

# PREA Facility Audit Report: Final

**Name of Facility:** Lake County Community Corrections

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** 10/13/2022

**Date Final Report Submitted:** 11/28/2022

| Auditor Certification   |                                      |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.   | <input checked="" type="checkbox"/>  |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input checked="" type="checkbox"/>  |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input checked="" type="checkbox"/>  |
| <b>Auditor Full Name as Signed:</b> Bridgette M. Collins  | <b>Date of Signature:</b> 11/28/2022 |

| AUDITOR INFORMATION                 |                             |
|-------------------------------------|-----------------------------|
| <b>Auditor name:</b>                | Collins, Bridgette          |
| <b>Email:</b>                       | confinementsafety@gmail.com |
| <b>Start Date of On-Site Audit:</b> | 03/30/2022                  |
| <b>End Date of On-Site Audit:</b>   | 04/01/2022                  |

| FACILITY INFORMATION              |  |
|-----------------------------------|--|
| <b>Facility name:</b>             | Lake County Community Corrections                |
| <b>Facility physical address:</b> | 2600 West 93rd Ave, Crown Point, Indiana - 46307 |
| <b>Facility mailing address:</b>  |  |

| Primary Contact          |                          |
|--------------------------|--------------------------|
| <b>Name:</b>             | Mckenzie Smith           |
| <b>Email Address:</b>    | smithmn@lakecountyin.org |
| <b>Telephone Number:</b> | 12197553850              |

| Facility Director        |                          |
|--------------------------|--------------------------|
| <b>Name:</b>             | Kellie Bittorf           |
| <b>Email Address:</b>    | biitokj@lakecountyin.org |
| <b>Telephone Number:</b> | 219-755-3850             |

| Facility PREA Compliance Manager |                         |
|----------------------------------|-------------------------|
| <b>Name:</b>                     | Loni Brittingham        |
| <b>Email Address:</b>            | brittl@lakecountyin.org |
| <b>Telephone Number:</b>         |                         |

| Facility Characteristics   |                        |
|--|------------------------|
| <b>Designed facility capacity:</b>   | 320                    |
| <b>Current population of facility:</b>   | 105                    |
| <b>Average daily population for the past 12 months:</b>  | 98                     |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                       | No                     |
| <b>Which population(s) does the facility hold?</b>   | Both females and males |
| <b>Age range of population:</b>  | 18+                    |
| <b>Facility security levels/resident custody levels:</b>   | minimum                |
| <b>Number of staff currently employed at the facility who may have contact with residents:</b>                       | 88                     |
| <b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b> | 3                      |
| <b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>             | 18                     |

| AGENCY INFORMATION   |  |
|--|--|
| <b>Name of agency:</b>                                       | Lake County Community Corrections Advisory Board |
| <b>Governing authority or parent agency (if applicable):</b> |  |
| <b>Physical Address:</b>                                     | 2600 West 93rd Ave, Crown Point, Indiana - 46307 |
| <b>Mailing Address:</b>                                      |  |
| <b>Telephone number:</b>                                     |  |

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

**Agency-Wide PREA Coordinator Information**

|              |                |                       |                          |
|--------------|----------------|-----------------------|--------------------------|
| <b>Name:</b> | Kellie Bittorf | <b>Email Address:</b> | bittokj@lakecountyin.org |
|--------------|----------------|-----------------------|--------------------------|

**SUMMARY OF AUDIT FINDINGS**

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

**Number of standards exceeded:**

|   |   |
|---|---|
| 1 | <ul style="list-style-type: none"> <li>• 115.218 - Upgrades to facilities and technology</li> </ul> |
|---|---|

**Number of standards met:**

|    |
|----|
| 40 |
|----|

**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: | 2022-03-30 |
| 2. End date of the onsite portion of the audit:   | 2022-04-01 |

### Outreach

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|---|---|
| 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<br><input type="radio"/> No  |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated:   | <p>A call was made to Fair Haven Rape Crisis Center due to an active Memorandum of Understanding being in place between the two agencies. This facility serves Lake, Porter and LaPorte Counties in Northwest Indiana. They provide support in the form of judicial, medical and victim advocacy, individual therapy and support groups. The advocates are available for deployment to accompany a victim during a SANE exam or any other advocacy situation wherein they need additional support.</p> <p>Services are free of charge to anyone utilizing the programming being offered. The office hours are 8a-5p Monday through Thursday and 8a-4:30p on Fridays. They have a 24 hour crisis line that can be used for oral communication or text. It is staffed by 5 advocated who have at least an Associates in the Helping Professions and have had advocacy training.</p> |

## AUDITED FACILITY INFORMATION

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|--|--|
| 14. Designated facility capacity:  | 320  |
| 15. Average daily population for the past 12 months:                             | 98   |
| 16. Number of inmate/resident/detainee housing units:                            | 4  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

|   |     |
|---|-----|
| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 124 |
|---|-----|

|   |   |
|---|---|
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:  | 0   |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 1   |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:  | 0   |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:   | 0   |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:  | 1   |
| 43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:   | 2   |
| 44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:   | 0   |
| 45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:   | 0   |
| 46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:  | 0   |
| 47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:                                       | 0   |
| 48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):   | The auditor conducted an initial onsite audit and a follow up on 10/14/22. All of the above residents identified as vulnerable per the standards were interviewed personally during the initial onsite audit. For the follow up, there was one identified transgender resident, however they were not in the building and available for an interview, however the auditor was able to review their file and the completion of all the required documentation per the standards and the facility policy. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>  |   |
| 49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:   | 88  |
| 50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:   | 18  |

|   |  |
|---|--|
| 51. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:                 | 3  |
| 52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | <p>The facility employs full and part time employees, so the auditor attempted to meet with anyone who was accessible during the hours that she was onsite.</p> <p>There were no volunteers available during any of the 4 days the auditor was onsite in order to be interviewed. The auditor was able to interview the Food Service Contractor for ARAMARK during the onsite visit.</p> |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

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|---|----|
| 53. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed: | 12 |
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|  |  |
|--|--|
| 54. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply) | <input checked="" type="checkbox"/> Age<br><input checked="" type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input checked="" type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |
|--|--|

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| 55. How did you ensure your sample of <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees was geographically diverse? | <p>The auditor interviewed any resident that was available during the hours she was onsite. Because of the multiple posts and the residents random movement, she was able to speak to at least one resident based on the characteristics listed above.</p> <p>It should be noted that the auditor was sure to be in the facility on a 24 hour rotation so that residents who were gone during the day, could be interviewed and vice versa.</p> |
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| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
|--|--|

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| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | <p>Because the auditor had no background characteristics about the residents who were being selected for interviews except their post assignment, she conducted the random questionnaire on everyone and then asked them if they identified as one of the vulnerable populations. Those that self reported, were then asked additional questions. Those that denied having a vulnerability were then placed in the random interview pile.</p> |
|---|---|

#### Targeted Inmate/Resident/Detainee Interviews

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| <b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>   | 3  |
| <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> |  |
| <b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 0  |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>  | <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.<br><br><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.   |
| <b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>   | The auditor specifically asked for any resident meeting this criteria and was told there weren't any at this time. Residents are always asked if there is any resident they feel the auditor needs to speak to specifically. If they give a name, then the auditor attempts to meet with them as suggested if they are available or wish to be interviewed. The auditor did not have any referrals or declinations of interview. |
| <b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>  | 2  |
| <b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 0  |
| <b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>  | <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.<br><br><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.   |
| <b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>   | The auditor specifically asked for any resident meeting this criteria and was told there weren't any at this time. Residents are always asked if there is any resident they feel the auditor needs to speak to specifically. If they give a name, then the auditor attempts to meet with them as suggested if they are available or wish to be interviewed. The auditor did not have any referrals or declinations of interview. |

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| <p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>  | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor specifically asked for any resident meeting this criteria and was told there weren't any at this time. Residents are always asked if there is any resident they feel the auditor needs to speak to specifically. If they give a name, then the auditor attempts to meet with them as suggested if they are available or wish to be interviewed. The auditor did not have any referrals or declinations of interview.</p>   |
| <p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor specifically asked for any resident meeting this criteria and was told there weren't any at this time. Residents are always asked if there is any resident they feel the auditor needs to speak to specifically. If they give a name, then the auditor attempts to meet with them as suggested if they are available or wish to be interviewed. The auditor did not have any referrals or declinations of interview.</p> <p>Residents who were bilingual were interviewed however they were also proficient in English and therefore didn't need a modification for education.</p> |
| <p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                     | <p>2</p>  |
| <p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                       | <p>0</p>  |



|  |   |
|--|---|
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>  |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>There was an identified transgender resident during the follow up onsite visit, however they were out of the building and not due to return until late evening after the auditor was gone. The auditor intentionally reviewed their file to ensure that policy was followed and all the forms that were stated to be used actually were. There were no discrepancies and the file was intact.</p>  |
| <p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>   | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor specifically asked for any resident meeting this criteria and was told there weren't any at this time. Residents are always asked if there is any resident they feel the auditor needs to speak to specifically. If they give a name, then the auditor attempts to meet with them as suggested if they are available or wish to be interviewed. The auditor did not have any referrals or declinations of interview.</p> <p>The auditor was able to review all of the reported allegations during the follow up onsite visit. None of the reports were for substantiated investigations of sexual abuse within the facility.</p> |
| <p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>                    | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>  | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>   |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>The auditor specifically asked for any resident meeting this criteria and was told there weren't any at this time. Residents are always asked if there is any resident they feel the auditor needs to speak to specifically. If they give a name, then the auditor attempts to meet with them as suggested if they are available or wish to be interviewed. The auditor did not have any referrals or declinations of interview.</p>   |

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| <p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>   |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>  |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>The auditor specifically asked for any resident meeting this criteria and was told there weren't any at this time. Residents are always asked if there is any resident they feel the auditor needs to speak to specifically. If they give a name, then the auditor attempts to meet with them as suggested if they are available or wish to be interviewed. The auditor did not have any referrals or declinations of interview.</p> <p>Furthermore interviews with staff and residents confirmed that this is not a practice that even exists.</p>   |
| <p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>  | <p>There were no barriers to interviewing. The auditor was given complete and total access to any resident that was in custody on the days of the onsite portion. The staff even set up a system to reduce the wait time in between interviews by having a secondary resident in waiting to walk in immediately. Because of this, the auditor was able to interview more residents in a shorter span of time.</p> <p>It also should be noted that because this is a work release facility, they are not set up to house residents who aren't independently able to be employed in the community because it would defeat the purpose. Therefore it is not unbelievable that there is not a large population of residents with vulnerabilities being housed.</p> <p>The auditor was given the roster for the day and allowed to select anyone she wanted to meet with that was in the building. Because some were not in the building at that time, they were targeted for later hours when they would return if not in groups and treatment. The staff of Lake County Community Corrections was more than accommodating to the auditor and the audit process.</p> |
| <p><b>Staff, Volunteer, and Contractor Interviews</b></p>   |  |
| <p><b>Random Staff Interviews</b></p>   |  |
| <p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>  | <p>18</p>  |

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| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>   |
| <p><b>If "Other," describe:</b></p>  | <p>The auditor interviewed any staff that was available during the hours she was on grounds. It was important that the staff selected fit the criteria for each of the characteristics listed and those in the other category when applicable. The facility is co-ed with both staff and residents and the area has different ethnicities living and working. Because it was noted that there were multiple staff who were bilingual and functioned as translators when necessary, they definitely were to be interviewed.</p> |
| <p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>  | <p>There were no barriers to interviewing staff. The auditor was allowed to work in the evening and early morning/late night independent of the facilities administrative staff. Directives were given to follow the same expectations during the non business hours as were followed during the day.</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>   |  |
| <p>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.</p> |  |
| <p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>13</p>  |
| <p><b>76. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>78. Were you able to interview the PREA Coordinator?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |

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

|  |   |
|--|---|
| <p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>                          | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>   | <p>1</p>  |
| <p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p> | <p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>  |
| <p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>   | <p>The auditor interviewed any staff who have contact with the residents and was readily available on the days of the onsite portion of the audit.</p> <p>The staff of Lake County Community Corrections were helpful and willing to assist in this process in any way needed. Staff relieved different posts so that interviews could be conducted. Staff staggered their lunch breaks to keep the flow of the day intact while making staff available for interviews. Some staff even arrived early or stayed late to ensure they were a part of the process. Again, the staff was more than accommodating.</p> |

## 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.

|   |   |
|---|---|
| <p><b>84. Did you have access to all areas of the facility?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

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

|   |   |
|---|---|
| <p><b>85. 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)?</b></p>                                      | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p><b>86. 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)?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

|  |   |
|--|---|
| <p><b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>88. Informal conversations with staff during the site review (encouraged, not required)?</b></p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> | <p>The auditor was able to communicate with staff and residents during the escorted walk through. She was able to ask random questions not found on the questionnaire based on what she was seeing or hearing. At no point did staff try to be deceitful or look for approval from the staff escorting the auditor. All of their answers appeared to be genuine and truthful.</p> <p>Staff trusted the process enough to make reports about some concerns they had and to ask questions about things they had never really given a second thought but asked because the opportunity presented itself. They were not guarded nor were their responses rehearsed or coerced.</p> <p>Because this is the third PREA Audit, many of the staff have been there for at least 2 of them and they are visibly more comfortable with the process. There is no feeling of anxiousness or uncertainty when interacting as it was the first time or so. The staffs ability to be more relaxed is exhibited in their confidence when speaking. PREA is a true expectation for everyone within Lake County Community Corrections.</p> |

**Documentation Sampling**

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

|   |   |
|---|---|
| <p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>            | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>   |
| <p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>The auditor was able to review staff and resident files during both onsite visits. Specific information regarding the findings can be found in the comments of the standards in which they directly relate.</p> <p>The auditor was placed in an office with the files for reviewing at her leisure. She was able to speak with the records keeper in regard to questions about HR files that needed clarification. She was able to ask staff about documentation and files for the residents as well.</p> <p>There were no true barriers, however it should be noted that the original PREA Coordinator who started the audit process separated from the agency in the midst of the audit. The newly hired PREA Coordinator immediately made contact and asked questions so that she could pick up and keep the momentum going. Between her, the Executive Director and the Deputy Director, they made sure nothing slipped through the cracks and everyone pitched in for a successful audit. The teamwork exhibited was truly appreciated by the auditor because it did not affect their ability to complete the task as expected.</p> |

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

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

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

**Sexual Harassment Investigation Outcomes**

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: 0



|  |   |
|--|---|
| <p>a. Explain why you were unable to review any sexual abuse investigation files:</p>  | <p>There were no sexual abuse investigations conducted in the 12 months prior to the audit start or since the completion of the corrective action period.</p>                                     |
| <p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>                  |
| <p><b>Inmate-on-inmate sexual abuse investigation files</b></p>  |   |
| <p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>  | <p>0</p>  |
| <p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>  | <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p> |
| <p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>  | <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p> |
| <p><b>Staff-on-inmate sexual abuse investigation files</b></p>   |   |
| <p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>   | <p>0</p>  |
| <p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>   | <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>  |
| <p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>   | <p> <input type="radio"/> Yes<br/> <input type="radio"/> No<br/> <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) </p>  |
| <p><b>Sexual Harassment Investigation Files Selected for Review</b></p>  |   |
| <p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>  | <p>4</p>  |

|   |   |
|---|---|
| <p>107. Did your selection of <b>SEXUAL HARASSMENT</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>   |
| <p><b>Inmate-on-inmate sexual harassment investigation files</b></p>  |   |
| <p>108. Enter the total number of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>   | <p>4</p>  |
| <p>109. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> files include criminal investigations?</p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>  |
| <p>110. Did your sample of <b>INMATE-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>   | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>  |
| <p><b>Staff-on-inmate sexual harassment investigation files</b></p>   |   |
| <p>111. Enter the total number of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>  | <p>1</p>  |
| <p>112. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include criminal investigations?</p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>   |
| <p>113. Did your sample of <b>STAFF-ON-INMATE SEXUAL HARASSMENT</b> investigation files include administrative investigations?</p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>   |
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>   | <p>All of the files were reviewed during the corrective action period because they took place following the initial onsite facility audit. Four of the five allegations were words exchanged or accusations made amongst the residents. The fifth one was rumors of a potential relationship between staff and a resident. However upon conclusion of the investigation, it was unfounded. The auditor was able to review all of the files, witness statements and any other supporting documentation. Everything was in order, dated and well maintained for easy viewing. All of the forms that were stated to be used during the audit were present and accounted for.</p> |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

- Yes  
 No

### Non-certified Support Staff

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

- Yes  
 No

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

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

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

|         |  |
|---------|--|
| 115.211 | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |
|         | <p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1492 432">Lake County Community Corrections (LCCC) has a facility specific written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment that outlines the agency's approach to preventing, detecting, and responding to such conduct. The policy is a 27 page document entitled Policy and Administrative Procedures: Prison Rape Elimination Act (PREA) that was updated with an effective date of 2/14/22. The facility staffing plan as well as Fire Escape Routes are also included in this policy.</p> <p data-bbox="242 461 1492 521">There are 12 distinct sections with an explanation for each subject on how the agency plans to enact the responsibilities per the standards entitled:</p> <ol data-bbox="279 573 901 969" style="list-style-type: none"> <li>1. Purpose</li> <li>2. Compliance</li> <li>3. Definitions</li> <li>4. Prevention Planning</li> <li>5. Responsive Planning</li> <li>6. Training and Education</li> <li>7. Screening for Risk of Sexual Victimization and Abusiveness</li> <li>8. Reporting</li> <li>9. Investigations</li> <li>10. Discipline</li> <li>11. Medical and Mental Care</li> <li>12. Data Collection and Review</li> </ol> <p data-bbox="242 999 1492 1126">The agency provided their current Organization Chart with a revision date of 6/2021. The specific title of PREA Coordinator is not listed on the organizational chart, however the comment box in OAS states that the role of Executive Assistant includes the duties of the PREA Coordinator in the job description. A copy of the job description was not provided, nor was documentation showing who the Executive Assistant is provided, and although it is assumed, it cannot be proven.</p> <p data-bbox="242 1155 1492 1249">Within the PREA policy, there is a statement that the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with all PREA standards, however this statement comes directly from the standards and no proof was provided as to how this was accomplished in the pre-corrective action stage.</p> <p data-bbox="242 1279 1492 1373">Since then, the auditor has been provided the job description for the Executive Assistance who has an entire section on the requirements as the PREA Coordinator. The responsibilities include but are not limited to daily tasks, policy creation, data collection and reporting as well as standards compliance. This document was signed on 8/24/22 by the current employee.</p> |

|         |  |
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| 115.212 | <b>Contracting with other entities for the confinement of residents</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 414">Based on the answers provided during the pre-audit phase, the auditor was unsure if this standard was in compliance or was not applicable. The answer in OAS was that there are no contracts for the confinement of its residents with private agencies or other entities but then all of the subsequent answers were yes's as though there is a contract. In one area it says contracts are renewed annually.</p> <p data-bbox="231 414 1508 504">During the on-site phase, it was clarified that they are the other entity that is contracted for the Indiana Department of Corrections and therefore must be PREA compliant per the agreement.</p> <p data-bbox="231 504 1508 562">Therefore this standard is non-applicable.</p> |

|         |   |
|---------|---|
| 115.213 | <b>Supervision and monitoring</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="242 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1493 398">The PREA policy includes the facilities staffing plan that incorporates floor plans of the different posts on different levels. The staffing plan provides feedback on the number of staff for each designated area, their titles as well as the rotation on a 24hour clock. Based on the documentation, this information is to be used for a maximum capacity of 320 residential participants. The Footer states that the staffing plan was reviewed in 2022.</p> <p data-bbox="242 432 1493 524">No documentation from the staffing plan development process was presented to provide proof that the physical layout, composition of the resident population, prevalence of substantiated and unsubstantiated incidents of sexual abuse as well as other relevant factors were taken into account prior to the final decision being made in the pre-corrective action stage.</p> <p data-bbox="242 557 1493 616">The body of the staffing plan says that it will document and justify all deviations from the plan but nothing was provided, so the assumption is that their hasn't been a deviation but nothing was provided to reiterate that fact, if that is the case.</p> <p data-bbox="242 649 1493 777">Section C of the standard requires at least annually or as needed, the facility is to assess, determine and document whether adjustments are needed to the staffing plan, prevailing staffing patterns, deployment of video monitoring systems/monitoring technology and other resources the facility has available to commit to ensure adequate staffing levels. Updating the date of the document will not suffice in this case, a copy of an annual review that spells out all of these things must be provided.</p> <p data-bbox="242 810 1493 1133">The above was the language on the interim report. Since that time, all of the necessary documentation has been received and reviewed by the auditor. On 10/3/22, there was a staffing plan update for 2022 that included all of the missing analysis information to show where the facility took into account all of the factors of the standard when making decisions about how staffing is to be done. There is a table that shows all the different posts on a 24hour rotation and how they are to be staffed at each point during the day. There was discussion about the use of technology to aid in maintaining the safety and security of the institution as well. There was also a copy of the any annually documented cases of sexual abuse and sexual harassment from 2019 through 2021. An updated Organizational Chart was provided as well. There is a listing of all of the current positions and number of appropriations for each as well as who is currently filling those roles and whether they are full time or part time. It also included the buildings blue prints and the expected emergency evacuation plans for different types of situations.</p> |

|         |  |
|---------|--|
| 115.215 | <b>Limits to cross-gender viewing and searches</b>   |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1445 398">The PREA policy for LCCC clearly states that strip searches and visual body cavity searches shall only be conducted by same sex staff. It requires that residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks. This includes viewing via video camera.</p> <p data-bbox="242 427 1477 555">The policy also states that staff of the opposite gender are required to announce their presence when entering an area where residents are likely to be showering, performing bodily functions or changing clothes. If an opposite gender staff enters a housing unit, they are required to log their presence in the Opposite Gender Sign-In Sheet. Also at no time are opposite gender staff permitted to be in the designated search areas.</p> <p data-bbox="242 584 1469 712">For accountability purposes to aid in reducing the accidental viewing by staff of the opposite gender, the residents are not permitted to be in open viewing in a state of undress. They are only allowed to change clothing in the designated changing area in their dorms with a closed curtain. Residents are required to sleep in either their issued uniforms or a solid tee shirt with black shorts. If they fail to follow these guidelines, disciplinary action will be taken.</p> <p data-bbox="242 741 1445 837">A copy of the disciplinary code or handbook given to residents that express this sentiment was not provided as additional documentation proof of this standard during the pre-corrective action period. Since that time, the resident handbook has been provided wherein subsection 26 is about PREA and the expectations for being in a state of undress.</p> <p data-bbox="242 866 1477 963">The facility does house female residents however only female staff provide searches. Female residents' access to regularly available programming or other outside opportunities have never been restricted due to the inability to perform cross-gender pat-down searches. There are always female custody staff working to provide these services.</p> <p data-bbox="242 992 1477 1088">Because cross-gender strip searches and cross-gender body cavity searches are not allowed in this facility, there is nothing to document. However the policy should be updated to reflect that if exigent circumstances arise that the facility expectation will be to document.</p> <p data-bbox="242 1117 1461 1176">The PREA policy states that at no time are transgender or intersex residents to be searched or physically examined for the sole purpose of determining the residents genital status if unknown.</p> <p data-bbox="242 1205 1469 1332">There is no language that if the genital status is unknown, that it may be determined during conversations with the resident, by reviewing medical records or if necessary by learning that information as a part of a broader medical examination conducted in private by a medical practitioner per the standards. The policy fails to provide an explanation on how the genital status will be determined if unknown.</p> <p data-bbox="242 1361 1485 1489">Per the answers in OAS and the lack of information in the policy and training records, it would appear that the facility has not trained staff on how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The auditor is uncertain how transgender and intersex residents are searched.</p> <p data-bbox="242 1518 1477 1787">The above information was provided in the interim report. The PREA policy was updated on 9/1/22 to include the missing language as previously mentioned. It is a 21 page document that provides "how" the facility will meet the standards as written. The auditor was also provided a copy of the Lake County Community Corrections Search Training Curriculum. It includes policy expectation, hands on/practical demonstrations of searches and a review of a PREA Search Video. Specific language about cross-gender and transgender pat searches is also included following guidance from the PREA Resource Center. Upon completion of training, the staff will complete a follow-up questionnaire that has 4 questions about what was learned during the training. It requires the printed name, signature and date for the staff receiving the training. There is also a PREA Education Receipt form that staff sign acknowledging that they have received training and understand it.</p> <p data-bbox="242 1816 1485 1912">The facility employees both male and female staff at a ratio that ensures there is always staff of the same sex working, therefore there is no concern with female residents inability to attend outside community treatment or programming due to an inability to be searched upon return. Also there is a body scanner that can be used by staff of any gender.</p> |



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| 115.216 | <b>Residents with disabilities and residents who are limited English proficient</b>   |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1489 398">It is the requirement of this standard to ensure that the facility takes appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The vulnerabilities specifically addressed in this standard include but are not limited to:</p> <ul data-bbox="284 450 536 611" style="list-style-type: none"> <li>• deaf or hard of hearing</li> <li>• blind or low vision</li> <li>• intellectual disabilities</li> <li>• psychiatric disabilities</li> <li>• speech disabilities</li> </ul> <p data-bbox="242 640 1452 768">It is the expectations that steps shall include, ensuring effective communication with residents by providing access to interpreters who are effective, accurate, impartial both receptively and expressively, using any necessary specialized vocabulary. Written materials are to be provided in formats or through methods that ensure effective communication with residents who have intellectual disabilities, limited reading skills or what are blind or have low vision.</p> <p data-bbox="242 797 1474 925">While the policy states these expectations, no information was provided regarding interpreter services during the pre-audit phase, including languages offered and documentation proof of a confirmed relationship to provide services as needed. No documentation for modified reading was provided or any language in the policy as to how this is accomplished within the facility.</p> <p data-bbox="242 954 1489 1149">After the on-site portion, a listing with 4 different interpreter services was provided to the auditor. Each provides a different service including Spanish interpreting, various language interpreting &amp; translation, various language interpreting and deaf interpreting. This document was not accompanied by some sort of written agreement as to what these generalized explanations mean, how the services are to be rendered, time frames for response and that these companies have a working relationship with LCCC. During the corrective action period, the auditor received auditing documentation that proves the relationships exist with these companies as they have been assigned a vendor # for payment. All are currently active.</p> <p data-bbox="242 1178 1474 1274">The agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p data-bbox="242 1303 1481 1400">This standard also requires that the agency shall not rely on resident interpreters, resident readers or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties or the investigation of the resident's allegations.</p> <p data-bbox="242 1429 1404 1487">This sentiment is expressed in the policy, however it neglected to provide proof as to how residents are aware of this expectation and how they meet the need for interpretation when it is not an emergent situation.</p> <p data-bbox="242 1516 1481 1680">During the on-site portion of the audit, it was expressed that there are a few staff who are bilingual that are able to communicate using Spanish. No other secondary bilingual staff were mentioned and based on staff reports, they've not had anyone who spoke more than Spanish be sentenced to their facility. The auditor wants to ensure that if it does occur and a person speaks something other than Spanish that staff know what to do in that instance and not wait until faced with the dilemma to figure it out.</p> <p data-bbox="242 1709 1474 1805">The listing of language interpreting vendors has a disclaimer that only certain staff are to contact these agencies, which means the situation would have to be escalated to supervisory staff. This is how they ensure that the proper processes are followed during emergencies.</p> |

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| 115.217 | <b>Hiring and promotion decisions</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1476 331">This standard requires that the agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who--</p> <ol data-bbox="279 383 1476 544" style="list-style-type: none"> <li>1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;</li> <li>2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse; or</li> <li>3. Has been civilly or administratively adjudicated to have engaged in the activity described in section (2).</li> </ol> <p data-bbox="242 573 1262 602">Per the PREA policy, before hiring new employees, who may have contact with residents, LCCC shall:</p> <ul data-bbox="284 654 1485 1182" style="list-style-type: none"> <li>• Perform a criminal background records check; and</li> <li>• Make 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 consistent with Federal, State and Local law; and</li> <li>• Conduct criminal background records checks at least every 5 years of current employees, volunteers or contractors; and</li> <li>• Ask all applicants and employees about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews for current employees. The agency shall also impose a continuing affirmative duty to disclose any such misconduct by signing a PREA Employee/Volunteer/Contractor Questionnaire prior to their hire or promotion. It is also expected for all staff to sign a PREA Acknowledgement Form that they are aware of LCCC's zero tolerance policy of sexual abuse and sexual harassment; and</li> <li>• Establish ground for termination for any material omissions regarding such misconduct, or the provision of materially false information; and,</li> <li>• Provision of 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.</li> </ul> <p data-bbox="242 1211 1476 1373">The facility policy discussed multiple forms, however no blank/templates were provided in the pre-audit phase. No HR pre-hire, promotion, interviewing documentation was provided. Signed and dated versions of these forms for staff were also not included. No proof of requesting or providing PREA information from/to a secondary agency for employment purposes was uploaded. No signed and dated proof that staff have been made aware of these expectations per the policy and have acknowledged their requirements for continuous affirmative duty to disclose.</p> <p data-bbox="242 1402 1493 1496">Upon completion of the corrective action period, the auditor has received a copy of the templates of these forms and an email chain between the Executive Director and the Indiana Department of Correction staff doing a PREA check for new hires with previous employment with IDOC.</p> <p data-bbox="242 1525 1476 1686">Initially the policy didn't state that contractors/volunteers will have a criminal background check conducted prior to their services being enlisted, but it did discuss the every 5 years expectation. No volunteer/contractor documentation proof with signatures and dates were provided during the pre-audit phase. If there have been instances of these situations, no documentation proof was provided during the pre-audit phase. No documentation of the 5 year criminal background checks occurring in the past 12 months.</p> <p data-bbox="242 1715 1465 1877">During the on-site portion of the audit, the auditor was given 100% access to all staff human resource files for current and past employees as well as files kept for contractors/vendors. Only 2 of the 31 files had criminal background checks exceeding the 5 yrs updated check. There were 2 employees with no criminal background check at hire. The auditor will review these 2 files again to see if either the original criminal background checks were found or if one had been completed since making them aware of missing documentation. Those files were reviewed and are now in compliance.</p> <p data-bbox="242 1906 1481 2103">Signed and dated copies of the Lake County Community Corrections Prison Rape Elimination Act Acknowledgement was given to the auditor. This document provides the printed name, signature, date and title in which the person shall be recognized by the agency including employees, volunteers, contractors and vendors. This document is accompanied by the PREA Employment Questionnaire and the Lake County Sheriff's Department Data Request Form wherein criminal background checks are requested. The expectations of passing a criminal background check prior to access to the facility, within 5 yrs and their continuing duty to report is discussed between these 3 forms.</p> |

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| 115.218 | <b>Upgrades to facilities and technology</b>   |
|         | <b>Auditor Overall Determination:</b> Exceeds Standard   |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">The policy is reflective of the language of the standard in that it states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.</p> <p data-bbox="229 367 1509 524">Based on the answers in OAS, this has occurred. The auditor is unsure if the yes response is that they understand the standard or if it means that they have in fact updated technological equipment. If there have been enhancements, no documentation proof was provided regarding meeting minutes disclosing how the decision was made, purchase agreements, updated floor plans showing new equipment, updated assets lists etc.</p> <p data-bbox="229 524 1509 815">During the onsite, it was obvious that many updates had been completed since the last PREA audit. The auditor was immediately cognizant of all the changes that had taken place since 2017. The agency took the suggestions given in casual conversations and even those included in the previous final report and instituted anything that was possible. Their commitment to ensure the sexual safety of the residents they supervise is best acknowledged with change and upgrades. The control post was reconfigured so it is now a no contact atmosphere, cameras were added, privacy curtains were hung in each room, staff radios were upgraded, a shakedown room was built, bathroom stalls were added, a body scanner was purchased, portable desks were placed at different posts and more full time positions were created to aid in increased security and a reduction in turnover.</p> <p data-bbox="229 815 1509 904">The updated staffing plan for 2022 now includes language about technological updates, their expectations and how decisions are made to deploy what system where.</p> <p data-bbox="229 904 1509 1012">The first portion of this standard discusses the acquisition of a new facility or the planning of any substantial expansion or modifications of existing facilities considering the agency' ability to protect residents from sexual abuse is not applicable.</p> |

115.221

**Evidence protocol and forensic medical examinations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

It has been established that LCCC is responsible for administrative investigation allegations of sexual abuse but not for criminal investigation allegations of sexual abuse. But because the need to collect evidence could occur in both circumstances, this standard requires a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be adapted or based on the most recent edition of the US 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.

The PREA policy under subsection B. Initial Response and Protection uses the language of the standard and then gives step by step instructions for First Responders separately from the Director of Operations/Assistant Director of Operations Responders both listed as (a) to (i).

While this states that the process for collecting the evidence is uniform and gives chronological steps, no documentation proof of training on how to accurately do this with employees of LCCC. If specialized training has been provided, copies of the curriculum and acknowledgement and understanding forms with all staffs signatures dated would suffice. If there is no specialized training, then the facility will need to put something in place that actually tells the employee how to collect evidence and store it until retrieved for a criminal or civil case as necessary.

The current staff responsible for evidence collection has had training on this subject. LCCC is actively looking for more defined trainings to enhance the skills of the staff in this role. Once that has been found, the investigator will be enrolled and expected to attend.

A copy of the Memorandum of Understanding between LCCC's Director and the Sheriff or designee of Lake County was presented with a date of 2/15/22. This document is for the purpose of establishing that all investigatory referrals from LCCC will be investigated and presented for prosecution if found to be criminal in nature. It states specifically what the responsibilities of both parties are and that the form will be reviewed annually and updates as deemed necessary.

No documentation proof was provided from the Sheriff showing that the trainings required in this standard are actually in place, however the job descriptions for a sex crime detective would satisfy this portion of the standard as they are required to be PREA compliant as well. The facility intends to increase the communication and documentation with the Sheriff's Office to ensure all of the proper proof is readily available.

This standard states that all victims of sexual abuse be offered access to forensic medical examinations, whether on-site or at an outside facility. There should be no cost where evidentiarily or medically appropriate. The exams shall be performed by Sexual Assault Nurse Examiners (SANE) or Sexual Assault Forensic Examiners (SAFE) where possible. In the event neither a SANE or SAFE are available, the examination can be performed by other qualified medical practitioners.

The PREA policy states that it is the expectation that in the event of the need for a sexual assault forensic exam, that it will follow all of the steps. The policy states that the victim would be transported to Franciscan Health-Crown Point at no cost.

The agency is actively working to get an MOU in place with Franciscan Health-Crown Point that will clearly spell out the expectations of this standard. The auditor was able to speak to staff of Franciscan Health and confirmed that they do have SANE nurses available in the ER and all of them have received training on conducting a rape kit on adults.

Following the corrective action period, letterhead from the PREA Coordinator stated that there had been no reports of sexual victimization resulting in the need for a sexual assault nurse examination.

It is the expectation that an attempt to make a victim advocate available from a rape crisis center shall be made. If there is no rape crisis center available to provide victim advocate services, the facility is to provide services from a qualified staff member with a community-based organization or a qualified agency staff member.

For the purposes of this standard, a rape crisis center is defined as an entity that provides intervention and related assistance to victims of sexual assault of all ages. It may be a part of a governmental unit as long as the center is not part of the criminal justice system and there is a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

A MOU was provided for Fair Haven Inc to satisfy some portions of the standard. It should be updated to include some additional language and accompanied by education/training or policy for education/training documentation of the person(s) who will be providing services. Because it is only signed by the Director of LCCC, it is not yet a legal binding agreement but the documentation proof of an attempt has been presented. By the end of the corrective action period, this document may be

signed, a different agency may be in place or it may remain as is. In an effort to allow the facility to secure a final decision, the auditor will not reach out to Fair Haven during the pre-audit phase.

Since that time, the updated MOU has been presented to the auditor with the signatures of both Executive Directors of each agency. It is dated for 10/4/22. The auditor called to speak with the Executive Director of Fair Haven Inc to confirm that the signature was valid and the services would be provided as written.

If the decision is to use an agency staff member or other qualified community-based staff member, documentation proof will be necessary to prove that the individual has been screened for appropriateness to serve in this role and has the received education concerning sexual assault and forensic examination issues in general. It was confirmed that anyone working in a victim advocacy role through Fair Haven has been deemed appropriate to serve in this role and has received the education as required.

As requested by the victim, they shall be accompanied and supported through the forensic medical exam process and all investigatory interviews. The victim shall also be provided emotional support, crisis intervention, information and referrals.

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| 115.222 | <p data-bbox="229 69 1509 1202"><b>Policies to ensure referrals of allegations for investigations</b></p> <p data-bbox="229 129 1509 192"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 197 1509 259"><b>Auditor Discussion</b></p> <p data-bbox="229 264 1509 398">The Department of Justice expects that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The agency is to have a policy in place to ensure that allegations of this nature are referred for investigation with the legal authority to conduct criminal investigations, unless the allegation doesn't involve potentially criminal behavior.</p> <p data-bbox="229 403 1509 627">The PREA policy clearly states that administrative investigations shall be initiated immediately on all allegations. If there is no physical evidence or threat of being a criminal offense, the investigation can be completed within the facility by the PREA Committee. Based on the answers to the statistical questions, there have been no allegations that were potential sexual abuse or sexual harassment, so no administrative reports were provided. Because there was no aggregated annual data for allegations uploaded or on the facility website, the auditor is unable to confirm if this is true or if supporting documentation was simply not included.</p> <p data-bbox="229 631 1509 810">If the facility has a website wherein the PREA policy can be posted, that is the easiest way to to make it accessible by the public. In the event, that is not the case, the policy has to be made accessible through other means. This policy must include the responsibilities of both LCCC and the criminal investigatory agency if they are not investigated by staff of the facility. If the criminal investigatory organization is a State entity or a component of the Department of Justice, their should be a policy in place governing the conduct of such investigations within a criminal confinement setting.</p> <p data-bbox="229 815 1509 972">The auditor was able to access the facilities website, however no policies were posted. Use of the search engine resulted in a PREA report from 2016 for the juvenile sector of Lake County. There was nothing there concerning Community Corrections as of 3/24/22. No other option was presented in the preliminary upload to state how this information may be accessible to the public.</p> <p data-bbox="229 976 1509 1066">Following the corrective action period, the facility website has been updated. It now has the LCCC PREA Policy, the annual report for calendar years 2019-2021 and the final PREA audit report from 2017.</p> <p data-bbox="229 1070 1509 1202">Letterhead from the PREA Coordinator dated 8/15/22 discloses that the Lake County Sheriff's Department shall conduct all investigations and that the deputies by attend the Indiana Law Enforcement Academy prior to conducting investigations at the facility. For safety reasons, the Sheriff's policy on sexual assault investigations is not made available to the public.</p> |
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| 115.231 | <b>Employee training</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1484 365">Initially the auditor was uncertain about the population make-up of the facility due to the conflicting information from the OAS comment boxes, answers to specific standard questions and missing information. During the on-site portion of the audit, it was confirmed that the facility is in fact co-ed and they do house female residents.</p> <p data-bbox="242 394 1453 488">This standard is about the content of the training curriculum that is to be provided to all employees who may have contact with residents. The training is to be tailored to the gender of the residents. There is also a section about if there is a modification of training for staff who may be reassigned from working with males vs females.</p> <p data-bbox="242 517 1465 712">It is the expectation that all employees who haven't already been trained will be within one year of the effective date of the PREA standards and be given a refresher training every two years to ensure they have current knowledge on the agency's stance with sexual abuse and sexual harassment policies and procedures. In the year opposite the refresher training year, staff are to be given refresher information on current sexual abuse and sexual harassment policies. All of this is to be documented through employee signature or electronic verification that the employees understand the training they have received.</p> <p data-bbox="242 741 877 770">The curriculum for the training must include but is not limited to:</p> <ul data-bbox="284 822 1477 1218" style="list-style-type: none"> <li>• Its zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>• How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>• Residents' right to be free from sexual abuse and sexual harassment;</li> <li>• The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>• The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>• The common reactions of sexual abuse and sexual harassment victims;</li> <li>• How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>• How to avoid inappropriate relationships with residents;</li> <li>• How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and</li> <li>• How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ul> <p data-bbox="242 1247 1474 1375">The PREA policy states verbatim the expectations as written above, however no training curriculum, refresher training or refresher information documentation was provided to the auditor during the pre-audit phase. No signed/dated employee acknowledgements of understanding of the training was provide either. The comment box of the preliminary upload alludes that these items exist, however they were not electronically provided.</p> <p data-bbox="242 1404 1430 1464">Since the initial on-site portion of the audit, the auditor has been provided the actual PREA curriculum with the required language of the standards that has been presented to 82 staff including custody, administration, treatment etc.</p> |

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| 115.232 | <b>Volunteer and contractor training</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1477 465">Training for contractors and volunteers who may have contact with the residents should include information on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level of training shall be based on the services they provide and the level of contact they have with residents. It is required that all volunteers and contractors regardless of the level of contact shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Documentation shall be maintained that confirms that the training provided was understood.</p> <p data-bbox="240 495 1430 555">The PREA policy reiterates the expectations of this standard as written, however no training curriculum or signed/dated volunteer/contractor acknowledgements were uploaded into OAS during the pre-audit phase.</p> <p data-bbox="240 584 1469 645">After the on-site portion of the audit, the PREA training curriculum was provided to the auditor, however no proof of training records was included.</p> <p data-bbox="240 674 1477 734">The following forms were received for volunteers/contractors with Alcoholics Anonymous, Awakenings, Belk, Bethel Church, CWI, Fair Haven, Indiana Parenting Institute and individualized persons...</p> <ol data-bbox="240 763 727 909" style="list-style-type: none"> <li>1. Volunteer/Contractor Contact Information</li> <li>2. PREA Volunteer/Contractor Questionnaire</li> <li>3. Contractor/Volunteer Background Check Form</li> </ol> <p data-bbox="240 938 1469 1066">Upon completion of the corrective action period, records for 13 different volunteers and contractors was presented. Each document acknowledges that they understand the expectations of PREA, have been trained accordingly and identifies whether they are a volunteer or contractor. Each form is signed and dated with the printed name listed as well. The PREA training curriculum presented was also provided.</p> |



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| 115.233 | <p><b>Resident education</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The PREA policy was a reiteration of the standards with no supporting documentation provided during the pre-audit phase.</p> <p>After the on-site portion of the audit, the auditor was provided the Community Corrections Intake Packet that is comprised of 19 documents that include these PREA related forms:</p> <ol style="list-style-type: none"> <li>1. Resident Education Pamphlet</li> <li>2. PREA Resident Acknowledgement Form</li> <li>3. Sexual Violence Assessment Tool (SVAT) (3 pages)</li> <li>4. Receipt of Lake County Work Release Facility Handbook and PREA Information Form</li> </ol> <p>The auditor reviewed the files of 7 residents looking for forms #2-4 from above. Five files had completed SVAT's, while there were 2 missing. One of the 5 was missing a date of completion. All 7 files had the PREA acknowledgement form and the receipt of facility handbook and PREA information form.</p> <p>No documentation was provided for a resident who required a modified education session other than just reading and signing the form. If there are any videos being shown, those were not provided to the auditor either. There was no Spanish documentation provided if it is readily available.</p> <p>During the corrective action period, all of the previous deficits were improved. There is a now a PREA Resident Acknowledgement Form that requires the residents printed name, signature and date. Signature lines for the resident and a staff witness with a date have been added to the Facility Handbook and PREA Information form.</p> <p>The agency has interpreter services available for those wherein English is not their first language, including American Sign Language and Braille for those who are visually impaired. Because Spanish is the second most common language spoken intake documentation is readily available translated to be given if necessary along with having bilingual staff who are ready to communicate face to face. Posters and documentation throughout the facility were hung in both English and Spanish.</p> <p>The agency has purchased reader pens that will read the words on a page out loud while simultaneously interpreting in a different language if necessary. For those with a literacy issue, vision issue or language barrier, this tool would aid in their understanding. Any videos shown have closed caption available for those who are hearing impaired.</p> <p>If a resident has some cognitive deficits, the staff are willing to modify the intake as necessary to ensure they have an understanding of how to keep themselves safe. If their deficits are too great, the facility can seek a modification of sentence to better accommodate their needs.</p> |
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| 115.234 | <b>Specialized training: Investigations</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1493 465">This standard addresses the need for specialized training on investigations. It states that in addition to general training provided to all employees, the agency shall ensure that its investigators have received training in conducting investigations in a confinement setting to the extent in which sexual abuse investigations are investigated by staff. The training should include techniques for interviewing 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. All of this should have accompanying documentation.</p> <p data-bbox="242 499 1493 757">Two certificates were uploaded to the system, however the employment titles do not properly identify their role. Perhaps a job description or standard operating procedure that provide more detail as to how their role is to be filled within the organization could aid in this identification. It is assumed because that information was provided that they are internal investigators but could not be confirmed during the pre-audit phase. One training is for the Assistant Director of Operations as proof of completion of a 3 hour training through the National Institute of Corrections on PREA: Investigating Sexual Abuse in a Confinement Setting that was completed on 2/16/22. The second training is for the PREA Coordinator as proof of completion of a 2hr training through the National Institute of Corrections on PREA: Your Role in Responding to Sexual Abuse from 6/17/21. No curriculum was provided for either training to prove the objectives and what was presented and learned.</p> <p data-bbox="242 790 1422 880">The standards also expect that any State entity or Department of Justice Component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigator who conduct such investigations. No documentation supporting this portion of the audit was provided.</p> <p data-bbox="242 913 1485 1003">The auditor has since confirmed the job titles associated with the original training documentation provided. On 9/14/22, both the Director of Operations and the Correctional Service Manager completed a 6 hour virtual course through The Moss Group on PREA Specialized Investigations Training. The course modules included</p> <ul data-bbox="284 1059 770 1249" style="list-style-type: none"> <li>• PREA and the PREA Investigations Standards</li> <li>• Conducting Investigations in Confinement</li> <li>• Techniques for Interviewing Victims</li> <li>• Miranda and Garrity Use</li> <li>• Evidence Collection in Confinement</li> <li>• Substantiating a Case/Prosecutorial Referral</li> </ul> <p data-bbox="242 1283 1461 1373">Both of these staff are trained and expected to respond to all potential allegations resulting in either an administrative or criminal investigation. In the case of a criminal investigation, they would simply contact law enforcement to take over once the situation is deemed criminal in nature.</p> |

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| 115.235 | <b>Specialized training: Medical and mental health care</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | This standard is about the specialized training for medical and mental healthcare employees within the facility. LCCC does not employ medical or mental healthcare staff. Because these services are received in the community, it is not applicable. |

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| 115.241 | <b>Screening for risk of victimization and abusiveness</b>  |
|         | <p data-bbox="242 145 742 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 454 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1492 398">LCCC PREA policy specifically states that all residents will have a Sexual Violence Assessment Tool (SVAT) completed upon their arrival as well as upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents. It is the expectation that the SVAT will be completed within 72 hours of arrival at the facility.</p> <p data-bbox="242 432 1444 461">The intake screener shall consider at a minimum the following criteria to assess residents for risk of sexual victimization:</p> <ol data-bbox="279 506 1476 801" style="list-style-type: none"> <li>1. Whether the resident has a mental, physical, or developmental disability;</li> <li>2. The age of the resident;</li> <li>3. The physical build of the resident;</li> <li>4. Whether the resident has previously been incarcerated;</li> <li>5. Whether the resident's criminal history is exclusively nonviolent;</li> <li>6. Whether the resident has prior convictions for sex offenses against an adult or child.</li> <li>7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;</li> <li>8. Whether the resident has previously experienced sexual victimization; and</li> <li>9. The resident's own perception of vulnerability.</li> </ol> <p data-bbox="242 835 1476 958">The facility uses an objective instrument called the SVAT Adult Questionnaire that has 10 questions and provides the residents name, DOB and date of completion. While this document gathers some of the information required per the standards, it doesn't cover them all. This form either needs to be updated or if there is a second page that wasn't uploaded, that needs to be provided.</p> <p data-bbox="242 992 1476 1048">During the onsite, the auditor was provided all 3 pages of the SVAT that would provide answers the the information required per the standards.</p> <p data-bbox="242 1081 1476 1137">No copies of completed SVAT Adult Questionnaires were provided for all intakes in the past 12 months during the pre-audit phase.</p> <p data-bbox="242 1171 1476 1227">The PREA Coordinator provided the auditor with an SVAT Spreadsheet for 133 persons including names initial SVAT date, follow-up SVAT date and whether they are flagged as a potential victim or potential aggressor.</p> <p data-bbox="242 1261 1476 1384">Per the standards, within a time period not to exceed 30 days from arrival the facility is to reassess the residents risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The reassessment shall be warranted due to a referral, request, incident or sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.</p> <p data-bbox="242 1417 1492 1585">The facility provided no proof of the reassessments of all intakes in the past 12 months. During the on-site, it was acknowledged that follow-up SVATs were not being completed consistently and tracked. The expectation is that this issue will be resolved by the end of the 180 corrective action period and be an expectation to continue. The auditor was provided an excel spreadsheet for all intakes since 2/28/22, when their 30 day reassessment is due and when it was completed along with the corresponding case manager. All were completed except those due after this document was provided to the auditor.</p> <p data-bbox="242 1619 1428 1675">This standard also requires that a resident may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the aforementioned requirements.</p> <p data-bbox="242 1709 1476 1798">The PREA Policy states that this is the expectation and it is written on the bottom of the SVAT Adult Questionnaire that clients are not to be disciplined for failing to answer these questions or not giving complete responses. Signature lines have been added to the questionnaire as proof that the residents understand their rights.</p> <p data-bbox="242 1832 1460 1955">This standard requires the implementation of appropriate controls on the dissemination within the facility of responses to questions asked to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents. The PREA policy states that completed SVAT's will be maintained by the PREA coordinator. On the bottom of the form, it states that a courtesy copy is kept in the medical file.</p> |

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| 115.242 | <b>Use of screening information</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 371">The only thing provided during the pre-audit phase was the policy which is a regurgitation of the standards. There was no supporting documentation proof of the standard operating procedures or forms to be used with this expectation or documentation proof that it had been done in the past 12 month cycle.</p> <p data-bbox="229 371 1509 488">During the on-site portion of the audit, the auditor was able to visually observe the shower area that would be used for a transgender or intersex residents if they requested this. This shower is in the hallway with staff offices providing another level of security and safety since it is heavily trafficked throughout the day.</p> <p data-bbox="229 488 1509 721">Following the corrective action period, the facility created a transgender/intersex/transitioning questionnaire that is used to ensure that the residents view to their own sexual safety is documented and acknowledged in writing. It asks questions about how they identify, where they prefer to be housed, any previous situations in other correctional facilities, individualized showering and the gender of the staff they prefer to do urine collection and searches. There is a disclaimer that says that all of their wishes will be taken under advisement, however the facility has the final say due to the obligation to maintain the safety and security of the institution and that it may go against their wishes.</p> <p data-bbox="229 721 1509 837">When the auditor returned for a follow-up visit, there was a recent intake of a transgender resident. The agency used the new procedures which resulted in that resident being grateful and thankful for the consideration. It aided in their feelings of safety and knowing their best interest was truly a priority.</p> <p data-bbox="229 837 1509 976">Interviews with staff and residents didn't reveal having a dedicated unit for residents identified as part of the LBGTQ+ community. Two of the interviews conducted with residents identified as being bi-sexual and were in agreement that the facility has them integrated in the general population and they aren't treated any differently than everyone else.</p> |

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| 115.251 | <b>Resident reporting</b>   |
|         | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|         | <p><b>Auditor Discussion</b></p>  |
|         | <p>The auditor called the phone numbers for outside agencies listed on the PREA poster. It was the understanding that calls could be made anonymously, by a third party, staff or residents and have an investigation launched. The first number that is listed calls the direct line of the Executive Assistant who has been identified as being a part of the PREA process.</p> <p>The second number is for the IDOC hotline that gives specific instructions as necessary to fulfill this standard. The auditor left a voicemail explaining the purpose of the call and received a follow up from IDOC personnel to verify that the hotline is in operation and being monitored.</p> <p>Another option for reporting was through an email. The auditor sent an email and received a response confirming its validity and operation.</p> <p>The auditor was able to observe PREA posters hung throughout the facility in the common areas on all floors.</p> <p>During the pre-audit phase, no documentation proof was provided that residents know this information or all the different methods, despite the PREA policy being the standard re-written.</p> <p>During the onsite portion of the audit, the residents were able to give at least 3-4 different methods to make a PREA report and were able to provide at least 1 way they could get that information if they didn't know. Many of them reported feeling safe sexually in the environment and therefore were not worried about PREA. To aid in the proof that the information was provided to the residents, a signature, printed name and date was added to the bottom of the PREA Acknowledgement form.</p> |

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| <b>115.252</b> | <b>Exhaustion of administrative remedies</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">Initially the only supporting documentation provided was the PREA policy which is a regurgitation of the standards. No proof that this is actually being carried out was presented.</p> <p data-bbox="229 353 1509 472">Following the corrective action period, the PREA Coordinator provided letterhead that states that they has been no reports of sexual abuse or harassment made through the grievance process, which is why no documentation was provided. The PREA Policy was updated to be more detailed as to how these instances would be handled and the expected outcomes.</p> |

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| 115.253 | <b>Resident access to outside confidential support services</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 349">The PREA policy is cited as the supporting documentation and it is a regurgitation of the standards. No resident handbooks or other documentation that proves residents have this information was provided during the pre-audit phase.</p> <p data-bbox="229 349 1509 465">The auditor was provided copies of the PREA posters that are hung throughout the facility and provided in the intake packets. These documents provide contact information for all of the community agencies in which MOU's exist and are prepared to respond following a notice of obligations.</p> <p data-bbox="229 465 1509 560">The Fair Haven MOU didn't have the signature of anyone from their organization, therefore the supporting documentation was not sufficient initially. However it has since be updated and signed by both it's Executive Director and that of LCCC.</p> <p data-bbox="229 560 1509 651">On 10/3/22, an email chain confirming that the numbers to IDOC and Fair haven are both free of charge and unrecorded when placed within the facility.</p> |



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| 115.254 | <p data-bbox="229 69 1509 1202"><b>Third party reporting</b></p> <p data-bbox="229 129 1509 192"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="229 197 1509 259"><b>Auditor Discussion</b></p> <p data-bbox="229 264 1509 371">Initially, the only potential manner to get this information to the public is through documentation accessible at the actual facility so until the auditor can verify, this standard is not met. The facility website had no PREA information so there wasn't an electronic format readily accessible.</p> <p data-bbox="229 383 1509 454">The facility website has since been updated to provide all of the written documentation as well as provide phone numbers and extensions for outside agencies.</p> <p data-bbox="229 472 1509 611">While on-site conducting staff and resident interviews, a few people used this opportunity to do third party reporting to the PREA auditor, which was immediately relayed to the PREA Coordinator and the Executive Director for review and update. The auditor will gather solutions to the concerns and review documentation for the allegation requiring an investigation. The issues mentioned involved:</p> <ul data-bbox="284 651 1326 763" style="list-style-type: none"> <li>• physical plant needs for privacy in a 3rd floor Bathroom with no stall doors</li> <li>• residents going beyond the red tape (visual reminder to stop) line getting items from officers on post 3</li> <li>• allegations of a potential male staff and female resident relationship</li> </ul> <p data-bbox="229 779 1509 819">The physical plant needs of the stall doors on the 3rd floor bathroom will be considered when budgeting allows.</p> <p data-bbox="229 831 1509 902">It was reiterated to staff that the red tape is there as a PREA requirement and that it is to be followed. This information was relayed from the custody supervisors.</p> <p data-bbox="229 920 1509 1032">The allegations of a potential staff/resident relationship were thoroughly investigated. The auditor was able to review the file with all of the witness statements, documentation evidence and conclusion. This data will be aggregated with the rest of the events from 2022 for the end of year collection and report.</p> <p data-bbox="229 1043 1509 1202">During the corrective action period, there were a few allegations, mostly sexual harassment that had arisen and those files were provided to the auditor for review. All of the facility forms were present, completed, dated and filed in an orderly fashion. If there was a need to change processes or policy, it was completed during the corrective action period since the policy was already in the midst of an update.</p> |
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| 115.261 | <b>Staff and agency reporting duties</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1445 427">This standard is about the staff and agency reporting duties. The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="242 463 1445 555">Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.</p> <p data-bbox="242 591 1270 647">The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p data-bbox="242 683 1477 739">The only evidence provided initially was the PREA policy which was the standards rewritten lacking proof of staff knowledge during the pre-audit phase.</p> <p data-bbox="242 775 1477 898">During the onsite portion, this standard was discussed and a generalized letterhead document was created that requires the printed name, signature and date for all staff, contractors and volunteers and their obligations for reporting requirements. Completed forms were provided to the auditor for all current staff, contractors and volunteers proving that they have been made aware and understand the expectations.</p> <p data-bbox="242 934 1485 1025">During both staff and resident interviews, it was clearly communicated to both groups that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports would be investigated. Again it should be noted that many of the residents were unable to truly recall the information because they harbored no concerns regarding their sexual safety.</p> |

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| 115.262 | <b>Agency protection duties</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1489 331">The protection duties include when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.</p> <p data-bbox="240 360 1377 421">The PREA policy was a regurgitation of the standards. No proof of how this process was completed or supporting documentation that staff are aware of the expectations was presented prior to the corrective action period.</p> <p data-bbox="240 450 1460 577">While interviewing staff, they were able to provide examples of what options they have readily available to them if they are made aware of an imminent risk of abuse or harassment. They would report that information to a supervisor for further instructions, move the resident to a different post, complete an official incident report and then notify supervisor, avoid causing a scene and separate them and ask the resident how they would like to have it resolved.</p> <p data-bbox="240 607 1437 667">A situation such as this had occurred the day before the auditor was onsite the first time. The resident had been moved posts and it was verified.</p> <p data-bbox="240 696 1477 792">It was obvious this expectation had been communicated, however it wasn't in writing anywhere. The newly created PREA reporting requirements letterhead addresses the staffs obligation to report all knowledge, suspicion or information relating to any type of PREA violation.</p> |

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| 115.263 | <b>Reporting to other confinement facilities</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1453 432">Upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The agency shall document that it has provided such notification. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p data-bbox="244 463 1299 490">The PREA policy was initially the only documentation provided and it was a regurgitation of the standards.</p> <p data-bbox="244 521 1465 613">Since that time, the PREA Coordinator has provided the auditor with letterhead that states that LCCC has not received any reports of sexual abuse while a resident was confined at another facility nor any reports from secondary institutions about abuse within the facility. This is the reason no additional documentation was provided.</p> |

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| 115.264 | <b>Staff first responder duties</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1490 331">This standard provides the expectations for staff first responder duties. They are required to respond in the following manner once made aware of allegations:</p> <ol data-bbox="240 360 1469 656" style="list-style-type: none"> <li data-bbox="240 360 676 387">(1) Separate the alleged victim and abuser;</li> <li data-bbox="240 394 908 454">(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</li> <li data-bbox="240 461 1469 555">(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</li> <li data-bbox="240 562 1465 656">(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</li> </ol> <p data-bbox="240 685 1445 779">The policy was the standard rewritten. No signed and dated proof of staff's acknowledgement and understanding of the policy requirements. No blank forms that are to be used during this process were presented prior to the corrective action period.</p> <p data-bbox="240 808 1481 969">Now there is an appendix that has the First Responder Checklist that gives the expectations of procedures to be done in chronological order. A secondary portion of this form requires the responder to document dates, times, locations, staff/residents involved, shift supervisor and when each step was completed along with initials. There are 20 total steps that start with being the first on scene or having knowledge of the incident and ends with the Critical Incident Report Form being turned into the Director of Operations and Executive Director for submission to IDOC.</p> <p data-bbox="240 999 1490 1059">Staff have all signed acknowledging these expectations since being retrained and reviewing the updated policy complete with signatures and dates.</p> |

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| 115.265 | <b>Coordinated response</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 349">The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="229 349 1509 412">The PREA Policy was a regurgitation of the standards...no supporting documentation provided initially.</p> <p data-bbox="229 412 1509 528">Since then, the completed MOU's with community agencies have been updated and completed. All of the staff who would participate in the written institutional plan were aware of this expectation during the staff interviews. They were able to explain the purpose of the meeting and what their specific roles would be.</p> <p data-bbox="229 528 1509 586">Signed and dated training records including the curriculum has since been provided to the auditor.</p> |

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| <b>115.266</b> | <b>Preservation of ability to protect residents from contact with abusers</b>                           |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | This standard is non-applicable as there are no collective bargaining contracts or agreements in place. |

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| 115.267 | <b>Agency protection against retaliation</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1414 365">The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p data-bbox="242 394 1485 488">The agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p data-bbox="242 517 1461 712">For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of residents or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.</p> <p data-bbox="242 741 1059 770">In the case of residents, such monitoring shall also include periodic status checks.</p> <p data-bbox="242 799 1477 862">If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.</p> <p data-bbox="242 891 1305 920">An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.</p> <p data-bbox="242 949 1362 978">Initially there was no supporting documentation presented, just the PREA policy which is the standards rewritten.</p> <p data-bbox="242 1008 1465 1102">During the onsite portion of the audit, during staff interviews, most didn't understand that there is to be a designated person(s) who monitors retaliation. By default they assumed that one of the administrative staff would do it but didn't really know for sure or understand the kinds of things that would be retaliatory.</p> <p data-bbox="242 1131 1410 1193">The auditor explained that staff need to be retrained on this topic, there needs to be a clear designee(s) for retaliation monitoring, and processes for potential options to combat retaliation need to be provided.</p> <p data-bbox="242 1223 1465 1317">Following the corrective action period, all staff have been retrained with the curriculum including all of the requirements previously undocumented. The facility has created a PREA Retaliation Monitoring Acknowledgement Form. It asks for the residents name, date and type of PREA situation (sexual abuse, sexual harassment or bullying/retaliation).</p> <p data-bbox="242 1346 1485 1440">It asks questions about if the resident is experiencing problems from staff or residents since reporting and if they answer yes, there is space to provide details of what is occurring. The next question asks about feeling safe in the facility and if not, would they like to be moved to a different post and also provide some feedback on why they don't feel safe.</p> <p data-bbox="242 1469 1477 1563">The final question is a catch-all for anything else they want to raise an awareness about that hasn't already been discussed. At the bottom of the page, requires a signature from the resident, retaliation monitor and PREA coordinator. This ensures that everyone who needs to know will be made aware.</p> <p data-bbox="242 1592 1485 1686">The Deputy Director and or PREA Coordinator will be responsible for notifying which staff (typically case managers) will be conducting the monitoring depending on the circumstance. This notification will be done through email with the expectations of the frequency of meetings and length of time to be carried out.</p> |



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| 115.271 | <b>Criminal and administrative agency investigations</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 465">When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.234. 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.</p> <p data-bbox="242 495 1497 689">When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall 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.</p> <p data-bbox="242 719 536 748">Administrative investigations:</p> <p data-bbox="242 752 1474 846">(1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and<br/> (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.</p> <p data-bbox="242 875 1469 938">Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.</p> <p data-bbox="242 967 1209 996">Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.</p> <p data-bbox="242 1025 1422 1088">The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.</p> <p data-bbox="242 1122 1437 1184">The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.</p> <p data-bbox="242 1249 1485 1312">When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p data-bbox="242 1339 1426 1402">Initially, the auditor was given the PREA policy which was the standard as written, therefore no documentation proof or procedures were provided to show compliance.</p> <p data-bbox="242 1431 1469 1494">Staff interviews confirmed that the they understood the expectations of this standard but because it wasn't written in such a way that showed procedurally how the facility is to respond, it was not compliant.</p> <p data-bbox="242 1523 1485 1617">Since then, the two staff who would be responsible for conducting administrative investigations and forwarding those that are potentially criminal to law enforcement have had a 6 hour virtual training as required by the standards. The modules of the curriculum support the subsections of this standard.</p> <p data-bbox="242 1646 1442 1740">There is also an email chain between the Executive Director of LCCC and the IDOC staff responsible for monitoring the hotline and email that is provided as a community partner who will accept reports and immediately notify the department head.</p> <p data-bbox="242 1769 1437 1863">There have been no allegations that rose to the level of criminal investigation but for all of the administrative ones that occurred between the initial onsite audit and the follow up had corresponding documentation of completion following the timelines as set by policy.</p> |

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| 115.272 | <b>Evidentiary standard for administrative investigations</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <b>Auditor Discussion</b>  |
|         | <p>The agency policy states that it doesn't impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated but no documentation proof existed.</p> <p>Once the auditor was able to review the files for the PREA events that occurred during the corrective action period, there was written proof of this practice in action. Based on the information obtained in each case, the auditor was in agreement with the conclusive outcomes.</p> |

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| 115.273 | <p><b>Reporting to residents</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the resident.</p> <p>Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:</p> <ol style="list-style-type: none"> <li>(1) The staff member is no longer posted within the resident's unit;</li> <li>(2) The staff member is no longer employed at the facility;</li> <li>(3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or</li> <li>(4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p>Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever:</p> <ol style="list-style-type: none"> <li>1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or</li> <li>2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.</li> </ol> <p>All such notifications or attempted notifications shall be documented. An agency's obligation to report under this standard shall terminate if the resident is released from the agency's custody.</p> <p>Initially no supporting documentation was presented, it was simply the PREA policy which was the standards rewritten.</p> <p>Upon completion of the follow-up onsite visit, the auditor reviewed all of the concluded PREA investigations. While there were no allegations of sexual abuse, for the instances of sexual harassment that were found to be substantiated, the victim was notified in writing of the outcomes. There is a Notification to Residents Form that states the conclusion of the investigation, the response to staff, contractor or volunteer found to be in violation as well as that for a resident. The resident and the staff both would sign acknowledging that this information was relayed.</p> <p>Because the facility is going the extra step for sexual harassment, it is the expectation that they will follow through for the sexual abuse.</p> |
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| 115.276 | <b>Disciplinary sanctions for staff</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 548">Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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. All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p data-bbox="231 548 1508 674">Because there has not been a situation in which staff were investigated and found to be in violation of the policy, there is no documentation. On 10/3/22, the PREA Coordinator wrote a statement on letterhead confirming that this has not been the case since the creation of the policy. The PREA policy does present the expectations as written in the standards.</p> |

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| 115.277 | <b>Corrective action for contractors and volunteers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 353">Any contractor or volunteer who engages in sexual abuse is 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 data-bbox="229 353 1509 430">The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="229 430 1509 598">Initially the auditor was only given a copy of the PREA policy which was the standards rewritten. Since the initial onsite auditor visit, the facility created acknowledgement forms and ensured that any contractors or volunteers accessing the facility understood the consequences if found to be in violation. On 8/15/22, the PREA Coordinator completed a notice on letterhead that there had not been any instances of corrective action for contractors and volunteers.</p> |

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| 115.278 | <b>Disciplinary sanctions for residents</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 591">Residents shall be subject to disciplinary sanctions pursuant to a 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. 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. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="229 591 1509 748">The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact. For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p data-bbox="229 748 1509 837">An agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p data-bbox="229 837 1509 920">On 8/15/22, a notice on letterhead was presented to the auditor stating that there have been no instances of sexual abuse allegations involving resident on resident. Therefore, no documentation related to disciplinary actions exist.</p> |

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| 115.282 | <b>Access to emergency medical and mental health services</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="231 190 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 257 1508 459">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. If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.262 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p data-bbox="231 459 1508 616">Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="231 616 1508 730">A letterhead notice from the PREA Coordinator dated 8/15/22 was presented stating that there has not been an instance wherein a report of sexual abuse involving physical contact and the need for medical care has happened. The policy states that it will follow the expectations of the standards when and if it occurs.</p> |

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| 115.283 | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 405">The facility shall 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. 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.</p> <p data-bbox="229 405 1509 600">The facility shall provide such victims with medical and mental health services consistent with the community level of care. Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. Resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="229 600 1509 750">Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The facility shall attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p data-bbox="229 750 1509 887">There have been no substantiated reports of sexual abuse involving residents, therefore no documentation related to ongoing medical and mental health care exists. This is supported by the letterhead document from the PREA Coordinator dated 10/3/22.</p> |



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| 115.286 | <p data-bbox="231 71 1508 1211"><b>Sexual abuse incident reviews</b></p> <p data-bbox="231 129 1508 190"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="231 197 1508 257"><b>Auditor Discussion</b></p> <p data-bbox="231 264 1508 392">The facility shall 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. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.</p> <p data-bbox="231 421 1508 459">The review team shall:</p> <ol data-bbox="231 465 1508 862" style="list-style-type: none"> <li>(1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;</li> <li>(2) Consider 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;</li> <li>(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>(4) Assess the adequacy of staffing levels in that area during different shifts;</li> <li>(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and</li> <li>(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d) (1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.</li> </ol> <p data-bbox="231 891 1508 929">The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.</p> <p data-bbox="231 958 1508 1041">There have been no reports of sexual abuse that were substantiated or unsubstantiated, therefore no sexual abuse incident reports are available. The facility policy does require the documentation as written in the standards and is confirmed by letterhead from 10/3/22 stating as such.</p> <p data-bbox="231 1070 1508 1198">The sexual abuse incident review form does exist and is ready for use. It provides incident type, findings, a brief summary of events and yes or no questions pertaining to the investigation process itself. Each question has space for an explanation if need be. It looks at staffing levels, physical barriers, the need for technology, SVAT reassessments and potential policy updates.</p> |
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| 115.287 | <b>Data collection</b>  |
|         | <p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 465">The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The agency shall aggregate the incident-based sexual abuse data at least annually. The incident-based data collected shall 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. The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p data-bbox="242 497 1452 589">Initially this information was not readily available to the auditor. It has since been completed for the previous 3 year cycle and is posted on the facility website for public access. There are multiple reports provided online and each follows the expectations of this standard.</p> <p data-bbox="242 620 1401 680">Throughout the year, an excel spreadsheet is maintained that tracks all of the events and the information that will be necessary at years end. The PREA Coordinator is responsible for its updates in live time.</p> <p data-bbox="242 712 1418 741">Because the agency doesn't contract for the confinement of its residents, this portion of the standard is not applicable.</p> <p data-bbox="242 772 1453 801">The Department of Justice has not requested data from the previous calendar year but it is ready to release in necessary.</p> |

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| 115.288 | <b>Data review for corrective action</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <p data-bbox="242 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1374 331">The agency shall review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including:</p> <ol data-bbox="242 338 1414 432" style="list-style-type: none"> <li data-bbox="242 338 539 365">(1) Identifying problem areas;</li> <li data-bbox="242 371 774 398">(2) Taking corrective action on an ongoing basis; and</li> <li data-bbox="242 405 1414 432">(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</li> </ol> <p data-bbox="242 463 1484 555">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 progress in addressing sexual abuse. The agency's report shall be approved by the agency head and made readily available to the public through its Web site or, if it does not have one, through other means.</p> <p data-bbox="242 562 1461 622">The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.</p> <p data-bbox="242 654 1485 714">A review of the Lake County Community Corrections website will provide all of the written documentation as required per this standard. It is accessible to the public on a 24hr rotation.</p> |

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| 115.289 | <b>Data storage, publication, and destruction</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard   |
|         | <p data-bbox="244 208 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1481 465">The agency shall ensure that data collected pursuant to § 115.287 are securely retained. The agency shall 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 Web site or, if it does not have one, through other means. Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="244 495 1481 555">Facility policy requires that retention of records and data shall be in accordance to the standards. All of the information that has been aggregated is currently available online through the facility website.</p> |

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| 115.401 | <b>Frequency and scope of audits</b>  |
|         | <b>Auditor Overall Determination:</b> Meets Standard  |
|         | <b>Auditor Discussion</b>   |
|         | <p>The last formal PREA Audit for this facility was completed on 11/9/17 following the corrective action period. The next audit would have been in 2020 however we were in the middle of a pandemic and most agencies were not allowing any non-employee persons to enter facilities.</p> <p>The auditor was given complete access to everything necessary for review for the completion of this audit.</p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>   |
|                | <b>Auditor Overall Determination:</b> Meets Standard   |
|                | <b>Auditor Discussion</b>  |
|                | The final report from 2017 is readily accessible online through the facilities website. It has been reviewed by the auditor multiple time during this process. |

| <b>Appendix: Provision Findings</b> |  |     |
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| <b>115.211 (a)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?   | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?  | yes |
| <b>115.211 (b)</b>                  | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?   | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?   | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?   | yes |
| <b>115.212 (a)</b>                  | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | no  |
| <b>115.212 (b)</b>                  | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)  | yes |
| <b>115.212 (c)</b>                  | <b>Contracting with other entities for the confinement of residents</b>  |     |
|                                     | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  | yes |
|                                     | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  | yes |
| <b>115.213 (a)</b>                  | <b>Supervision and monitoring</b>  |     |
|                                     | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?   | yes |
|                                     | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?   | yes |
|                                     | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?   | yes |
|                                     | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  | yes |
|                                     | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?   | yes |

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| <b>115.213 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                    | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)   | yes |
| <b>115.213 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                    | In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?  | yes |
|                    | In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?   | yes |
| <b>115.215 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  | yes |
| <b>115.215 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)   | yes |
|                    | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)  | yes |
| <b>115.215 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  | yes |
|                    | Does the facility document all cross-gender pat-down searches of female residents?  | yes |
| <b>115.215 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?   | yes |
|                    | Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
|                    | 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?  | yes |



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| <b>115.215 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?  | yes |
|                    | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| <b>115.215 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                    | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |
|                    | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |

| 115.216 (a) | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
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|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?                         | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?                        | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?                      | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?                       | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?                            | yes |
|             | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
|             | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?  | yes |
|             | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?   | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?  | yes |
|             | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?   | yes |
| 115.216 (b) | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|             | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?  | yes |
|             | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?   | yes |

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| <b>115.216 (c)</b> | <b>Residents with disabilities and residents who are limited English proficient</b>  |     |
|                    | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| <b>115.217 (a)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  | yes |
|                    | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?  | yes |
|                    | Does the agency prohibit the enlistment of the 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 the 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 the 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 questions immediately above ?   | yes |
| <b>115.217 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?  | yes |
|                    | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?   | yes |
| <b>115.217 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?   | yes |
|                    | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?                             | yes |
| <b>115.217 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?   | yes |
| <b>115.217 (e)</b> | <b>Hiring and promotion decisions</b>  |     |
|                    | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?   | yes |

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| <b>115.217 (f)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  | yes |
|                    | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?   | yes |
|                    | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  | yes |
| <b>115.217 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.217 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                    | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  | yes |
| <b>115.218 (a)</b> | <b>Upgrades to facilities and technology</b>  |     |
|                    | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)      | na  |
| <b>115.218 (b)</b> | <b>Upgrades to facilities and technology</b>  |     |
|                    | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)              | yes |
| <b>115.221 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)   | yes |
| <b>115.221 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                    | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)  | na  |
|                    | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |

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| <b>115.221 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  | yes |
|                    | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?   | yes |
|                    | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?   | yes |
|                    | Has the agency documented its efforts to provide SAFEs or SANEs?   | yes |
| <b>115.221 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?   | yes |
|                    | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?   | yes |
|                    | Has the agency documented its efforts to secure services from rape crisis centers?   | yes |
| <b>115.221 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  | yes |
|                    | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?   | yes |
| <b>115.221 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)   | no  |
| <b>115.221 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                    | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | no  |
| <b>115.222 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?   | yes |
|                    | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  | yes |

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| <b>115.222 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|                    | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?   | yes |
|                    | Does the agency document all such referrals?  | yes |
| <b>115.222 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |
|                    | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)        | yes |
| <b>115.231 (a)</b> | <b>Employee training</b>  |     |
|                    | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?   | yes |
|                    | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?  | yes |
|                    | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?   | 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?   | 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 |
| <b>115.231 (b)</b> | <b>Employee training</b>  |     |
|                    | 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 |

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| <b>115.231 (c)</b> | <b>Employee training</b>  |     |
|                    | Have all current employees who may have contact with residents received such training?  | yes |
|                    | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  | yes |
|                    | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  | yes |
| <b>115.231 (d)</b> | <b>Employee training</b>  |     |
|                    | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?   | yes |
| <b>115.232 (a)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?   | yes |
| <b>115.232 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| <b>115.232 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                    | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.233 (a)</b> | <b>Resident education</b>   |     |
|                    | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?  | yes |
|                    | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?   | yes |
|                    | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                    | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?  | yes |
|                    | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?  | yes |
| <b>115.233 (b)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide refresher information whenever a resident is transferred to a different facility?   | yes |

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| <b>115.233 (c)</b> | <b>Resident education</b>   |     |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?  | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?   | yes |
|                    | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?  | yes |
| <b>115.233 (d)</b> | <b>Resident education</b>   |     |
|                    | Does the agency maintain documentation of resident participation in these education sessions?   | yes |
| <b>115.233 (e)</b> | <b>Resident education</b>   |     |
|                    | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?   | yes |
| <b>115.234 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| <b>115.234 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).   | yes |
| <b>115.234 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                    | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)   | yes |



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| <b>115.235 (a)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | na  |
|                    | 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.)  | na  |
|                    | 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 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.) | na  |
|                    | 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.)      | na  |
| <b>115.235 (b)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)   | na  |
| <b>115.235 (c)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)   | na  |
| <b>115.235 (d)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                    | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)   | na  |
|                    | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)   | na  |
| <b>115.241 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?   | yes |
|                    | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?  | yes |
| <b>115.241 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?   | yes |
| <b>115.241 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Are all PREA screening assessments conducted using an objective screening instrument?  | yes |

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| <b>115.241 (d)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?   | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?   | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?  | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?   | yes |
|                    | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?   | yes |
| <b>115.241 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?  | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?  | yes |
|                    | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?   | yes |
| <b>115.241 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  | yes |
| <b>115.241 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Referral?  | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Request?   | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?  | yes |
|                    | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?  | yes |

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| <b>115.241 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  | yes |
| <b>115.241 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                    | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?   | yes |
| <b>115.242 (a)</b> | <b>Use of screening information</b>  |     |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?   | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  | yes |
|                    | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  | yes |
| <b>115.242 (b)</b> | <b>Use of screening information</b>  |     |
|                    | Does the agency make individualized determinations about how to ensure the safety of each resident?  | yes |
| <b>115.242 (c)</b> | <b>Use of screening information</b>  |     |
|                    | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|                    | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?   | yes |
| <b>115.242 (d)</b> | <b>Use of screening information</b>  |     |
|                    | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.242 (e)</b> | <b>Use of screening information</b>  |     |
|                    | Are transgender and intersex residents given the opportunity to shower separately from other residents?  | yes |

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| <b>115.242 (f)</b> | <b>Use of screening information</b>  |     |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                    | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)                   | yes |
| <b>115.251 (a)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?  | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?  | yes |
|                    | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?  | yes |
| <b>115.251 (b)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  | yes |
|                    | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?   | yes |
|                    | Does that private entity or office allow the resident to remain anonymous upon request?  | yes |
| <b>115.251 (c)</b> | <b>Resident reporting</b>  |     |
|                    | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?  | yes |
|                    | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?   | yes |
| <b>115.251 (d)</b> | <b>Resident reporting</b>  |     |
|                    | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?  | yes |

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| <b>115.252 (a)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no  |
| <b>115.252 (b)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  | yes |
|                    | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (c)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.252 (d)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)   | yes |
|                    | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)   | yes |
|                    | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.252 (e)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                    | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | Are those third parties also permitted to file such requests on behalf of residents? (If a third party 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 |

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| <b>115.252 (f)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
|                    | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  | yes |
|                    | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)   | yes |
|                    | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  | yes |
| <b>115.252 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                    | If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.253 (a)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?   | yes |
| <b>115.253 (b)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  | yes |
| <b>115.253 (c)</b> | <b>Resident access to outside confidential support services</b>   |     |
|                    | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?  | yes |
|                    | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  | yes |
| <b>115.254 (a)</b> | <b>Third party reporting</b>  |     |
|                    | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?   | yes |
|                    | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?  | yes |

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| <b>115.261 (a)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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 regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?  | yes |
|                    | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?                       | yes |
| <b>115.261 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.261 (c)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?   | yes |
|                    | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |
| <b>115.261 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?   | yes |
| <b>115.261 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                    | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?   | yes |
| <b>115.262 (a)</b> | <b>Agency protection duties</b>  |     |
|                    | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?   | yes |
| <b>115.263 (a)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  | yes |
| <b>115.263 (b)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  | yes |
| <b>115.263 (c)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Does the agency document that it has provided such notification?   | yes |
| <b>115.263 (d)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                    | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?   | yes |

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| <b>115.264 (a)</b> | <b>Staff first responder duties</b>  |     |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?   | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?     | yes |
|                    | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| <b>115.264 (b)</b> | <b>Staff first responder duties</b>  |     |
|                    | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?   | yes |
| <b>115.265 (a)</b> | <b>Coordinated response</b>  |     |
|                    | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  | yes |
| <b>115.266 (a)</b> | <b>Preservation of ability to protect residents from contact with abusers</b>  |     |
|                    | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?                           | yes |
| <b>115.267 (a)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?   | yes |
|                    | Has the agency designated which staff members or departments are charged with monitoring retaliation?  | yes |
| <b>115.267 (b)</b> | <b>Agency protection against retaliation</b>   |     |
|                    | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  | yes |



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| <b>115.267 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?          | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?  | yes |
|                    | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. 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 reassignment of staff?  | yes |
|                    | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  | yes |
| <b>115.267 (d)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | In the case of residents, does such monitoring also include periodic status checks?   | yes |
| <b>115.267 (e)</b> | <b>Agency protection against retaliation</b>  |     |
|                    | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?   | yes |
| <b>115.271 (a)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )  | yes |
|                    | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )   | yes |
| <b>115.271 (b)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?  | yes |

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| <b>115.271 (c)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  | yes |
|                    | Do investigators interview alleged victims, suspected perpetrators, and witnesses?  | yes |
|                    | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?   | yes |
| <b>115.271 (d)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  | yes |
| <b>115.271 (e)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  | yes |
|                    | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?   | yes |
| <b>115.271 (f)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |
|                    | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?   | yes |
| <b>115.271 (g)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  | yes |
| <b>115.271 (h)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  | yes |
| <b>115.271 (i)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?   | yes |
| <b>115.271 (j)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?  | yes |
| <b>115.271 (l)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                    | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| <b>115.272 (a)</b> | <b>Evidentiary standard for administrative investigations</b>   |     |
|                    | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  | yes |

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| <b>115.273 (a)</b> | <b>Reporting to residents</b>   |     |
|                    | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  | yes |
| <b>115.273 (b)</b> | <b>Reporting to residents</b>   |     |
|                    | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  | yes |
| <b>115.273 (c)</b> | <b>Reporting to residents</b>   |     |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?  | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?   | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?      | yes |
|                    | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| <b>115.273 (d)</b> | <b>Reporting to residents</b>   |     |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  | yes |
|                    | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?   | yes |
| <b>115.273 (e)</b> | <b>Reporting to residents</b>   |     |
|                    | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.276 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.276 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |

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| <b>115.276 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.276 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?  | yes |
|                    | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |
| <b>115.277 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  | yes |
|                    | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  | yes |
| <b>115.277 (b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                    | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?  | yes |
| <b>115.278 (a)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  | yes |
| <b>115.278 (b)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Are 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 |
| <b>115.278 (c)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?   | yes |
| <b>115.278 (d)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?   | yes |
| <b>115.278 (e)</b> | <b>Disciplinary sanctions for residents</b>   |     |
|                    | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  | yes |

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| <b>115.278 (f)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                    | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  | yes |
| <b>115.278 (g)</b> | <b>Disciplinary sanctions for residents</b>  |     |
|                    | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)  | yes |
| <b>115.282 (a)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  | yes |
| <b>115.282 (b)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?   | yes |
|                    | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?   | yes |
| <b>115.282 (c)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?   | yes |
| <b>115.282 (d)</b> | <b>Access to emergency medical and mental health services</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?   | yes |
| <b>115.283 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?   | yes |
| <b>115.283 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?   | yes |
| <b>115.283 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Does the facility provide such victims with medical and mental health services consistent with the community level of care?  | yes |
| <b>115.283 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>   |     |
|                    | Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |

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| <b>115.283 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | If pregnancy results from the conduct described in paragraph § 115.283(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. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| <b>115.283 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.283 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.283 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                    | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  | yes |
| <b>115.286 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?   | yes |
| <b>115.286 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.286 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |
| <b>115.286 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                    | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?   | yes |
|                    | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                    | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |
|                    | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  | yes |
|                    | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  | yes |
| <b>115.286 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                    | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |

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| <b>115.287 (a)</b> | <b>Data collection</b>  |     |
|                    | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  | yes |
| <b>115.287 (b)</b> | <b>Data collection</b>  |     |
|                    | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.287 (c)</b> | <b>Data collection</b>  |     |
|                    | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  | yes |
| <b>115.287 (d)</b> | <b>Data collection</b>  |     |
|                    | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  | yes |
| <b>115.287 (e)</b> | <b>Data collection</b>  |     |
|                    | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)  | na  |
| <b>115.287 (f)</b> | <b>Data collection</b>  |     |
|                    | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | na  |
| <b>115.288 (a)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| <b>115.288 (b)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?   | yes |
| <b>115.288 (c)</b> | <b>Data review for corrective action</b>  |     |
|                    | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  | yes |
| <b>115.288 (d)</b> | <b>Data review for corrective action</b>  |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?   | yes |
| <b>115.289 (a)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency ensure that data collected pursuant to § 115.287 are securely retained?   | yes |

|                    |   |     |
|--------------------|---|-----|
| <b>115.289 (b)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?   | yes |
| <b>115.289 (c)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  | yes |
| <b>115.289 (d)</b> | <b>Data storage, publication, and destruction</b>   |     |
|                    | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  | yes |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)   | no  |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)   | no  |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)   | no  |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)  | no  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?  | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Was the auditor permitted to conduct private interviews with residents?   | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>  |     |
|                    | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?   | yes |
| <b>115.403 (f)</b> | <b>Audit contents and findings</b>  |     |
|                    | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.) | yes |