for the collection of physical evidence, WCJDC staff will 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, drinking, or eating.
 1. If the alleged abuser is a resident, the staff member can have the resident escorted to a video-monitored dry room until

further action is required. The residents will remain directly supervised in the video-monitored dry room to ensure they do not destroy potential evidence.

2. If the alleged abuser is a staff member, volunteer, or contractor, staff shall notify the supervisor on duty or PC to ensure evidence is not destroyed.
3. WCJDC Staff PREA training:
 1. Staff, contractors, interns, and volunteers who receive information that a resident has been the victim of sexual abuse/sexual misconduct by the end of the shift.
 2. WCJDC staff are required to immediately report any knowledge, suspicion, or information they receive regarding an SA or SH incident that occurred in WCJDC and any staff neglect or failure of duties that could have contributed to an SA/SH incident or retaliation.
 3. WCJDC staff are required to take immediate action to protect residents who are subject to imminent risk of sexual abuse. Upon receiving an allegation that a resident was sexually abused while confined at another facility, WCJDC's Superintendent is required to notify the head of the facility or appropriate office where the alleged abuse occurred and notify the appropriate investigative agency.
 4. The first WCJDC staff who learns of/receives a report that a resident was sexually abused; that staff member is identified as the "First Responder" and is required to initiate the following duties immediately:
 1. Take immediate action to protect.
 2. Separate the alleged victim from the alleged perpetrator.
 3. Call for immediate assistance.
 4. Ensure the perpetrator does not wash, bathe, brush teeth, or do anything to destroy usable evidence.
 5. Request the victim not wash, bathe, brush teeth, or do anything to destroy usable evidence.
4. Documentation review:
 1. The auditor reviewed six investigation and response records that were consistent with this provision's requirements.

Finding:

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

115.364(b)

1. WCJDC PREA official response following a resident report policy:
 1. If the first staff responder is not a WCJDC direct supervision staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and

	<p>immediately alert the supervisor on duty.</p> <ol style="list-style-type: none"> 2. Documentation review: <ol style="list-style-type: none"> 1. The auditor reviewed six investigation and response records that were consistent with this provision's requirements. 3. Interview with two security staff and non-security staff first responders: <ol style="list-style-type: none"> 1. The medical and mental health providers indicated that they were trained on PREA, including not taking any action that would destroy physical evidence, through the facility's PREA training. 4. Interview with one medical staff and one mental health staff: <ol style="list-style-type: none"> 1. The medical and mental health providers indicated that they were trained on PREA, including not taking any action that would destroy physical evidence, through the facility's PREA training. 5. Interview with twelve random staff: <ol style="list-style-type: none"> 1. When asked if they were the first person to be alerted that a youth had allegedly been a victim of sexual abuse and what is their responsibility in that situation, staff reported: <ol style="list-style-type: none"> 1. Three staff indicated they were responsible for securing the crime scene. 2. Three staff members indicated they would separate the alleged victim from the alleged abuser, notify a supervisor, ensure they did not shower, report to the PREA coordinator, and not share any information with the other residents. 3. Two staff members indicated they would separate the alleged victim from the alleged abuser and notify a supervisor. 4. One staff indicated they would separate the alleged victim from the alleged abuser and preserve the crime scene. 5. One staff indicated they would preserve evidence, separate the alleged victim from the alleged abuser, and notify the PREA coordinator. 6. Interviews with zero security staff and non-security staff who have acted as first responders: <ol style="list-style-type: none"> 1. The auditor was unable to interview security or non-security staff who had acted as first responders, as none from past investigations were working at the facility 2. Though not specifically interviewed as a non-security first responder, the medical staff interviewed corroborated the requirement of this provision. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCJDC PREA official response following a resident report policy
- WCJDC Written coordinated response plan
- Interview with Superintendent or Designee

Reasoning and analysis (by provision)

115.365(a)

1. WCJDC PREA official response following a resident report policy:
 1. WCJDC has a written institutional plan that coordinates the actions taken by first responders, medical/mental health practitioners, investigators, and facility management in response to an incident of sexual abuse.
2. Interview with superintendent or designee:
 1. When asked, in response to an incident of sexual abuse incident, what is the facility's response to such an incident:
 1. It was reported that we have a detailed action plan and often train staff on how to protect the residents appropriately. First responders' bags provide a step-by-step direction for staff. Once alerted, we will take appropriate action.
3. WCJDC Written coordinated response plan:
 1. First responder duties:
 1. If the first responder is a volunteer, intern, or contractor:
 1. Alert facility staff immediately and request that the victim not destroy evidence.
 2. If the first responder is a staff member:
 1. Separate the victim and the alleged perpetrator. Secure the crime scene if applicable and alert the Supervisor on duty or PREA Coordinator. Request that the victim not destroy evidence and ensure that the alleged abuser does not destroy evidence.
 3. Victim process:
 1. The victim will be transported to UW Health Swedish American Hospital Emergency Department.
 2. If the victim wants an advocate to accompany them to the hospital, the supervisor on duty or PREA Coordinator will call RSAC.
 3. The Facility Nurse, Supervisor on duty, or PREA Coordinator will contact UW Health Swedish American Hospital.
 4. Mental Health will be informed.
 4. Potential crime scene process:

	<ol style="list-style-type: none"> 1. If the perpetrator is a resident: <ol style="list-style-type: none"> 1. Will be separated from the victim and placed in a location without access to the bathroom. 2. Will be transported to UW Health Swedish American Hospital Emergency Department 3. If the perpetrator is a staff member or volunteer, they will be separated from all youth and placed in a location without access to the bathroom. The WCSO will then conduct subsequent steps. 5. Investigation process: <ol style="list-style-type: none"> 1. The supervisor on-duty or PREA Coordinator will contact WCJDC: 2. The assigned WCJDC PREA investigator will begin an initial PREA administrative investigation without interfering with the criminal investigation. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PREA official response following a resident report policy • Documentation review • Interview with agency head or designee: <p>Reasoning and analysis (by provision) 115.366(a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA official response following a resident report policy: <ol style="list-style-type: none"> 1. If the perpetrator of sexual abuse is a staff, they will be immediately separated from the resident until the WCSO conducts its investigation. 2. Documentation review: <ol style="list-style-type: none"> 1. The auditor reviewed the current CBA, and the agreement allows the facility to remove alleged staff sexual abusers from contact with any

	<p>resident pending an investigation or termination of whether and to what extent discipline is warranted.</p> <p>3. Interview with agency head or designee:</p> <ol style="list-style-type: none"> 1. When asked if the CBA does not limit the facility's ability to remove an alleged staff sexual abuser pending an investigation. <ol style="list-style-type: none"> 1. Reported we would immediately place the staff on administrative leave pending the conclusion of the investigation. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.666(b)</p> <p>The auditor is not required to audit this provision.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PREA official response following a resident report • MOU with Rockford Sexual Assault Services (RSAC) • WCJDC retaliation monitoring form • Documentation review • Interview with agency head • Interview with the superintendent or designee • Interview with staff charged with monitoring • Interview with residents who reported sexual abuse <p>Reasoning and analysis (by provision)</p> <p>115.367(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. The facility has 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. 2. The agency designates staff member(s) or charged department(s)

with monitoring for possible retaliation. If yes, provide staff name(s), title(s), and department(s) in the comments section.

2. WCJDC PREA official response following a resident report:
 1. WCJDC shall protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.
 2. WCJDC's PC shall be responsible for monitoring retaliation and documentation.
3. Documentation review:
 1. Notice to the PREA Investigation task group that discussed the facility's monitoring process, timelines, and questions investigators should ask during the investigation to aid in the monitoring process.
 2. WCJDC retaliation monitoring form was provided during the pre-site phase and was found sufficient. Onsite, the auditor reviewed an additional retaliation form that was completed and signed by the resident.

115.367 (b)

1. WCJDC PREA official response following a resident report:
 1. WCJDC shall provide multiple protection measures, such as housing assignment changes for victims or abusers, removal of alleged staff from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
 2. Residents who fear retaliation will receive services through on-site mental health as well as have access to emotional support services through Rockford Sexual Assault Counseling (RSAC).
2. MOU with RSAC:
 1. The auditor reviewed the MOU with RSAC, which states that RSAC will provide counseling services for the residents of WCJDC.
3. Interviews with the PC:
 1. Reported the investigator team is responsible for monitoring and documentation.
4. Interviews with three staff charged with monitoring:
 1. All interviewed individuals explained their responsibility for monitoring post-investigations and discussed routine check-ins with those being monitored. It was reported that separate programming groups, pod moves, and access to services are the most common outcomes of monitoring.
5. Interview with the superintendent or designee:
 1. Reported we would provide separate programming groups and housing changes and ensure no contact if needed.
6. Interview with two residents who reported an allegation:
 1. Both reported that they talked to mental health and that they were initially placed in separate housing and remained in separate

- programming from the individual involved.
2. Reported that the PC checked in with them regularly, and they completed a form.

Finding:

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

115.367(c)

1. WCJDC PAQ:
 1. The facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.
 2. The facility reports zero incidents of retaliation occurred in the past 12 months:
2. WCJDC PREA official response following a resident report:
 1. Monitoring will take place for at least 90 days following the allegation.
 2. Monitoring will exceed 90 days if warranted.
 3. Retaliation monitoring shall include reviewing incident reports, housing changes, staff performance reviews, and other relevant documentation.
 4. WCJDC shall act promptly to remedy any such retaliation.
 5. Staff who fear retaliation will be referred to the employee assistance program.
3. Documentation review:
 1. The auditor reviewed the retaliation monitoring forms and found them consistent with the requirements of this provision.
4. Interview with PC:
 1. Reported action is taken immediately if remedies are needed for retaliation purposes.
 2. Monitoring is conducted for 90 days for sexual abuse incidents and will continue for a longer period of time if needed; most residents are not in the facility for 90 days.
 3. Staff with retaliation concerns will be referred to the Employee Assistance Program.
5. Interview with three staff charged with monitoring:
 1. Reported they are charged with retaliation monitoring and confirmed that they will monitor for 90 days and that if action is needed due to concerns of retaliation, it is taken immediately.
 2. The PC would monitor staff as some investigators are line staff members.

115.367(d)

	<ol style="list-style-type: none"> 1. WCJDC PREA official response following a resident report: <ol style="list-style-type: none"> 1. WCJDC's PREA Coordinator shall have contact with residents who report sexual abuse on a regular basis to monitor for retaliation; this contact should occur on a weekly basis. 2. Interview with the PC: <ol style="list-style-type: none"> 1. Reported residents who report sexual abuse are routinely checked in with weekly. This consists of a conversation and documentation as needed. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>Recommendation: The policy shall reflect that the PC or their designee has regular contact with residents.</p> <p>115.367(e)</p> <ol style="list-style-type: none"> 1. WCJDC PREA official response following a resident report: <ol style="list-style-type: none"> 1. WCJDC shall take appropriate measures to protect any individual, including volunteers and contractors, who expresses fear of retaliation. 2. Interview agency head: <ol style="list-style-type: none"> 1. Reported, we would support any individual who cooperated in an investigation and is fearful of retaliation. 2. Services through the EAP program or outside services to ensure the individual feels comfortable with their role within the facility and provide routine follow-up. 3. No incidents have occurred where this has been necessary. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.367(f)</p> <p>The auditor is not required to audit this provision.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCJDC PREA official response following a resident report policy
- Documentation review
- Interview with the superintendent or designee
- Interview with staff who supervise in isolation
- Interview with Medical and mental health staff
- Informal Interview with PC
- Site-review observation

Reasoning and analysis (by provision)

115.368(a)

1. WCJDC PREA official response following a resident report policy:
 1. Residents who have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping residents safe can be arranged.
 2. If a resident is isolated, the Supervisor on duty shall document the basis of concern for the resident's safety and the reason why no alternative means of separation can be arranged.
 3. If a resident is isolated, they will receive daily educational programming and large muscle exercise. If education and programming opportunities are denied, then management shall document the following: opportunities limited, the duration for the limitation, and the reason for the limitations.
 4. Residents placed in isolation will be reviewed within five days to determine whether there is a continuing need for separation from the general population.
 5. Residents in isolation may receive daily medical or mental health personnel visits.
2. Interview with the superintendent or designee:
 1. Shared that isolation of a resident who alleges sexual abuse would only be used when no alternative is available and to keep the resident and other residents safe.
 2. Stated that residents are provided with the same opportunities as their peers and are seen by medical or mental health daily.
3. Interview with twelve staff who supervise residents in isolation:
 1. Reported that residents in isolation do not go to education, receive time in the gym when staffing allows, and are seen by mental health on a regular basis.
 2. A medical professional would see residents if they take medication.
 3. All interviewed staff reported that residents are secured in their room after reporting an allegation through any means of reporting. The

time assigned to their room varies depending on the investigation process. During this time, the resident has the same restrictions as other isolated youth.

4. Documentation review:

1. The auditor requested documentation of residents being seen by mental health and medical professionals and being provided with large muscle exercises and programming daily while in isolation. No such exists for the auditor to review.

5. Site-review observations:

1. Informal Interview with PC:

1. An informal discussion with the PREA Coordinator confirmed that they do not have documentation that youth are seen daily by either mental health or medical professionals while in isolation.
2. Reported that placing youth in their rooms after reporting an allegation was a past practice that has been changed and is not the current process.

Initial Findings:

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

Develop a process that does not automatically require a resident to be placed in their room after reporting an allegation. The facility shall provide and maintain documentation when a resident is placed in their room post allegation and the length of time the youth was in isolation.

The facility shall develop a process to ensure that residents in isolation are meeting the requirements of Standard 115.342 and that documentation is maintained for each resident regarding these requirements.

A form or process to obtain and maintain documentation that medical or mental health saw each resident in isolation daily shall be developed.

Corrective Action:

During the corrective action phase, the facility implemented an alternative programming form to ensure compliance with 115.324 for each resident held in isolation. Mental health or medical staff conduct rounds on each resident placed in isolation and document these rounds. The auditor conducted two informal interviews with mental health staff, both of whom confirmed they meet with each residents in isolation and document their rounds. Additionally, the auditor reviewed the behavioral health services clinical contact forms and the alternative programming forms for residents in isolation, finding them consistent with the provisions of this standard.

Finding:

	Based on this analysis, the facility is substantially compliant with this provision.
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA investigations policy • Documentation review • Investigator training records • Administrative investigation files • Interviews with investigation staff • Interview with youth who reported sexual abuse at the facility • Interview with the PREA coordinator • Interview with the superintendent or designee <p>Reasoning and analysis (by provision):</p> <p>115.371(a)</p> <ol style="list-style-type: none"> 1. WCJD PAQ: <ol style="list-style-type: none"> 1. Reported the facility has a policy related to criminal and administrative agency investigations. 2. WCJDC PREA investigations policy: <ol style="list-style-type: none"> 1. An administrative or criminal investigation shall be completed for all allegations of Sexual Abuse and Sexual Harassment. 2. Investigations shall be conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Investigations are to be started as soon as you get the allegation. 3. All allegations that could lead to prosecution are referred to local law enforcement for investigation. Administrative investigations will take place in addition to a criminal investigation for all allegations. Administrative investigations will not interfere with criminal investigations. 3. Six administrative investigation files: <ol style="list-style-type: none"> 1. Investigative reports listed the allegation date and the investigation start date, which are no more than 24 hours apart. The general

timeline is that investigators are notified within minutes to hours of the allegation being made.

2. Reports detailed the matter's physical evidence, statement of witnesses, and other evidence.
4. Interviews with investigation staff:
5. Both stated they begin the investigation as soon as the investigative team is notified.
 1. Stated investigators handle the anonymous and 3rd party referrals as if the victim reported it.
 2. Reported WCJDC conducts administrative investigations, and the WCSO handles criminal investigations.
 3. Stated investigators monitor and work with WCJDC during a PREA criminal investigation.

Finding:

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

115.371(b)

1. WCJDC PREA investigations policy:
 1. The WCJDC shall utilize investigators who have received specialized training in sexual abuse investigations in the confinement setting.
2. Two Investigator training records:
 1. Both investigators' training records indicated that they received specialized investigator training in addition to the basic investigation training as required under 115.334.
3. Interviews with four investigation staff:
 1. Stated investigators are trained on sexual abuse investigations in confinement and have training material to review.
 2. Stated investigators are trained on using Miranda and Garrity warnings to youth and staff.

Finding:

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

115.371(c)

1. WCJDC PREA investigations policy:
 1. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected

perpetrator.

2. Six administrative investigation files:

1. Reports detailed the matter's physical evidence, statement witnesses, and other evidence.
2. No files discussed reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator.

3. Interviews with four investigation staff:

1. Stated these investigations are similar to all investigations.
2. They reported they would review any camera footage and interview the victim away from other residents.
3. They reported they would interview the perpetrator and any witnesses. Stated they would collect, analyze, and maintain any physical evidence.
4. WCSO, not them, generally collects stated biological evidence.

Initial Finding:

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

Ensure investigations include a review of prior complaints and reports of sexual abuse involving the suspected perpetrator.

Corrective Action:

During the corrective action phase, the facility enhanced its investigation process by including prior reports and complaints of sexual abuse involving the alleged perpetrator. The facility also developed a Miranda form to be used during all investigations and established a process to assess the credibility of the alleged victim. The auditor reviewed the updated investigation forms and process and determined that they are sufficient to meet the provisions of this standard.

The facility has provided the investigation team with additional training on the new process for handling investigations, including the use of the updated forms and procedures. The auditor reviewed the training documentation and confirmed that the team has been appropriately trained on these changes.

Finding:

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

115.371(d)

1. Six administrative investigation files:

1. In the review of the investigative files, no victim recanted an

allegation, so there was no information to review regarding how the agency responded to the recantation.

2. In two investigations, the resident stated he made the allegation because he was upset with the staff. In this case, the investigation continued with a review of the camera footage of the alleged incident.

2. Interviews with four investigation staff:

1. Stated investigations continue even if the victim recants and if any party leaves employment or the facility.

Finding:

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

115.371(e)

1. WCJDC PREA investigations policy:

1. When the quality of evidence appears to support a criminal prosecution, WCJDC shall wait for local law enforcement to conduct compelled interviews. Compelled interviews shall be conducted only after consulting with prosecutors to determine whether they may be an obstacle to subsequent criminal prosecution.

2. Six administrative investigation files:

1. During the reporting period, twelve investigations occurred, all of which were sexual harassment allegations.
2. Since there were no sexual abuse investigation files to review regarding how the facility responded to conducting compelled interviews.

3. Interviews with four investigation staff:

1. Stated that they use several different ways to interview individuals.
2. Reported WCSO would proceed with criminal investigations, and we would not interfere.
3. Reported they would conduct an administrative investigation behind them step by step, so they do not interfere with or compromise the criminal investigation.
4. They had not encountered these situations before, but WCSO would take over and Mirandize interviewing someone.

Finding:

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

Recommendation:

During a sexual abuse allegation, which may be a crime, when a perpetrator is interviewed, the Miranda forms should be utilized and the

signed copies placed in the file, even if corroborating evidence before the interview of the perpetrator does not align with the allegation. Sexual abuse allegations should be treated as a crime until the investigation is concluded.

115.371(f)

1. WCJDC PREA investigations policy:
 1. The credibility of an alleged victim, suspect, or witness shall be assessed individually and shall not be determined by the person's status as a resident in the WCJDC. WCJDC shall not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
2. Six administrative investigative files:
 1. No files indicated the investigators discussed the credibility determinations of the victim, perpetrator, and witnesses.
 2. No files indicated a resident who made an allegation was required to submit to a polygraph or truth-telling device as a condition to continue the investigation.
3. Interviews with four investigation staff:
 1. Investigators stated they do not grant staff more credibility than the residents simply because they are staff. They make individual credibility determinations in each case based on the facts.
 2. Investigators stated they do not use a polygraph during investigations.

Initial Finding:

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

Ensure investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not based on the individual status of residents or staff.

Corrective Action:

During the corrective action phase, the facility included a process to determine whether staff actions contributed to the allegation of sexual harassment or sexual abuse and the reasoning behind credibility assessment in their investigations.

Finding:

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

115.371(g)

1. WCJDC PREA investigations policy:
 1. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse.
 2. Administrative investigations shall be documented in written reports, including a description of the physical and testimonial evidence, the reasoning behind credibility assessments, investigative facts, and findings.
2. Six administrative investigative files:
 1. No investigation files provided information on whether staff actions/ failures contributed to the allegation.

Finding:

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

Ensure investigations include an effort to determine whether staff actions or failures to act contributed to allegations of sexual harassment or sexual abuse and reasoning behind credibility assessment.

115.371(h)

1. WCJDC PREA investigations policy:
 1. Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence, and copies of documentary evidence shall be attached where feasible.
2. Six administrative investigative files:
 1. The facility investigators did not conduct criminal investigations.
 2. Based on a review of the administrative investigations, it is believed that all elements outlined within the requirements of this provision would be included since they are included within the administrative investigation reports.
3. Interviews with four investigation staff:
 1. All stated that all PREA investigations result in a written report.

Finding:

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

115.371(i)

1. WCJDC PAQ:
 1. Reported that since August 20, 2022, the facility has not had any allegations referred for prosecution.
2. WCJDC PREA investigations policy:

1. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution.
3. Six administrative investigative files:
 1. Did not include a substantiated allegation of sexual abuse or investigations into allegations that may have been criminal, so no files that have been referred for prosecution could be reviewed.
4. Interviews with four investigation staff:
 1. Stated WCSO would handle these cases.

Finding:

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

115.371(j)

1. WCJDC PREA investigations policy:
 1. WCJDC shall retain all written reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.
2. Interviews with four investigation staff:
 1. Both investigators stated that the PC maintains the records.
 2. The hard copies of the file are kept in the locked PC office.

Finding:

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

115.371(k)

1. WCJDC PREA investigations policy:
 1. The release of the alleged abuser or victim from employment or custody of the WCJDC shall not provide a basis for terminating an investigation.
 2. The victim or source of the allegation recanting their statement shall not provide the basis for terminating an investigation.
2. Six administrative investigation files:
 1. No victim or perpetrator left the facility or employment.
3. Interviews with four investigation staff:
 1. Stated investigations continue even if the victim recants and if any party leaves employment or the facility.

Finding:

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

	<p>115.371(l)</p> <p>1. The auditor is not required to audit this provision.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.371(m)</p> <p>1. WCJDC PREA investigations policy:</p> <p>1. The WCJDC shall cooperate with local law enforcement and endeavor to remain informed about the progress of the investigation.</p> <p>2. Interviews with four investigation staff:</p> <p>1. Reported that we would turn over all information to WCSO and monitor the status of the criminal investigation.</p> <p>3. Interview with the superintendent or degree:</p> <p>1. Stated we would stay in touch with WCSO throughout the investigation.</p> <p>4. Interview with PC:</p> <p>1. Reported WCSO would provide the facility with an "incident number" so we can stay in touch with detectives during a criminal investigation.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Evidence relied upon in making the compliance determinations:

	<ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA investigations policy • Administrative investigation files • Interview with investigation staff <p>Reasoning and analysis (by provision):</p> <p>115.372(a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA investigations policy: <ol style="list-style-type: none"> 1. The WCJDC imposes that a preponderance of the evidence or lower standard of proof is necessary for determining an allegation of sexual abuse or sexual harassment as substantiated. 2. Six administrative investigation files: <ol style="list-style-type: none"> 1. Each investigative report discussed the evidentiary standard of preponderance. <ol style="list-style-type: none"> 1. After reviewing the evidence in each investigative report, the facility applied the preponderance standard to determine the investigations' outcomes. 3. Interview with four investigation staff : <ol style="list-style-type: none"> 1. Articulated investigations are measured by a preponderance of the evidence standard, or 51% of the evidence, which supports or does not support the allegation. 2. Described the application of the preponderance of the evidence standard to PREA investigations. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA investigations policy • Documentation review • Administrative investigation files

- Interview with residents who reported sexual abuse
- Interview with investigation staff
- Interview with the superintendent or designee

Reasoning and analysis (by provision):

115.373(a)

1. WCJDC PAQ:
 1. The facility reported one allegation of sexual abuse in the past 12 months.
2. WCJDC PREA investigations policy:
 1. Following an investigation into a resident's allegation of sexual abuse, WCJDC shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
 2. If the WCJDC did not conduct the investigation, the Superintendent or designee shall request the relevant information from the investigative agency to inform the resident.
 3. Following a resident's allegation that a staff member has committed sexual abuse against the resident, WCJDC shall subsequently inform the resident (unless the allegation was deemed unfounded) whenever:
 1. The staff member no longer works within the resident's pod.
 2. The staff member is no longer employed at WCJDC.
 3. WCJDC learns that the staff member has been indicted on a charge related to sexual abuse within the facility.
 4. WCJDC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
 4. Following a resident's allegation that another resident sexually abused them, WCJDC shall subsequently inform the alleged victim whenever:
 1. WCJDC learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility.
 2. WCJDC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
 5. All such notifications or attempted notifications shall be documented.
 6. WCJDC's obligation to report shall terminate if the resident is released from the facility's custody.
3. Six administrative investigation files:
 1. All five investigation files included information regarding resident notification of the results of the investigation.
4. Interview with the superintendent or designee:
 1. Reported that all residents are notified of the investigation's outcome.

5. Interviews with four investigation staff:

1. Reported they notified residents of the results of the investigation.

Finding:

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

115.373(b)

1. WCJDC PAQ:

1. The facility reported no criminal investigation of alleged resident sexual abuse in the past 12 months. conducted by an outside agency.
2. The facility reported one administrative investigation of alleged resident sexual abuse.

2. WCJDC PREA investigations policy:

1. If the WCJDC did not conduct the investigation, the Superintendent or designee shall request the relevant information from the investigative agency to inform the resident.

3. Six administrative investigation files:

1. The auditor reviewed the administrative investigation file of the alleged resident sexual abuse, and it was deemed unfounded.

4. Interview with four investigation staff:

1. Reported they know they must request relevant information from an outside agency conducting such an investigation.

5. Interview with the superintendent of designee:

1. Reported the facility would be in constant contact with the agency conducting the investigation.

Finding:

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

115.373(c)

1. WCJDC PAQ:

1. The facility reported no substantiated or unsubstantiated sexual abuse allegation by staff against a resident within the past 12 months.
2. The facility reported one resident allegation that staff committed sexual abuse, and the outcome of the investigation was unfounded.

2. WCJDC PREA investigations policy:

1. Following a resident's allegation that a staff member has committed sexual abuse against the resident, WCJDC shall subsequently inform the resident (unless the allegation was deemed unfounded)

whenever:

1. The staff member no longer works within the resident's pod.
 2. The staff member is no longer employed at WCJDC.
 3. WCJDC learns that the staff member has been indicted related to sexual abuse within the facility.
 4. WCJDC learns that the staff member has been convicted on a charge related to sexual abuse within the facility.
3. Interview with two residents who reported sexual abuse:
 1. Both residents reported being notified of the investigation, staff reassignment, and its outcome.
 4. Five administrative investigation files:
 1. The auditor reviewed the investigation file of the one sexual abuse allegation committed by staff. The staff was reassigned during the investigation, and the resident was notified of the outcome, which was documented.

Finding:

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

115.373(d)

1. WCJDC PREA investigations policy:
 1. Following a resident's allegation that they were sexually abused by another resident, WCJDC shall subsequently inform the alleged victim whenever:
 1. WCJDC learns that the alleged abuser has been indicted related to sexual abuse within the facility.
 2. WCJDC learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
2. Interview with two residents who reported sexual abuse:
 1. No residents reported sexual abuse by another resident in the past 12 months. Therefore, the interview question related to the provision was not asked.
3. Six administrative investigation files:
 1. Since there were resident allegations of sexual abuse committed by a resident in the past 12 months, no documentation exists to review.

Finding:

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

115.373(e)

	<ol style="list-style-type: none"> 1. WCJDC PREA investigations policy: <ol style="list-style-type: none"> 1. All such notifications or attempted notifications shall be documented. 2. Documentation review: <ol style="list-style-type: none"> 1. The auditor reviewed the facility's log of notifications to residents. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.373(f)</p> <p>The auditor is not required to audit this provision.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA discipline process policy • Site review observations • Informal Interviews <p>Reasoning and analysis (by provision):</p> <p>115. 376(a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA discipline process: <ol style="list-style-type: none"> 1. WCJDC staff shall be subject to disciplinary sanctions up to and including termination for violating WCJDC sexual abuse and sexual harassment policies. 2. Site review observations: <ol style="list-style-type: none"> 1. Informal interviews with the assistant superintendent and PC: <ol style="list-style-type: none"> 1. Confirmed that staff can be disciplined up to and including termination for violating their policies and PREA-related incidents. <p>Finding:</p>

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

115.376(b)

1. WCJDC PAQ:
 1. Reported in the past 12 months, the facility has zero staff from the facility who have violated agency sexual abuse or sexual harassment policies:
2. WCJDC PREA discipline process:
 1. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
3. Site review observations:
 1. Informal Interviews with the assistant superintendent and PC:
 1. Confirmed that termination would be the presumed consequence of sexual abuse.
 2. Both reported no incidents of nature have occurred.

Finding:

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

115.376(c)

1. WCJDC PREA discipline process:
 1. Disciplinary sanctions for violations of WCJDC policies relating to sexual abuse and sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
2. Documentation review:
 1. No disciplinary records exist for violating the facility's sexual abuse or sexual harassment policies.

Finding:

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

115.376(d)

1. WCJDC PREA discipline process:
 1. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies unless the activity was clearly not criminal

	<p>and to relevant licensing bodies.</p> <p>2. Site review observations:</p> <p>1. Informal interview with PC:</p> <p>1. Confirmed that local law enforcement and DCFS would be notified of terminations regarding such violations.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA discipline process policy • Interview with the superintendent or designee <p>Reasoning and analysis (by provision):</p> <p>115.377(a)</p> <p>1. WCJDC PREA discipline process policy:</p> <p>1. Any WCJDC contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies unless the activity was clearly not criminal and to relevant licensing bodies.</p> <p>2. Interview with the superintendent or designee:</p> <p>1. Reported that volunteers or contractors who are involved in an unsubstantiated or substantiated incident of sexual abuse or sexual harassment will no longer continue service at the facility. Individuals under investigation would not be allowed access to residents during the investigation and proper law enforcement and DCFS contacts will be made.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.377(b)</p>

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

sexual abuse.

2. In the event an administrative or criminal finding resulted in a resident engaging in resident-on-resident sexual abuse, the resident would receive an appropriate violation (Class 4) and split recreation. The resident's discipline would be determined by the supervisor in consultation with the superintendent or assistant superintendent.

2. Interview with ten random residents:

1. All residents reported that if they are to file a PREA allegation, they are placed in their room.
2. Varying responses were provided on how long the resident may stay in isolation and be placed on split status, but the consensus is that the resident is in isolation as the alleged victim until the completion of the initial investigation.

3. Interview with 12 random staff:

1. Reported that residents are placed in their room after reporting an allegation.

4. Site review observations:

1. Informal Interview with the PC:

1. Confirmed that this was a past practice that is no longer the current procedure for when a resident reports an allegation, although the consensus from staff and residents is that the practice is still active.

Initial Finding:

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

The facility shall implement, document, and train staff on a process that aligns with the standard in which residents are not automatically isolated in their rooms or placed on split status due to reporting an allegation.

Corrective Action:

During the corrective action phase, the facility provided training to all staff, emphasizing that residents shall not be automatically secured pending a PREA investigation. The auditor reviewed the training curriculum and staff signatures, confirming that staff acknowledged receiving this training. During the follow-up site visit, the auditor interviewed 12 staff members, all of whom confirmed their understanding that residents should not be automatically secured during a PREA investigation.

Finding:

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

115.378(b)

1. WCJDC PREA discipline process:
 1. Any disciplinary sanctions shall be 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.
 2. In the event a disciplinary sanction results in the isolation of a resident, WCJDC shall ensure the resident receives daily educational programming and large muscle group activity. Residents in isolation may receive daily visits from medical or mental health personnel and have access to other programming to the extent possible.
2. Documentation review:
 1. The auditor requested documentation for two residents who were isolated during the site review.
 2. No documentation was available to demonstrate that isolated residents were provided education, large muscle activity, and daily visits from medical or mental health staff.
3. Site review observations:
 1. Informal Interview with PC:
 1. Confirmed that they do not have a streamlined process for this documentation for each resident in isolation and that mental health would keep a note within their system for check-ins,

Initial Finding:

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

Develop a process and provide documentation that all residents in isolation, including those placed on split status, receive daily educational programming, large muscle activity regardless of staffing patterns, and daily medical or mental health staff visits.

Corrective Action;

During the corrective action phase, the facility implemented an alternative programming form to monitor compliance with the required provisions for residents in isolation. The auditor's review of 21 completed forms confirms that the facility consistently documents and tracks the necessary information for isolated residents. This demonstrates a systematic approach to ensuring adherence to the standards.

Finding:

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

115.378(c)

1. WCJDC PREA discipline process:
 1. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what sanction, if any, should be imposed.
2. Interview with the superintendent or designee:
 1. Confirmed that a resident's mental illness or mental disability is considered when considering disciplinary sanctions for all violations.
 2. Onsite mental health is a great resource for youth with mental disabilities or illness and provides insight to administration.

Finding:

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

115.378(d)

1. WCJDC PREA discipline process:
 1. WCJDC will refer residents who engaged in sexual misconduct to on-site mental health personnel. Participation in mental health services is not a condition to access general programming, educational programming, large muscle activity and other services provided by WCJDC.
2. Interview with the mental health staff:
 1. Confirmed that residents would be offered to any resident who participated in sexual behaviors in the facility.
 2. Participation in these services would not affect their ability to have basic programming and educational services.

Finding:

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

115.378(e)

1. WCJDC PREA discipline process:
 1. Disciplining a WCJDC resident for sexual contact with an employee, contractor, or volunteer is prohibited unless it is found that the staff did not consent to the contact.
2. Site review observations:
 1. Informal interview with PC:
 1. Confirmed they have not had any residents disciplined for sexual contact with an employee and that disciplinary action would only be taken if the staff did not consent.

Finding:

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

115.378(f)

1. WCJDC PREA discipline process policy:
 1. A report of sexual misconduct made in good faith by a resident, based upon reasonable belief that the alleged conduct occurred, will not constitute false reporting or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. WCJDC prohibits disciplining a resident who reported in good faith.
2. Interviews with ten random residents:
 1. All residents reported that if you are to file a PREA allegation, you are placed in your room.
 2. Varying responses were provided on how long the resident may stay in isolation and be placed on split status, but the consensus is that the resident is in isolation as the alleged victim until the completion of the initial investigation.
3. Interviews with 12 random staff:
 1. The majority reported that residents are placed in their rooms after reporting an allegation.
4. Site review observations:
 1. Informal Interview with the PC:
 1. Confirmed that this was a past practice that is no longer the current procedure for when a resident reports an allegation, although the consensus from staff and residents is that the practice is still active.

Initial Finding:

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

The facility shall implement, document, and train staff on a process that aligns with the standard in which residents are not automatically isolated in their rooms or placed on split status due to reporting an allegation, as the allegation could be made in good faith.

Corrective Action:

During the corrective action phase, the facility provided training to all staff emphasizing that residents who report a PREA allegation are not to be automatically secured pending the investigation. The auditor reviewed the training curriculum and signed training acknowledgments, confirming that staff received and understood the PREA investigation process.

Finding:

	<p>Based on this analysis, the facility is substantially compliant with this provision.</p> <p>115.378(g)</p> <ol style="list-style-type: none"> WCJDC PREA discipline process policy: <ol style="list-style-type: none"> WCJDC prohibits all sexual activity between residents and provides consequences for such activity. Sexual activity does not constitute sexual abuse if it is not coerced. Interview with PC: <ol style="list-style-type: none"> Confirmed that consensual sexual activity is not automatically sexual abuse as all sexual activity is prohibited. Rule violations would take effect for a situation like this and would not be considered a PREA incident. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA medical and mental health care • WCJDC Freedom health 14-day follow-up guide • WCJDC Daily observation form • WCJDC Medical and mental health limitations of confidentiality form • WCJDC BHS clinical contact form <p>Reasoning and analysis (by provision):</p> <p>115.381(a)</p> <ol style="list-style-type: none"> WCJDC PAQ: <ol style="list-style-type: none"> Since October of 2023, when the PREA Coordinator started tracking data, 113 residents reported prior victimization during the intake process and received a 14-day follow-up from medical or mental health.

2. WCJDC PREA medical and mental health care policy:
 1. If the WCJDC resident's risk assessment indicates that they have experienced prior sexual victimization, whether it occurred in an institutional setting or the community, the resident shall be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.
3. WCJDC Freedom health 14-day follow-up guide:
 1. WCJDC shall screen residents for their risk of Vulnerability to Sexual Victimization (VSV), Susceptibility to Sexually Aggressive Behavior (SAB), Vulnerability to Physical Victimization (VPV) AND Susceptibility to Violent Aggressive Behavior (VAB) using the Victimization and Sexual/Physical Aggression Screening (VSPA). All residents are screened at intake in addition to every (30) days during their stay. If the resident has a history of sexual victimization, risk of sexual aggressiveness, and/or scores risk of VSV and/or SAB, Freedom Behavioral Health shall complete a follow-up session with the resident within 14 days of the completion of the VSPA screening.
4. Interviews with six staff responsible for completing the VSPA:
 1. Reported that during the intake process were interviewed during the on-site visit.
 1. All individuals interviewed knew that if a resident reported prior victimization, they would alert the PREA Coordinator so that medical and mental health officials could be informed.
 2. Four of the six interviewed reported that they knew residents were followed up on due to their screening reports by either medical or mental health.
 3. One resident who reported prior victimization was interviewed during the on-site phase of the audit. The resident reported they saw mental health within the first week of being in the facility.

Finding:

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

115.381(b)

1. WCJDC PREA medical and mental health care policy:
 1. If the WCJDC resident's risk assessment indicates that they have previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the resident shall be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.
2. Interviews with six staff responsible for completing the VSPA:
 1. Reported during the intake process, residents were interviewed.

1. All interviewed staff stated that residents who report it is known through their VSPA or other official record that they have perpetrated sexual abuse are seen by mental health.

Finding:

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

115.381(c)

1. WCJDC PREA medical and mental health care policy:
 1. Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health personnel and other staff, as necessary, to inform treatment plans and security and management decisions, including housing and programming assignment.
2. Site review observations:
 1. Risk Screenings are completed and taken to control in a locked location for the PREA Coordinator to collect and assess.
 2. Medical and mental health documentation is kept within the associated areas of the facility and is not accessible by staff.
 3. An informal interview with mental health staff while touring their area shared that they have no concerns about confidentiality with their files, and the facility has provided them with appropriate space and means to store their documents securely.
 4. Electronic information stored by medical and mental health is secured and not available for facility staff to access.

Finding:

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

115.381(d)

1. WCJDC PREA medical and mental health care policy:
 1. Medical and mental health personnel shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting unless the resident is under the age of 21.
2. WCJDC Medical and mental health limitations of confidentiality form:
 1. The form discloses the role of medical and mental health staff and their responsibility to report any knowledge or information regarding sexual abuse or sexual harassment that occurred in a facility.
3. Documentation review:
 1. While onsite in medical- the auditor reviewed a sampling of files to

	<p>confirm that residents signs the confidentiality waiver in which all reviewed forms were signed.</p> <ol style="list-style-type: none"> 4. Interview with one medical staff: <ol style="list-style-type: none"> 1. Confirmed their duty of informed consent with the residents and they bear the responsibility of getting the limitation of confidentiality form signed and explaining the process for all youth, including those under the age of 18. 5. Interview with one mental health staff; <ol style="list-style-type: none"> 1. Reported they are aware of the form and that medical completes it, but they still verbally discuss it with each resident. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA medical and mental health care • Interviews with medical staff • Interviews with medical staff • Site review observations • Informal interview <p>Reasoning and analysis (by provision):</p> <p>115.382(a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA medical and mental health care: <ol style="list-style-type: none"> 1. Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. 2. In the event of a sexual assault, the Superintendent, PREA Coordinator, or designee will make immediate arrangements for

transportation to the UW Swedish American Hospital Located at 1401 E. State Street, Rockford, Illinois 61104. Any alleged victim will be transported to the UW Swedish American Hospital, with or without their consent. Proper documentation can take place at the hospital/ resource center if the alleged victim still refuses treatment after talking to the proper medical authorities.

3. Examinations shall be performed by a sexual assault nurse examiner (SANE) or sexual assault forensic examiner (SAFE).
 4. If a SAFE or SANE is unavailable, an off-site qualified medical practitioner may perform the examination.
 5. UW Swedish American Hospital will provide a case coordinator for the exam. A rape advocate can be obtained through Rockford Sexual Assault Counseling. The rape advocate should be made accessible to the resident at any time.
 6. Upon return to the facility, follow-up actions will be implemented to safeguard the alleged victim. These actions include, at a minimum, medical and mental health referrals and appropriate housing determination.
2. Interviews with one medical staff:
 1. Reported that residents would be seen at the hospital, where they would receive emergency medical treatment.
 3. Interviews with one medical staff:
 1. At the time of the audit, no residents within the facility had reported an incident that occurred while within the facility; the auditor reviewed one investigation file in which the resident was sent to the hospital. The resident was sent to the hospital in a timely manner and hospital documentation shows the resident was provided the appropriate level of care and services.

Finding:

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

115.382(b)

1. WCJDC PREA medical and mental health care:
 1. If no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to Standard 115.362 and immediately notify the appropriate medical and mental health practitioners.
2. Interviews with 12 first responder staff:
 1. All interviewed staff understood their role as first responders: to protect the victim and immediately notify medical and mental health practitioners by alerting the on-duty supervisor.

	<p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.382(c)</p> <ol style="list-style-type: none"> WCJDC PREA medical and mental health care: <ol style="list-style-type: none"> Resident victims of sexual abuse, while incarcerated, shall be offered timely information and timely access to emergency contraception and sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Interviews with one medical staff: <ol style="list-style-type: none"> Reported that residents would be provided information and access to emergency contraception, STI testing, and treatment through the hospital. Medical stated residents would not be denied this access. <p>115.382(d)</p> <ol style="list-style-type: none"> WCJDC PREA medical and mental health care: <ol style="list-style-type: none"> All medical and mental health services are provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. Site review observation: <ol style="list-style-type: none"> Informal interview with the PC; <ol style="list-style-type: none"> During the on-site tour, information was provided that residents do not have to incur any expense for medical or mental health treatments. The PC confirmed that this includes any medical or mental health services provided as a result of a PREA-related incident. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCJDC PAQ
- WCJDC PREA medical and mental health care policy
- Interview with the medical staff
- Site review observations
- Informal interviews with medical staff
- Informal interview with PC
- Documentation review:

Reasoning and analysis (by provision):

115.373(a)

1. WCJDC PAQ:
 1. The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
2. WCJDC PREA medical and mental health care policy:
 1. WCJDC offers medical and mental health evaluations and appropriate treatment to all residents who have been victimized by sexual abuse in any prison, jail, lock-up, or juvenile facility.
3. Interview with one medical staff:
 1. Reported that residents who express any prior victimization will be provided evaluations and treatment as needed.

Finding:

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

115.383(b)

1. WCJDC PREA medical and mental health care policy:
 1. The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody.
2. Interview with one medical staff:
 1. Reported any medical treatment and follow-up services would be sent with a resident being released or transferred to another facility.

Finding:

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

115.383(c)

1. Site review observations:
 1. The medical area appears to have adequate equipment.
 2. Medications are available to residents.
 3. Medical services provided by medical staff appear appropriate, and residents have easy access to medical and mental health providers.
2. Interview with one medical staff:
 1. Reported that services provided are consistent with the community level of care, and often, the residents are getting medical care for the first time in a while and are appreciative.

Finding:

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

115.383(d)&(e)

1. WCJDC PREA medical and mental health care policy:
 1. Resident victims of sexually abusive vaginal penetration, while incarcerated, shall be offered pregnancy tests.
 2. If pregnancy results from an incident, such victims shall receive timely and comprehensive information and access to pregnancy-related medical services based on Illinois laws.
2. Interview with a female resident who had reported sexual abuse:
 1. At the time of the audit, there was no female resident who had reported sexual abuse and would need to be offered a pregnancy test.
3. Site review observation:
 1. Informal interviews with medical staff:
 1. Reported that a pregnancy test would be offered and provided with education, information, and services related to pregnancy.
 2. Informal interview with PC:
 1. Confirmed that the process was consistent with the provisions' requirements.

Finding:

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

115.383(f)

1. WCJDC PREA medical and mental health care policy:
 1. Resident victims of sexual abuse, while incarcerated, shall be offered tests for sexually transmitted infections as medically appropriate.
2. Interview with a resident reporting sexual abuse:

1. At the time of the audit, there was no resident who had reported sexual abuse and would need offered testing to be interviewed.
3. Site review observation:
 1. Informal interviews with medical staff:
 1. Reported that the resident would receive the appropriate testing.
 2. Informal interview with PC:
 1. Confirmed the resident would receive the appropriate testing.
4. Documentation review:
 1. The auditor reviewed the medical record of one resident sent to the hospital for reporting sexual abuse prior to arriving at the facility. The resident was offered appropriate testing.

Finding:

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

115.383(g)

1. WCJDC PREA medical and mental health care policy:
 1. Treatment services shall be provided to the victim without financial costs, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.
2. Interviews with one medical staff:
 1. Reported there is no financial cost to a resident for any services.
3. Interview with the PC:
 1. Confirmed that there is no financial cost to the resident for services.

115.838(h)

1. WCJDC PREA medical and mental health care policy:
 1. WCJDC shall attempt to conduct a mental health assessment of all known resident-on-resident abusers within 14 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.
2. Interviews with one mental health staff:
 1. Reported they would complete a mental health assessment within 14 days of the alleged abuser and offered them services.
3. Interview with the PC:
 1. Confirmed that the mental health assessment and services being offered to the alleged abuser.

Finding:

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

	standard, and corrective action is not required.
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC data collection, review, and storage policy • Interview with superintendent designee • Interview with incident review team members • Interview with the PC: • Administrative investigative files • Documentation of review • Reports of findings from sexual abuse incident reviews <p>Reasoning and analysis (by provision):</p> <p>115.386(a)</p> <ol style="list-style-type: none"> 1. WCJDC PAQ: <ol style="list-style-type: none"> 1. WCJDC shall conduct a sexual abuse incident review (SAIR) meeting at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. 2. The facility reported it had zero substantiated or unsubstantiated criminal or administrative investigations of alleged sexual abuse occurring at the facility in the past 12 months. 2. WCJDC data collection, review, and storage policy: <ol style="list-style-type: none"> 1. Contains language regarding the review of all incidents of sexual abuse at the conclusion of every sexual abuse investigation, including those allegations that were unsubstantiated. 3. Six administrative investigative files: <ol style="list-style-type: none"> 1. The facility reported zero allegations of sexual abuse were received in the 12-month audit period. 2. The auditor reviewed five investigation files, which included zero criminal investigations; one was a sexual abuse allegation that was determined to be unfounded, thus not requiring a sexual abuse incident review. <p>Finding:</p>

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

115.386(b)

1. WCJDC data collection, review, and storage policy:
 1. The facility conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.
2. Six administrative investigative files:
 1. The facility reported zero allegations of sexual abuse were received in the 12-month audit period.
 2. The auditor reviewed five investigation files, which included zero criminal investigations; one was a sexual abuse allegation that was determined to be unfounded, thus not requiring a sexual abuse incident review.

Finding:

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

Recommendation

Develop a process to conduct a sexual abuse incident review within 30 days of the conclusion of criminal or administrative sexual abuse investigations.

115.386(c)

1. WCJDC PAQ:
 1. Such sexual abuse incident review (SAIR) meetings shall occur within 30 days of the conclusion of the investigation. WCJDC data collection, review, and storage policy:
 2. The review team comprises the Superintendent, PREA Coordinator, Assistant Superintendent, and Medical and Mental Health personnel. Monthly Management Meeting minutes:
2. Reports of findings from sexual abuse incident reviews:
 1. The facility reported seven allegations of sexual abuse were received in the 12-month audit period and provided the seven associated files.
 2. The auditor reviewed five investigation files, which included zero criminal investigations and one sexual abuse allegation that was determined to be unfounded, thus not requiring a sexual abuse incident review.
3. Interview with the superintendent's or designee:
 1. reported that we have not had a situation where we would need to review a sexual abuse incident.

Initial Finding:

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

Develop an incident review team, including facility investigators, and ensure the team minutes are documented.

Corrective Action:

During the corrective action phase, the facility enhanced its incident review process by adding medical and mental health staff to the incident review team meetings. The auditor reviewed the incident review team meeting agenda and minutes, which confirmed the participation of these staff members. Additionally, two informal interviews with members of the incident review team verified that medical and mental health staff are now included in the review process.

Finding:

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

115.386(d)

1. WCJDC data collection, review, and storage policy:
 1. During SAIR meetings, the team shall consider the following for each incident: DJJS Personnel Directive P024, PREA of 2003:
 1. Whether the allegation or investigation indicates a need to change policy or practice to detect better, prevent, or respond to sexual abuse.
 2. Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.
 3. Examine the area in which the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
 4. Assess the adequacy of staffing levels in that area during different shifts.
 5. Prepare a report of its findings, including section (B) (1) -(B) (5) of this section and any recommendations for improvement.
2. Documentation review:
 1. The facility reported zero-incident review meetings during the 12-month audit period; therefore, there are no reports of findings from sexual abuse incident reviews.

2. The facility reported zero allegations of sexual abuse were received in the 12-month audit period and provided the seven associated files.
3. The auditor reviewed six investigation files, which included zero criminal investigations; one was a sexual abuse allegation that was determined to be unfounded, thus not requiring a sexual abuse incident review.
3. Interview with the superintendent's designee or designee:
 1. If an issue is identified, we would review our practice and policy and retrain our staff.
 2. The incident review team would consider whether the incident was motivated by race, gender, or sexual orientation. The incident review team would examine the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
 3. The incident review team would consider the adequacy of staffing levels in that area.
 4. The incident review team would consider whether monitoring technology should be deployed or augmented to supplement staff supervision.
4. Interview with the PC:
 1. The sexual abuse data would be reviewed during monthly management meetings.
 2. The report prepared by the incident review team would be reviewed during monthly management meetings.
 3. The incident review team assesses whether the incident was motivated by race or LGBTQI.
 4. The incident review team examines the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
 5. The incident review team looks at staffing levels to ensure it did not contribute to the incident.
 6. The incident review team considers whether monitoring technology should be deployed or augmented to supplement staff supervision.
5. Interview with the four incident review team members:
 1. All four investigators indicated they did not participate in the formal incident review meeting. They state they discuss the investigation upon themselves along with the PC.

Finding:

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

115.386(e)

1. Reports of findings from sexual abuse incident reviews:

	<ol style="list-style-type: none"> 1. The facility reported zero allegations of sexual abuse were received in the 12-month audit period. 2. The auditor reviewed five investigation files, which included zero criminal investigations; one was a sexual abuse allegation that was determined to be unfounded, thus not requiring a sexual abuse incident review. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA Data collection, review, and storage policy • WCJDC 2023 PREA annual report • Facility website review • Documentation review • Site review observations • Informal interview <p>Reasoning and analysis (by provision):</p> <p>115.387(a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA Data collection, review, and storage policy: <ol style="list-style-type: none"> 1. WCJDC’s PREA Coordinator and Superintendent/designee shall collect accurate, uniform data for every allegation of sexual abuse within its facility using the instrument and set definitions set forth by the Survey of Sexual Violence conducted by the Department of Justice. 2. Documentation review:

1. The auditor reviewed the facility's 2023 PREA annual report, which provides a set of definitions regarding sexual abuse data collection and aggregated data. The auditor noted a transposition without the report on the provided data for 2023- the PREA Coordinator corrected the transposed number and the copy on the facility website by the completion of the on-site audit. The report meets the requirements of the Survey of Sexual Violence conducted by the Department of Justice.

Finding:

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

115.387(b)

1. WCJDC PREA Data collection, review, and storage policy:
 1. WCJDC's PREA Coordinator and Superintendent/designee aggregate the incident-based sexual abuse data annually.
2. Documentation review:
 1. The facility's PREA annual report will be completed annually to provide a review of incident-based sexual abuse data.
3. Site review observations:
 1. Informal interview with the PC:
 1. Confirmed that the PC and the superintendent, along with the management team, review the aggregated data through the annual report review on an annual basis.

Finding:

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

115.387(c)

1. WCJDC PREA Data collection, review, and storage policy:
 1. WCJDC's PREA Coordinator and Superintendent/designee shall collect accurate, uniform data for every allegation of sexual abuse within its facility using the instrument and set definitions set forth by the Survey of Sexual Violence conducted by the Department of Justice.
2. Documentation review:
 1. The auditor reviewed the facility's 2023 PREA annual report, which provides a set of definitions regarding sexual abuse data collection and aggregated data. The report meets the requirements of the Survey of Sexual Violence conducted by the Department of Justice.

Finding:

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

115.387(d)

1. WCJDC PREA Data collection, review, and storage policy:
 1. WCJDC's PREA Coordinator and Superintendent/designee shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.
2. Documentation review:
 1. The PC keeps a spreadsheet and updates this on a routine basis. The spreadsheet is then utilized to complete the annual review. Investigation files are kept for each incident as a source to obtain information. Incident reviews are completed on sexual abuse incidents but does not include the investigator of the incident for all reviewed incidents.

115.387(e)

The facility does not obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. Therefore, the auditor is not required to audit this provision.

115.387(f)

1. WCJDC PREA Data collection, review, and storage policy:
 1. Upon request, the PREA Coordinator and Superintendent/designee shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.
2. Site review observations:
 1. The Department of Justice has not directly requested information from the facility. The county has completed the survey of sexual violence conducted by the Department of Justice when provided.

Finding:

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

115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making the compliance determinations:

- WCJDC PAQ
- WCJDC PREA Data collection, review, and storage policy
- WCJDC 2023 PREA annual report
- Interviews with the superintendent or designee
- Facility Website Review

Reasoning and analysis (by provision):

115.388(a)

1. WCJDC PREA Data collection, review, and storage policy:
 1. WCJDC's PREA Coordinator and Superintendent/designee shall review data collected and aggregated pursuant to Standard 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Data reviews should include the following:
 1. Identifying problem areas.
 2. Corrective action should be taken on an ongoing basis.
 3. Preparing an annual report of its findings and corrective actions.
2. Interviews with the superintendent or designee:
 1. Reported reviewing the data through the PREA annual report and doing so at a minimum on an annual basis.
3. Interview with the PC:
 1. Reported that the facility started this process in 2023, and the results from the report are used to identify concerns and take action if needed.

Finding:

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

115.388(b)

1. WCJDC PREA Data collection, review, and storage policy:
 1. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's process in addressing sexual abuse.
2. Documentation review:
 1. This was the first report the facility completed without data from the previous year to compare.
 2. The facility provided corrective actions while working towards PREA

- compliance and reviewing incidents without the formal report.
3. The report provided an assessment of the facility's progress in addressing sexual abuse.

Finding:

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

115.388(c)

1. WCJDC PREA Data collection, review, and storage policy:
 1. The superintendent shall approve the annual report and make it accessible on the Winnebago County Court Services website. If the website is down, a physical copy of WCJDC's annual report will be made available to the public by visiting the WCJDC and requesting the report.
2. Interview with the superintendent or designee:
 1. Confirmed that they approve the annual report and that it is placed on the facility's website.

Finding:

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

115.388(d)

1. WCJDC PREA Data collection, review, and storage policy:
 1. WCJDC may redact specific material from the reports when publication would present a clear and specific threat to a facility's safety and security, but it must indicate the nature of the material redacted.
2. Documentation review:
 1. The auditor reviewed the 2023 PREA Annual Report, noted that redacted information is limited to personal identifying information, and found it sufficient.
3. Interview with the PC:
 1. Reported that they do not redact information from the report aside from personal identifying information or information that would pose a safety threat to a resident or the facility.

Finding:

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

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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • WCJDC PAQ • WCJDC PREA Data collection, review, and storage policy • Interview with PC • Facility Website Review • Site review observations <p>Reasoning and analysis (by provision):</p> <p>115.389(a)</p> <ol style="list-style-type: none"> 1. WCJDC PREA data collection, review, and storage policy: <ol style="list-style-type: none"> 1. WCJDC’s PREA Coordinator and Superintendent/designee shall ensure data collected pursuant to Standard 115.387 are securely retained. All data is secured in a locked filing room with limited access to administrative personnel. 2. Site review observations: <ol style="list-style-type: none"> 1. During the facility tour, the auditor reviewed the location of stored data. All data is stored in a locked filing room in the administrative section of the facility. Limited staff have access to this location, and line staff do not have access to the area without being allowed in by an administrative team member. 3. Interviews with the PC: <ol style="list-style-type: none"> 1. Reported that data is retained in the locked filing cabinet room and inaccessible to all staff. 2. Administrative staff do have access to the room, which is limited to the superintendent, assistant superintendent, and PC. 3. All other staff have to be allowed into the secured area. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p> <p>115.389(b)</p>

1. WCJDC PREA Data collection, review, and storage policy:
 1. WCJDC's PREA Coordinator and Superintendent/designee shall make all aggregated data available on the facility's website annually after removing all personal identifiers.
2. Website review:
 1. The auditor reviewed the facility website and confirmed that aggravated sexual abuse data is available for the public to view.

Finding:

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

115.389(c)

1. WCJDC PREA Data collection, review, and storage policy:
 1. WCJDC's PREA Coordinator and Superintendent/designee shall make all aggregated data available on the facility's website annually after removing all personal identifiers.
2. Website review:
 1. The auditor reviewed the facility website and confirmed that aggravated sexual abuse data that is made available to the public is published without personal identifiers.

Finding:

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

115.389(d)

1. WCJDC PREA Data collection, review, and storage policy
 1. WCJDC's PREA Coordinator and Superintendent/designee shall maintain sexual abuse data for at least 10 years after the date of its initial collection.
2. Site review observations:
 1. The auditor reviewed and confirmed that sexual abuse data has been collected and maintained since the facility began its process of achieving compliance with PREA Standards in 2023.
3. Interview with the PC:
 1. Confirmed that the facility will maintain sexual abuse data for 10 years.

Finding:

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

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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Notice of audit verification samples • Site review observations <p>The facility operates one facility. This is this facility's first PREA audit.</p> <p>The auditor was given full access to and was able to observe all areas of the facility. The auditor was permitted to request and receive copies of relevant documents. The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor received one letter from a resident after the on-site audit phase.</p> <p>Notice of Audit was displayed throughout the facility.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	This is the first audit cycle for the WCJDC.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	na
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

	functions of the facility? (N/A for non-secure facilities)	
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
115.315 (c)	Limits to cross-gender viewing and searches	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
115.315 (d)	Limits to cross-gender viewing and searches	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	na
115.315 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If a resident's genital status is unknown, does the facility	yes

	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?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

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

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.352 (b)	Exhaustion of administrative remedies	

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

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

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

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

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

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

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

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

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

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

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

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

	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?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

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

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

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

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

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

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

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

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

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