

PREA Facility Audit Report: Final

Name of Facility: Kane County Juvenile Justice Center

Facility Type: Juvenile

Date Interim Report Submitted: 03/30/2023

Date Final Report Submitted: 09/24/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Gwyneth Troyer	Date of Signature: 09/24/ 2023

AUDITOR INFORMATION	
Auditor name:	Troyer, Gwyneth
Email:	gtroyer@thejha.org
Start Date of On-Site Audit:	02/22/2023
End Date of On-Site Audit:	02/24/2023

FACILITY INFORMATION	
Facility name:	Kane County Juvenile Justice Center
Facility physical address:	37W655 Illinois 38, St. Charles, Illinois - 60175
Facility mailing address:	37W655 IL Rt. 38, St. Charles, Illinois - 60175

Primary Contact	
Name:	Amy Sierra
Email Address:	SierraAmy@16thCircuit.IllinoisCourts.gov
Telephone Number:	6304067465

Superintendent/Director/Administrator	
Name:	Michael Davis
Email Address:	davismichael@16thCircuit.IllinoisCourts.gov
Telephone Number:	6304067468

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

Facility Health Service Administrator On-Site	
Name:	Ashley Montes
Email Address:	SpilotroAshley@16thCircuit.IllinoisCourts.gov
Telephone Number:	6304067231

Facility Characteristics	
Designed facility capacity:	80
Current population of facility:	31
Average daily population for the past 12 months:	31
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	10-20 years old
Facility security levels/resident custody levels:	4
Number of staff currently employed at the facility who may have contact with residents:	68
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	11
Number of volunteers who have contact with residents, currently authorized to enter the facility:	4

AGENCY INFORMATION

Name of agency:	Kane County Court Services, 16th Judicial Circuit
Governing authority or parent agency (if applicable):	
Physical Address:	37W777 Illinois 38, St. Charles, Illinois - 60175
Mailing Address:	
Telephone number:	6302325805

Agency Chief Executive Officer Information:

Name:	Lisa Aust
Email Address:	AustLisa@16thCircuit.IllinoisCourts.gov
Telephone Number:	630-232-5809

Agency-Wide PREA Coordinator Information

Name:	Amy Sierra	Email Address:	sierraamy@16thcircuit.illinoiscourts.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

5

- 115.317 - Hiring and promotion decisions
- 115.318 - Upgrades to facilities and technologies
- 115.331 - Employee training
- 115.333 - Resident education
- 115.351 - Resident reporting

Number of standards met:

38

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:	2023-02-22
2. End date of the onsite portion of the audit:	2023-02-24

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Outreach to Just Detention International, Community Crisis Center (353 entity), and IL Department of Juvenile Justice who audits facility for compliance with state juvenile detention standards. Reviewed prior audits and reports and ran searches for other materials.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	80
15. Average daily population for the past 12 months:	34
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 <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	22
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:	5
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:	2
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2

<p>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:</p>	<p>0</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>39. Is based on screening information encompassing cognitive and mental health based identified disabilities, as well as educational input. 40. Is based on screening information that includes youth who may have glasses that address visual impairment.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>72</p>
<p>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:</p>	<p>4</p>

<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>11</p>
<p>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>	<p>The number of volunteers was still low due to the pandemic and was expected to increase. Contractors provide services including healthcare and education.</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Reviewed housing assignments and individuals' screening information ensuring that residents housed in all areas were interviewed over the onsite.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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>	<p>Oversampled youth with possible vulnerabilities so that they they could be counted as random if not used as targeted. Some youth exited and entered the detention facility over the 3-day onsite. There was only one female youth housed at the facility during onsite.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>6</p>
<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>	
<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed PAQ, youth screening and intake materials, asked interviewees if they knew of anyone who was vulnerable or meeting the targeted population, onsite observations.</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>While there were some youth were identified at the time of the onsite as requiring glasses, other targeted vulnerable populations were prioritized. There was no indication that any youth present had difficulty seeing or reading/comprehending based on blindness or low vision. All youth intake and PREA educational materials, which included a comprehension quiz, were reviewed.</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed PAQ, youth screening and intake materials, asked staff if they knew of anyone meeting the targeted population, onsite observations.</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed PAQ, youth screening and intake materials, asked staff if they knew of anyone meeting the targeted population, onsite observations. Past residents had been identified as transgender and some of their files were reviewed.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed PAQ, youth screening and intake materials, reviewed PREA and other incident reports and sampled grievances, asked adult interviewees if they knew of anyone meeting the targeted population.</p>
<p>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:</p>	<p>2</p>

<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><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. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed PAQ, youth screening and intake materials, documentation regarding use of Individualized Programming and housing placement, asked staff and youth if they knew of anyone meeting the targeted population or use of practice.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>While no youth were identified as LEP at the time of the onsite, an individual where there were some possible questions about LEP applicability/need for language accommodation for reading was interviewed.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>14</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Attempted to also sample a diversity of gender/race/ethnicity and languages.</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>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):</p>	<p>There were a lot of newer hires at the facility but overall a variety of tenures were able to be interviewed.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</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>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Staff in charge of training and scheduling were also interviewed.
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	3
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	4
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Several individuals were interviewed for multiple roles. Some specialized staff interview protocols were applicable to contractors or others outside the facility (e.g. SANE exams and criminal investigations are not conducted by facility staff but people in those roles were interviewed). There were 2 people interviewed for the role of PREA Coordinator due to serving during the audit period. All security staff may conduct screenings/do intake; some were asked about these topics. The facility reports they do not use segregated housing or isolation, instead increasing staff supervision. Staff were asked about these practices. There were reportedly no first responders for incidents of sexual abuse at the facility to interview during the onsite and no incidents within the audit period; however, staff were asked about whether they had ever served in this role (encompassing a timeframe outside of the audit and incidents occurring offsite) and what they did or would do. Food service and maintenance staff were interviewed but are not contractors.</p>
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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>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	Site review and tests of critical functions during the 3-day onsite found positives and also resulted in some follow up in corrective action as discussed in the audit report.
Documentation Sampling	
Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.	
90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Document sampling extended beyond the time allocated for this onsite via use of OAS.

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
Total	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	1	1	1	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	1	1	1	1

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

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 reports or investigations reported by the facility or other individuals during the audit time period. Grievances and incident reports were sampled to attempt to further confirm. Incidents and files from outside of the one year pre-onsite were also reviewed. The one resident-on-resident sexual harassment incident and investigation within the timeframe was reviewed and found not to meet the definition of abuse.</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 <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) </p>
<p>Inmate-on-inmate sexual abuse investigation files</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 <input type="radio"/> No <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 <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) </p>

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

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 INMATE-ON-INMATE SEXUAL HARASSMENT 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>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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 STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" 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>There were limited incidents to review so the audit extended review up to the prior audit and through the corrective action period to better evaluate compliance with standards.</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

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

3

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

Identify the entity by name:

The Agency paid the auditor's employer, John Howard Association, where the auditor is salaried

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The Agency, the 16th Judicial Circuit, Court Services of Kane County, oversees departments of Probation (adult and juvenile), an outpatient Diagnostic Center providing psychological services, and operates one facility that confines residents, the Kane County Juvenile Justice Center (JJC), which is a youth detention center and the subject of this audit.</p> <p>JJC housed male and female youth from Kane County as well as seven other Illinois counties including Dekalb, DuPage, Kendall, Lee, McHenry, Ogle, and Stephenson (IL contains 102 counties and 16 youth detention centers). For 2022, JJC reported 544 admissions and an average daily population of 34.</p> <p>At the beginning of the 2023 audit, JJC PREA policies were set out in Chapter 17, Prison Rape Elimination Act of 2003 (rev. 12.22.22), which mandated the required zero-tolerance threshold for sexual abuse or harassment. Updates to these policies that occurred during the audited period prior to the February 2023 onsite were reviewed and prior policy was found to be substantively similar. However,</p>

substantive updates to parts of this policy occurred as needed as part of 2023 PREA audit corrective action and during this period JJC Policy chapters were also renumbered for an unrelated reason, so that PREA policies subsequently appear as Chapter 15 (rev. 7.11.23).

JJC had two prior PREA audits prior to 2023, most recently in 2020, and had previously been found to meet or exceed all standards. JJC had reported no instances of sexual abuse in the years since the prior audit, and one substantiated instance of resident-on-resident sexual harassment in the year proceeding the 2023 audit.

During the audit several senior staff discussed how the Agency/JJC had been early PREA adopters and the importance of transparency and commitment to doing the right thing for youth at the facility, and saw PREA compliance and zero tolerance as an important part of their duties. Administrators understood that additional PREA compliance and audit guidance has been put in place since prior audits and were eager to be responsive to auditor suggestions for improvements.

Interviews with Agency and JJC administrators, staff, contractors, volunteers and residents, including targeted and randomly selected individuals, confirmed knowledge of the Agency's mandated PREA zero-tolerance policy at JJC. Audit document review also confirmed that this policy has been part of required education for all people at JJC. Additionally, during the onsite related postings were observed throughout the facility for continual reminders. In working with the auditor on 2023 corrective action, JJC has documented that they continue to educate and inform all staff and other partners, as well as residents, of relevant updates and revise materials as appropriate.

JJC 17.01 et seq., subsequently 15.01 et. seq. outlined how the facility will implement the agency's approach to prevent, detect, and respond to sexual abuse and harassment; contains the required definitions of sexual abuse and harassment (17/15.01(II)(B)); and includes sanctions for prohibited behaviors for staff, contractors and volunteers, and residents (17/15.09). JJC 17/15.02, Prevention Planning, includes agency strategies to prevent sexual abuse and harassment of residents, e.g. establishing a zero-tolerance mandate, assigning a PREA Coordinator, requirements for contracting with other agencies, supervision and monitoring, limiting cross-gender viewing and searches, accommodations for residents with disabilities or who are LEP, considerations in hiring and promotion decisions, and regarding upgrades to the facility and technology. Audit findings relating to the implementation of this policy are further discussed herein.

As stated above, the Agency operates only one facility, so has a designated PREA Coordinator (PC), as set out in JJC Policy 17/15.02(I)(B), but has no PREA Compliance Managers. During the audit, the auditor advised that there were places under the standards where greater clarification may be needed between JJC and Agency level PREA responsibilities in policy, since this is an instance where there is just one facility under the Agency and in practice facility and Agency leadership have a close working relationship. These recommendations were incorporated in the corrective

	<p>action period. An Agency-wide zero-tolerance policy (7.05) was additionally formally adopted, in addition to the preexisting JJC policy and other responsibilities were clarified.</p> <p>During the year prior to the audit onsite, in April 2022, JJC changed the PC position to become part of the duties of the Assistant Superintendent. The prior PC continued to assist the PC as needed, including with vacation coverage and trainings. Both were interviewed during the 2023 audit regarding the PC duties, as both served in the role during the audited period. During the corrective action period another senior staff member who may in the future serve as the PC was also involved in the corrective action process to aid in succession planning. The Agency benefits from having multiple upper-level staff invested and well-versed in PREA.</p> <p>Review of Agency and JJC organizational charts, PC job description, and interviews confirmed that the PC has direct access to the facility Superintendent as well as the Agency Head and is part of the facility leadership team with appropriate influence (as required by 12.18.15 FAQ). Both the current and former PCs felt that they had sufficient time and authority for the role, including direct lines to facility and Agency leadership and ability to make needed changes to assist with PREA compliance. Additional observations and interviews throughout the audit supported the PCs' perspective. Further, corrective action taken demonstrated ability to execute required duties. Additionally, the PC and other staff have been supported by the Agency in attending additional trainings and developing partnerships to increase education and PREA compliance efforts throughout this period.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC policy 17/15.02(II) provided that if the facility contracts for confinement, that contract shall include a requirement for compliance with PREA standards, as well as monitoring.</p> <p>The Agency has in the past had contracts for confinement of youth at community residential facilities, which have since expired, that contained PREA compliance requirements. In 2016, the Agency issued a memo provided to the auditor detailing that placements needed to be PREA compliant going forward, however, none have been in effect during the audited period. The auditor advised that it may be appropriate to also formally adopt an Agency level zero tolerance policy and cover that requirement for contracts at the Agency policy level although this is already practice. As noted above, such a policy was adopted during the corrective action period.</p> <p>A current JJC agreement would be used for emergency housing of residents at the nearby Illinois Department of Juvenile Justice (IDJJ) youth prison, which had been</p>

	<p>audited for PREA compliance in 2022. This agreement was updated in February 2023 and explicitly includes PREA compliance.</p> <p>JJC also had a 2022 agreement with another IL juvenile detention center for emergency housing that required compliance with all relevant laws, which includes PREA and the IL Juvenile Detention Standards, which incorporate PREA. However, this other facility had not had a PREA audit and interviews indicated that this agreement had not and would not be used to house JJC residents at the other facility.</p> <p>Although the Agency did not utilize any contracts for confinement of residents during the audit period, throughout the audit and in relevant interviews, the importance of ongoing monitoring of all contracts for PREA compliance (per the 7.9.13 PREA DOJ FAQ) was discussed and agreed to. During the corrective action period the Agency adopted a formal policy (7.05) that they will not enter into contracts with others that are not PREA compliant, and clarified that the PC will monitor contracts. Relevant updates were also reflected in facility policy, JJC 15.02.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.02(III) covered supervision and monitoring and contained the required PREA considerations, including staffing planing, documentation of deviation, required ratios, review, and supervisor unannounced rounds.</p> <p>The 2020 PREA audit found that additional staff were needed to maintain 1:16 ratios during sleeping hours as staff were not assigned to housing units and there were areas that lacked direct supervision outside of 30 minute rounds, and that the facility may be out of compliance depending on utilization of housing areas and need for staff for intakes. At that time the average daily population was 41. In the 2020 PREA audit Corrective Action period additional positions were funded to meet ratios and JJC achieved compliance. There had been no reported findings of inadequacy or reports of sexual abuse for JJC to consider in staffing planning since the 2020 audit.</p> <p>Since 2022, the IL Juvenile Detention Standards also now require the same staffing ratios as PREA, and also require that female staff be onsite if female youth are housed at a facility, or on call when there are no female residents. During the 2023 audit onsite, all JJC staff interviewed reported that female staff is always onsite, which documentation reviewed also supported. In interviews, youth who reported knowledge of housing in areas with girls reported that they were always supervised by female staff.</p> <p>The 2023 auditor reviewed both the 2020-2022 JJC staffing plan (1.17.23), which</p>

was available on JJC's website, and the 2023 staffing plan (2.1.23). JJC 17/15.02(III)(D and E) stated that the staffing plan shall minimally be reviewed annually for PREA purposes, and that this should occur during the first supervisor's meetings of each year. An administrator also stated in an interview that in addition to review in light of population and required ratios, staffing is continually reviewed when there are increases in incidents, such as fights or use of discipline. However, JJC was not able to provide documentation that PREA annual staffing plan reviews occurred annually subsequent to the 2020 audit, via meeting notes or other materials, and the last available staffing plan prior to those issued in 2023 covered 2016-2020 (4.16.20).

The auditor reiterated that PREA 115.313(d) requires the staffing plan be reviewed with documentation no less than annually, even when no adjustments are deemed necessary; however, given discussions, observations, and interviews throughout the audit, the current practice is sufficient to demonstrate substantial compliance with required staffing planning for 2023. The auditor encouraged a more robust review and documentation going forward, including consideration of relevant PREA FAQs, variations in youth housing and supervision practices across shifts, and overtime utilization, as discussed herein.

JJC has capacity for 80 total male and female youth, but averaged only 34 in 2022. All youth are single-celled. There are four living housing units, two units with two pods/wings with eight cells, and two units with three pods with eight cells. There is also an area with five cells for observation (one was reportedly not used) and separately an area with three cells for medical housing, and an intake area (ATR - youth are not housed in intake).

At the time of the 2023 audit onsite, one housing unit of four was reportedly typically closed, but being used temporarily for COVID positive youth or as other non-critical medical space as needed. Girls would typically be housed and sleep on a separate housing unit wing/pod from where boys were housed, but otherwise programmed mostly by housing unit and were supervised with boys by female staff (or both male and female staff). During the onsite, there was only one girl present.

Youth on Individual Programming (IP), JJC's intensive supervision method used in lieu of isolation, reportedly may stay in their housing or may be put on an otherwise unused pod by themselves on a housing unit.

If youth were housed in the observation or medical areas under watches for immediate safety reasons, staff would be posted there and conduct required more frequent rounds, which was reflected in some randomly sampled midnight round electronic log system records. However, youth are also at times housed in these areas when they are not under medical restrictions or watches, in which case they continue to spend non-sleeping hours with other youth.

JJC may need to utilize the intake area and staff for that process at any time; however, counties typically provide a heads up that they are bringing in someone and intake most often occurs before sleeping hours when additional staff and supervisors are onsite.

JJC had an extensive video monitoring system that is reportedly live-monitored from a control room on all shifts and can be viewed on administrator computers. Recordings are reportedly typically retained for 30 days. As set out in the 2023 staffing plan, 4 cameras for the reported remaining few possible blindspots in mantraps had been procured and were installed after the onsite visit. Additionally, through the corrective action period 5 additional cameras were procured to add additional coverage and angles.

Control room staff are also reportedly charged with observing and logging all movement, such as rounds, and reportedly do not leave that post. During sleeping hours, or if youth need to be supervised on units during other hours, line staff rounds are also recorded using an electronic round logging system.

All youth cells are reported to have functional call buttons with both notification and audio communication capacity that are monitored by housing unit staff when youth are in their cells, but that may also be monitored by the control room as needed.

JJC benefits from single-celling, low population, technology, and good averaged ratios, as well as comparatively generous supervisor, health and mental health coverage at the facility, which add to youth safety. However, variations in population and needs, and corresponding staff utilization, makes assuring compliance more complex.

At the time of the audit, JJC clearly exceeded required staff to youth ratios when youth were out of cells. Further JJC utilized staggered schedules to ensure supervisor presence well into third shift, which was excellent practice. However, sleeping hours staff ratios were more complicated.

At the time of the onsite, a few youth (two-three, differing on different days) were not technically under watches but slept in the observation area but otherwise programmed and were supervised with other youth or on other units during non-sleeping hours. Likewise, a youth slept in the medical area but otherwise got out of their sleeping area and programmed by themselves under staff supervision on the empty unit due to health concerns for being with other youth.

The observation and medical areas are physically adjacent to the control room and monitored via camera from there, additionally these cells are considered safer for youth due to configuration and location, and also have call buttons with audio capacity monitored by the control room security staff, in addition to security staff posted in the ATR area conducting the required 30-minute rounds.

The auditor had concern regarding whether this monitoring was sufficient to meet the required ratios for sleeping hours under the 10.3.17 DOJ FAQ, which does not seem to count roaming or remote monitoring staff in required supervision ratios. However, given the totality of the circumstances and additional guidance from the PRC staff, the auditor finds substantial compliance with this standard.

At the time of the onsite during sleeping hours there were 22 youth and five security staff; the issue was that youth were sleeping in five different areas, with

one staff assigned to control and one to ATR. As noted above, all youth were single-celled with call buttons and staff conducting 30-minute rounds, which were monitored both by electronic logging and control room staff.

The PREA Final Rule states that DOJ does not mandate use of direct supervision in juvenile facilities recognizing that it may require major renovations at high cost for some physical plants. Further, JJC's physical plant in regular housing units also requires staff making rounds to pass through one or two (on units with a third pod wing) locked doors to access pods with youth cells for required room checks, so the issue of staff having to take some additional efforts to reach rooms is not isolated to use of medical and observation cells. Meanwhile these areas reportedly permitted youth with vulnerabilities to be more closely monitored via technology in cells with different configurations than general population housing.

The Final Rule also states that it is appropriate to consider technology available but that video monitoring is not a substitute for staff supervision. In this case, staff supervision via 30-minute rounds during sleeping hours with call button monitoring is similar throughout JJC.

Requiring JJC to house all youth on the same housing units or pods where they could more easily meet ratios would not in the auditor's estimation increase youth safety, in fact it may be a detriment.

However, the auditor does advise JJC consider and document possible response plans and distance/times throughout the facility given different youth and staff possible locations, as well as ensuring rounds and technology including call buttons, radios and cameras are regularly reviewed and documented to ensure these safety measures are working as intended. Such considerations could enhance annual staffing planning going forward.

In the 2023 audit, JJC reported no deviations from the staffing plan during the prior year, stating that they actively recruit new staff on a constant basis to maintain staffing ratios, and importantly, that overtime is utilized as needed to continually meet requirements and variations in housing/staffing needs. As noted above, ratios are also required by state standards.

JJC reported 35 of 68 staff had been hired in the year prior to the audit, which demonstrates substantial turnover and recruitment effort. Leadership also noted that they had increased supervisor positions and made efforts to have supervisor presence on units with youth and staff, as well as leading trainings and handling administrative tasks. The auditor commends this initiative.

In addition to the staffing demands of needing to spread out the population at times or handle intake, need to provide one-on-one supervision at times or youth transport for court (for various counties) or medical can increase staffing demand. In all cases, JJC reports they have been able to call in staff as needed over the audit period.

Leadership noted that adequate staffing is also considered in union negotiations and

	<p>noted earlier in the pandemic overtime was heavily utilized and could be mandated if needed. Staff interviewed onsite during the audit did not report any current concern regarding excessive overtime demands, however, saying that they could take it when they chose. Some staff noted hiring had reduced overtime.</p> <p>The auditor was provided with an example of overtime utilization, as well as staff scheduling and round information, in addition to observations and interviews onsite. Onsite observations across shifts, as well as staff and youth interviews, supported that youth are supervised and that overtime is used, as well as that direct staff supervision is supplemented with technology.</p> <p>JJC administrators stated that deviations from the staffing plan, if they occurred, would be documented per JJC 17/15.02(III)(B and C). Only supervisory staff may modify the staffing plan and will document it in an incident report and in the shift exchange report, and this documentation is to be shared with the administrative team.</p> <p>JJC 17/15.02(III)(H) provides that intermediate and higher level supervisors conduct rounds unannounced rounds on all shifts, minimally once per shift, and prohibits staff from alerting others that the rounds are occurring. Interviews supported that policy was in practice. Administrators noted that staff are not supposed to alert others but may have camera or radio notice, however, as administrators and supervisors are regularly present, unannounced rounds are not likely to be perceived as unusual occurrences. Unannounced supervisor rounds are manually logged and the PC maintains these records.</p> <p>A sample log provided from early in the one year audit look back period for the auditor document review did not demonstrate unannounced rounds consistently occurring as per JJC policy, which if implemented would likely exceed PREA standards, rather there were a few shifts and days with no recorded supervisor rounds. However, the auditor found observed practices, interviews and later documentation demonstrated sufficient unannounced rounds to meet the PREA standard of JJC conducting rounds to deter staff sexual abuse and harassment, per the Final Rule guidance.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>JJC 17/15.02(IV), as cross referenced to other relevant search policies, addressed this standard. The auditor also reviewed staff training materials on this topic and sampled training documentation.</p> <p>JJC prohibits cross gender visual scans and body cavity searches and prohibits cross gender pat downs outside of exigent circumstances. No such incidents were</p>

reported, and they would reportedly be logged if any occurred. Further, due to always having female and male staff onsite, such searches or exigent circumstances should not occur. No non-medical staff were reportedly involved in any cross gender searching.

Interviews of 14 randomly selected staff found that while staff are trained regarding cross gender searches they are not used at JJC. This was also confirmed in administrator and supervisor interviews. Everyone was clear that there was not any exigent circumstance they could think of where this would be needed, as female staff are always available onsite, or a search could be delayed until same gender staff were available if necessary.

All staff interviewed reported being trained on searches of trans and intersex residents, most reported recent training or retraining at the time of the onsite, and reported that they would conduct the search professionally. All staff were aware of the prohibition for searching someone to determine genital status, and several expressed dismay that this would ever be considered a possible practice elsewhere.

Staff reported that residents would be searched according their preference and comfort. Some staff mentioned that the JJC trans accommodation form would be used or that supervisors, mental health, or the PC could be consulted with any questions or issues. Some staff indicated that they are often given a heads up for intake searches or that youth are typically vocal about preferences.

No one the auditor interviewed personally reported having been requested to conduct a search of a trans or intersex resident, but several expressed that they would not have any issue with doing so if that was the individual's choice. Several staff expressed that they are LGBTI+ allies.

All staff interviewed said that they announce their presence and gender when entering a housing unit that houses residents. Further, local policy requires this of staff whenever residents of any gender may be undressed and several stated that they always announced regardless of gender of youth, and this was observed onsite. Some staff noted that they always announce even if youth are supposed to be sleeping.

Staff confirmed that youth are allowed to dress, shower, and use the toilet without being viewed by staff of the opposite gender, or any staff. Some staff stated that they even will delay rounds if a youth indicates they are on the toilet, even though toilets are not easily viewed cell-front due to configuration. Some staff members discussed the importance of youth having some privacy and autonomy in relation to their bodies.

Youth are celled and shower individually. Areas where youth may be undressed have privacy film on windows or shades blocking views, and watch cells with cameras have obscured areas on the video feed view for toilets. One youth opined that they prefer the more colorful type of window film used for increased privacy over the clear type.

During the site tour the auditor observed areas where youth may be in states of undress and it appeared that they afforded sufficient privacy, including the intake search area.

No youth interviewed reported cross gender viewing at JJC. Youth also stated that staff announce.

Cross-gender searching prohibitions are in place at JJC. Youth interviewed generally definitively stated that they had not been subjected to a cross gender search at JJC. However, in a few interviews some youth with various vulnerability characteristics responded to the search questions in an unclear manner, with lack of clarity about where and when what type of searches may have been conducted and by whom, and in some cases recalling other law enforcement encounters.

These youth may not have understood the questions as phrased, or perhaps even the questions' basic concept trying to get at whether anyone conducting searches was a different gender. The auditor believes that this confusion may be a reflection of their youth and inexperience with searches, as well as the fact that intake or other times when searches may occur are likely inherently traumatic, even with best practices in place. For example, one youth had difficulty recalling their intake noting the day was "crazy." Another youth interviewed went through JJC intake that same day and seemed to be unsure on their interview search question responses, and did not yet have a sense of JJC housing unit supervision practices, so the auditor chose not further interrogate their unclear responses to avoid further adding to what was likely an overwhelming experience.

One youth initially responded that they had been subjected to a cross gender pat search, but when further questioned, clarified that it had happened elsewhere, not at JJC, but this search was clearly impactful on the youth. One said in response to the question about cross gender pat searches at JJC that they did not remember but doubted it occurred, while another stated that they are not patted down but staff "checks [their] waist band."

Two youth commented about their experiences being visually searched. One was clear that this was done with two same gender staff present at JJC intake, as per policy. The other youth mentioned that they had been transported with adults and it was unclear when the youth was searched and by what agency.

JJC reportedly has worked to decrease use of visual searches to limit them to be risk based, recognizing that they can be traumatizing to youth even when conducted professionally. Additionally, Illinois Juvenile Detention Standards, 20 Ill. Admin. Code 2602.50 was updated in 2021 to provide strip searches must be based on individualized, reasonable suspicion.

The auditor appreciated that JJC policy 16.2(A) on searches, which also prohibits cross-gender searches, explicitly acknowledges that "a pat-down or visual scan search will likely be stressful and uncomfortable for a minor... It is important that staff demonstrate patience and sound judgment during this process, as male and female minors who have been previously abused may be fearful and apprehensive

	<p>during this process."</p> <p>JJC has implemented necessary policy and practice for compliance with this standard to ensure cross gender searches and viewing should not occur at the facility.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>JJC 17/15.02(V) addressed this PREA requirement. The facility had contracts in place for translation services, as well as some educational materials available in Spanish, which the auditor reviewed and observed onsite. Updates to these materials during corrective action were also provided in Spanish. An administrator noted that during business hours, in addition to the Language Line translation service, the court's translation coordinator can also be used by JJC.</p> <p>JJC is often given notice of youth's needs in advance of intake from detention screenings, probation departments, or other sources.</p> <p>Youth are shown a PREA video at intake and do a quiz with staff, which again should be an opportunity for staff to ensure an appropriate level of understanding or if accommodations will be needed. During the corrective action period JJC updated to using the Juvenile educational videos created by JDI shared by the PRC 4.27.23.</p> <p>At intake youth are given a risk assessment, the VSAB, that may also flag issues. However, the auditor noted that while some VSAB fields may be helpful, it is unlikely the risk assessment alone would capture all needed information or necessarily properly categorize issues.</p> <p>Importantly, healthcare and mental health staff also see youth soon after intake and should be additional checks to ensure youth will be appropriately accommodated.</p> <p>Additionally, documentation provided suggested that educational assessments would also be methods to facilitate appropriate services. However, it was not clear how information was regularly shared between educational and other staff regarding youth's understanding from materials reviewed. Nonetheless, youth at JJC should receive adequate individual attention to ensure communication needs are met.</p> <p>At the time of the onsite, no youth were identified as needing assistive services. Interviews with residents flagged for possible LEP, communication, serious mental health, or other disability issues in risk assessments, found that youth were able to communicate without assistive measures with the auditor and that they were able</p>

to demonstrate reasonably good PREA understanding.

When asked directly about PREA information or their ability to understand, these youth stated that they could understand and were also able to respond showing understanding. Importantly, generally interviewed youth indicated that they would be comfortable seeking assistance if needed from staff at JJC and knew of their ability to access outside resources.

In interviews the auditor generally asked youth and staff if there were other people that they felt the auditor should know about or interview, or who may be vulnerable or having difficulties. In one interview a youth shared that they felt a Spanish speaking youth no longer there had been bullied or teased for their accent and not being able to write in English, including by unnamed staff. This was the only related concern raised and no interviewees knew of others onsite who should be interviewed for concerns relating to ability to meaningfully access PREA required services.

Review of intake documentation and PREA education tests demonstrated acceptable understanding and writing ability for all targeted and randomly selected youth.

Interviews of 14 randomly selected staff as well as specialized staff and administrators found, in accordance with policy, that they understood that resident interpreters would not be used and that staff would assist with understanding, including use of bilingual staff or an interpretation service as needed. Some staff commented that it would be a safety issue for residents to know private information about others if they were used to interpret. Other staff noted that they have Spanish translations of some things and several Spanish bilingual staff.

No staff interviewed reported knowing of any youth who was unable to understand communications and some noted that this was something that would be flagged at intake. Some mentioned that LEP was more commonly an issue with parents. Some staff recalled having a youth whose first language was Romanian, but noted that this was more of a challenge for reading and not communication more generally. Some staff noted that some of the population may have low literacy also in their first language.

Some staff pointed out that youth are generally not permitted to use other languages at JJC because of security concerns; however, staff seemed aware that interpretation services should be made available as needed and appropriate, as for PREA purposes.

JJC has policies and resources in place to ensure that youth at the facility are provided with appropriate assistance and to facilitate necessary understanding.

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard

Auditor Discussion

JJC 17/15.02(VI) provided the required policy for hiring and promotions. Interviews with staff and administrators, as well as document review confirmed that screening for PREA concerns in hiring and promotions is well-institutionalized at JJC.

The auditor was provided with an explanation of processes as well as example forms used for screening and employee and contractor information from which the auditor could select files to review. The auditor advised considering for future audits the need for pulling files for all people who may have had contact with youth during the audit period, as in practice files for people no longer onsite may be stored differently.

LEADS background checks, fingerprints, and child abuse registry checks are initiated pre-employment and JJC exceeds PREA 115.317(e) standard requirement by performing background checks annually. While background checks are reportedly returned quickly, other checks may take longer and new hires are given a memo that their employment is contingent on any pending background clearances.

Contractor background checks are also run annually and registry checks are likewise conducted at initiation of services.

The auditor was provided with logs and a sample of individual files demonstrating checks. Document review and interviews also raised that some employees were hired prior to the facility instituting a pre-employment registry check per PREA standards, although they undergo ongoing background checks and complete annual self evaluations with ongoing duty to disclose any issues.

Pre-employment job applicants were asked about 115.317(a) considerations. Applicants for promotions and employees in annual self evaluations were again asked about 115.317(a) considerations, were also asked about harassment, and have an ongoing duty to self-disclose. Material omissions or false information is grounds for termination.

JJC uses a pre-employment questionnaire with employees who have worked in institutional settings sent to the prior employer to screen for sustained allegations of sexual abuse or resignation during a pending investigation to satisfy 115.317(c)(3). Likewise, JJC would provide information on substantiated allegations of sexual abuse or harassment upon request from an institutional employer. JJC policy required best effort to get information from prior institutional employers, but the facility did not wait for a response before hiring.

While interviewees at JJC did not report knowledge of any issues with employees arising from self-disclosures or official channels, it was clear that the PREA checks and awareness of any possible issues would be taken seriously by administrators.

However, in onsite interviews and document review it became clear that contractors were not asked about 115.317(a) considerations. It was also unclear how 115.317(b) requiring consideration of sexual harassment would be considered at the initiation of employment or contract. The auditor advised those parts of the standard required

	<p>review should also be implemented going forward. Nonetheless the auditor found substantial compliance with the standard at the time of the interim report, noting that PREA review did appear well-institutionalized in HR practices, and some practices exceeded standard requirements. During the corrective action period JJC made updates to policy and practice to ensure contractors were included in screening for issues as required, and that incidents of sexual harassment are considered for staff. The auditor was provided with updated forms put into use. Practice as amended exceeds this standard by including annual reviews and required self-reports.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>The Agency had reportedly not had any had any substantial expansions or modifications since the prior 2020 PREA audit at the time of the onsite; however, policy contained the required consideration of sexual safety should this occur and interviews confirmed that this would be a factor per JJC 17/15.02(III)(G).</p> <p>JJC 17/15.02(III)(D and F) set out that video monitoring and other monitoring systems should be reviewed minimally annually. Video monitoring has no audio capacity and video is ordinarily retained 30 days. Staff utilize radios and an electronic round record system to record room checks on overnight or other required rounds. Also as noted above, cells contain call buttons.</p> <p>JJC benefited from an extensive video monitoring camera system that is reportedly live monitored from the control room on all shifts, as was observed in site review, and can also be monitored by administrators. Interviews and other audit review made apparent that JJC values and utilizes this technology as a vital part of their PREA prevention, detection, and response.</p> <p>During the audit site review and through review of facility schematics, the auditor found existing cameras appeared to provide good coverage, including in areas such as a mechanical closet. As noted above, in 2023, based on the most recent PREA annual review, JJC added four additional cameras to its video monitoring system to cover possible partial blindspots in mantrap areas between doors entering the four housing units, which was an approved purchase by the Agency at the time of the onsite, and installed subsequently during the corrective action period. Additional cameras were also added during the corrective action period in response to ongoing PREA review. Further, during the corrective action period JJC worked to implement use of tablets for youth that should also enable reporting. Throughout the audit, the auditor stressed the importance of ongoing spot checking and review of critical functions with documentation, as well as considering modifications in light of any incidents, additional PREA guidance, and in regular annual reviews. The PC noted some of these types of checks already regularly occur, e.g. as part of other audits,</p>

	<p>and that this could be incorporated into PREA compliance and annual reporting going forward. Ongoing review and resourcing for technological upgrades in light of PREA considerations at JJC exceeded standards.</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>During the 2023 audit it became clear that JJC policy and understanding regarding investigation responsibilities needed to be revised. As written, policy stated that the Kane County Sheriff's Office (KCSO) would conduct all criminal investigations and investigations of sexual abuse, while JJC would conduct administrative investigations of sexual harassment. Corrective action on this standard was completed in the required period.</p> <p>The auditor advised that policy must be rewritten to describe that KCSO is responsible for investigations of potentially criminal conduct and JJC is responsible for administrative investigations, as discussed further in other standards. This need was further highlighted by the one PREA instance reported at JJC in 2022, which involved a resident-on-resident sexual harassment incident that was criminally prosecuted, as well as by the 1.20.23 PREA DOJ FAQ. Policy, the KCSO MOU, and other documents including educational and training materials were revised to address this issue during the corrective action period.</p> <p>JJC 17/15.03, Responsive Planning, (I) Evidence protocol and Forensic Medical Examination, covered this PREA standard. While section 17.03(A) stated "JJC utilizes an age-appropriate uniform evidence protocol," in audit document review JJC could not produce it's own protocol, rather provide the protocols used by KCSO and the Kane County Child Advocacy Center (CAC) as these entities would conduct criminal investigations and evidence collection. A JJC protocol was developed within the corrective action period.</p> <p>As JJC may conduct administrative investigations of sexual abuse, PRC guidance indicated that JJC should adopt a protocol formally and ensure staff are trained appropriately. While many of the desired outcomes of having a protocol and victim-centric care were already in good effect and institutionalized at JJC, the auditor advised having this formalized may better highlight areas in which relationships, policies, and procedures should be better clarified, as such issues were surfaced in the 2023 audit.</p> <p>Under current Illinois state law youth as young as 10 may be placed in juvenile detention and the auditor noted that often protocols and trainings are predicated on services being provided only to youth as young as 13, which was an additional factor needed to be considered in adopting the JJC-specific protocol.</p>

Interviews of 14 randomly selected staff found that they already believed they understood and were trained on JJC's protocol and how to obtain usable physical evidence if a resident reported sexual abuse. It seemed people interpreted understanding first responder duties and what might need to occur, as the same as understanding the local protocol. Staff were generally able to articulate the need to separate the victim and alleged perpetrator, contact a supervisor, preserve evidence at the scene and possibly on the parties, and that the PC, KCSO, and medical and mental health would be involved, as well as possibly a SANE exam at the hospital and offering outside support services would be warranted. Staff also knew that the PC, who is also a facility investigator, or other JJC investigator, or KCSO would be responsible for conducting sexual abuse investigations.

JJC 17.03(I)(B) provided that all residents who have experienced sexual abuse in the past 7 days will have access to a SANE exam at Delnor hospital, which is located within a 10 minute drive of the facility, at no cost. The auditor reviewed the MOU and interviewed a hospital representative to confirm services. Some staff interviewed at JJC believed SANE exams could be offered up to 15 days. This was an example where protocols and expected practices needed to be better clarified. The PC reported one resident SANE exam in 2022 that occurred for an incident that occurred outside the facility. In the corrective action period JJC 15.03 was updated, including permitting more discretion to medical providers regarding when to conduct exams, and staff were retrained.

JJC 17/15.03 also provided that the facility will make a victim advocate from a rape crisis center available from the Community Crisis Center (CCC). The auditor reviewed the MOU and interviewed a CCC representative about services. CCC shares coverage at another victim advocacy organization at the hospital but confirmed an advocate would be made available.

If an outside rape crisis victim advocate is unavailable, JJC would provide a qualified staff member. It was unclear in policy how JJC was screening people in these roles for appropriateness per 115.321(h), or how staff was being "screened and trained" as per JJC policy to be appropriate qualified staff, although administrators stated that mental health staff who are masters level clinicians would be utilized and documentation regarding their general education was provided. Mental health staff would be on call in the unlikely event that other advocates were unavailable. During the corrective action period, as requested by the auditor, JJC clarified training and screening requirements under the standard, and added additional training for staff, providing documentation of these changes. Additionally, the 6.14.23 DOJ FAQ on this topic was published and reviewed with JJC during the corrective action period.

Policy and interviews indicated that the advocate or qualified staff member would accompany the victim through the forensic medical examination and investigatory interviews to the extent permitted, and will provide support, information, and referrals. The CCC representative felt that victim advocates would not be permitted in investigatory interviews. It was unclear whether this was policy of CCC or investigative entities. Some interviewees pointed out that advocates are not able to present during police interviews at the hospital but that the SANE nurse would stay,

or that the CAC might interview youth and stated that they do not allow others to be present. In practice, several people mentioned it was unlikely that youth would be interviewed at the hospital, or perhaps at all, and instead other evidence such as video and physical evidence would be relied on. JJC policy did not speak to accompaniment for interviews. Administrators at JJC said they would permit advocates to support victims in administrative interviews but this had not occurred. Throughout the corrective action period through developing a protocol and policy revisions made and communications with partners there seems to be an understanding that this support will now be offered.

Lastly, while a MOU and relationship with KCSO was in place, the auditor was not provided with requested documentation to review demonstrating that JJC had made the request that KCSO follow the requirements of this PREA standard when conducting investigations, although the auditor was provided with documentation regarding KCSO's compliance with (a) and (b) and believes that victim advocates are appropriately made available with SANE exams as a matter of course. The policy and MOU for investigation needed to be amended as noted above. During the corrective action period JJC revised their MOU with KCSO and addressed all of the auditor's concerns regarding this understanding and standard requirements, providing documentation of changes.

The noted issues above were areas where the auditor believed consideration of a formal JJC protocol would strengthen and clarify expected practice. Throughout the 2023 audit, JJC has worked with KCSO and CCC to strengthen relationships, including ensuring investigations from the Special Victim's Unit of KCSO and updating agreements and training with their partners. The auditor is confident that the necessary players and intent to provide for the best outcomes and safety of youth were in place at the time of the onsite and strengthened through the corrective action period.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.03(II) addressed ensuring referrals for investigation. As previously noted, policy regarding investigation responsibilities needed revision, which was addressed during the corrective action period.</p> <p>Audit interviews of JJC administrators and investigators found that they believed an administrative or criminal investigation was ensured for all reports of sexual abuse or harassment. An administrator explained the KCSO would handle a criminal investigation with an administrative investigation following on the KCSO criminal findings and stated that they would have no issue putting staff on a leave pending outcome of a criminal investigation. If a report warranted an administrative</p>

investigation only, internal investigators (who are the current and former PCs) would complete the investigation.

For the one resident-on-resident sexual harassment PREA report recorded in the year proceeding the onsite 2023 audit, criminal and administrative investigations were completed and the auditor was able to review the files.

While the auditor was confident that JJC takes PREA reports seriously and would refer them for investigation appropriately, there was some indication in the audit and document review that not all possible PREA reports were being identified as such, even when they were investigated. For example, randomly reviewed 2022 grievances contained reports of possible staff flirting with youth, and a report of staff touching a youth's private parts that apparently occurred incident to a restraint. These grievances were investigated but not classified as PREA reports.

Likewise a report of sexual abuse from another facility in 2021 that reportedly occurred at JJC in 2020 was investigated and even referred by JJC to KCSO, but was not clearly counted as a PREA report, although in this case the information was proactively shared with the auditor and mention is made to the incident in the unpublished 2021 JJC PREA annual report.

If reports of sexual abuse or harassment were not being characterized as such, the auditor has concerns that they may not be properly referred for investigation. However, as this standard speaks to whether allegations are referred for investigation and there being policy in place, and all instances the auditor is aware of were investigated, JJC complies with this standard in that regard. Further, as an JJC administrator is the PC and an investigator, they are likely to be made aware of possible PREA instances. This is a small facility with close working relationships. However, the auditor again encouraged ensuring uniform predictable practice for reports and ensuring adequate documentation for review. During the corrective action period based on auditor feedback, the PC implemented some improved practices and documentation, including associating grievances with youth's electronic files, to help ensure PREA reports would be captured as such and referred for investigation. The auditor continued to review and have ongoing dialogue with the PC regarding some PREA reports and possible PREA-reportable incidents that occurred within the corrective action period. Additionally the PC reviewed materials and took part in trainings offered by the PRC.

As discussed in the prior standard, JJC needed to revise their policy and MOU in regard to shared investigative responsibility with KCSO. This policy also needed to be shared on their website per 115.351(b). At the time of the onsite policy was generally described on the website but the policy was not posted. The auditor advised that this publication must accurately describe the responsibilities of both the Agency and KCSO as the investigating entities per 115.361(c). The investigation policy was revised and posted to the JJC website during the corrective action period as required.

115.331	Employee training
	<p data-bbox="280 188 1015 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1477 542">JJC 17/15.04, Training and Education, (I) addressed this standard providing that all staff will be trained on PREA prior to working with residents and setting out the required content of the training. Specifically JJC 17/15.02(I)(C) provided that employees shall receive initial PREA training during new employee orientation and 4 hours annually as part of refresher training.</p> <p data-bbox="280 577 1477 1160">In 14 randomly selected staff interviews conducted across shifts, all staff reported that they had received PREA training including recent refreshers on various topics when they had been employed longer. Some staff in interviews noted that they had both in person training and Relias computer-based training, that they received a lot of training or also commented that they could always bring questions to supervisors or the PC. One staff person who had worked in corrections elsewhere reported they did not recall receiving PREA training initially at JJC having been trained in a prior position. The auditor had not reviewed this individual's training records as part of the random sample pulled, but noted in the interim report that if they did not, this would not comport with policy and there is need for training in local policy and specific population prior to initiation of working with residents. However, administrators reiterated that practice at JJC is that all staff are given training prior to working with youth on their first day and ongoing additional trainings periodically, several times annually, as reflected in files reviewed.</p> <p data-bbox="280 1196 1439 1312">The auditor also interviewed administrators and supervisors with training responsibilities and was informed of systems in place to ensure staff are regularly trained and rescheduled should they miss a training.</p> <p data-bbox="280 1348 1458 1464">Training opportunities generally were clearly prioritized by leadership at the facility and staff were given monthly trainings on varying topics in addition to a two-week onboarding and ongoing Relias training that can be done on staff's own schedule.</p> <p data-bbox="280 1500 1477 1917">JJC provided the auditor with several powerpoint presentations from 2022 staff PREA trainings for review covering different PREA subtopics and attendance logs. JJC started using Relias in 2022 and since then, facility-based PREA trainings are also tracked in that system; however, earlier trainings and signed acknowledgements indicating understanding are not tracked therein and are separated maintained by the PC. Additionally, training records for employees who have terminated employment were not retained in that system. As JJC offers a lot of training, and records are maintained different places, the auditor advised consideration of how training documentation could be consolidated going forward so that in future audits this information would be more easily retrievable and reviewable.</p> <p data-bbox="280 1953 1477 2114">Trainings for staff were revised and strengthened throughout the corrective action period, with an emphasis on localization and updates/changes. Throughout the audit the auditor recommended incorporating more use of scenarios and role play with both staff and partners to test for understanding, as well as think through how</p>

	<p>policy might translate to practice. Additionally, staff were also trained to lead youth educational focus groups and on conducting intake with youth, which also reenforce the updated JJC PREA policies, practices, and reporting resources. Many staff in interviews expressed comfort with asking questions to supervisors or the PC as needed. The auditor noted JJC had a strong training culture, devoting administrator, supervisor and staff time regularly to these efforts on an ongoing basis, as well as supporting staff in obtaining additional outside trainings as relevant. Given the facility's robust training schedule and resources, JJC was able to update training and retrain staff quickly as needed as policy was revised and changes implemented throughout the corrective action period. JJC exceeds the standard requirements for staff training due to frequency and resourcing devoted to this effort.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>JJC 17/15.04(II) addressed volunteer and contractor training and provides that PREA training will be provided and based on services provided and level of contact, minimally containing training on zero tolerance policy and reporting, and shall be documented confirming understanding.</p> <p>Various volunteers and contractors interviewed during the onsite portion of the audit all indicated that they received and understood the required training. Additionally, the auditor reviewed training materials and sampled volunteer and contractor files for training records to confirm practice.</p> <p>At the time of the onsite the number of volunteers and contractors was expected to increase with resumption of clergy visits post-pandemic anticipated and new agreements with CCC whereby their representatives were trained and considered to be contractors. Administrators, including the PC, personally conduct much of this training and onboarding. In the corrective action volunteers and contractors were trained on relevant updates. Additionally, revised postings and other materials were made available to everyone at the facility, in addition to webpage updates.</p>

115.333	Resident education
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>JJC 17/15.04 (III) addressed resident education providing that during intake residents receive information about JJC's zero tolerance policy for sexual abuse and harassment and how to report.</p>

The auditor was informed and observed during the onsite that during intake that residents watched a PREA video featuring the former PC that explained the required information in an age appropriate fashion, in addition to youth being given written materials. During the corrective action period JJC switched to using the JDI videos shared by the PRC and updated written materials.

Intake staff, who may be any staff person at JJC assigned that post, then give the youth a quiz which confirms their understanding of the required material and is logged in the youth's file in the JIS computer system. JIS had been in use at JJC approximately a year prior to the onsite. As discussed in standard 115.316, education would reportedly be provided in accessible formats.

The random staff who were asked questions about intake all responded that residents were provided with PREA education, information about the agency's zero tolerance policy, and how to report via the PREA intake video, quiz and pamphlets right when they arrive prior to being housed. Staff interviewed on this topic also stated all individuals would receive this education, e.g. even if they had been admitted previously. One mentioned that if something is missed in intake there is an alert in the JIS computer system. Some mentioned that the facility has PREA information posted and that PREA is discussed also in resident focus groups on housing units as well.

Review of youth intake PREA education in files showed that use of the quiz is institutionalized to document resident education at intake. The auditor recommended some revisions to the quiz and of other educational material in light of other audit corrective action. The auditor in the corrective action period requested to review more staff training specific to the intake process including use of the screening instrument as discussed under that standard to ensure staff are uniformly trained to flag vulnerabilities; for example, the PREA quiz may be an additional indicator of low literacy or comprehension that should be raised. JJC staff did work to develop some additional training.

All but one of the 12 youth interviewed generally reported that at intake they were informed about their right not to be sexually abused or harassed, how to report, and right not to be retaliated against for reporting. The one youth who reported they did not, reported they had transferred to JJC from another county juvenile detention facility and did not think this information was provided at intake, rather that it was not provided until a few days prior to the interview. Intake PREA education documentation for this youth was missing information in some fields and not clearly dated.

One youth who was flagged as possibly LEP responded that they thought they had been educated about "something like that," but was actually was able to articulate good understanding of most PREA policy and practice throughout the interview and in PREA education documentation provided for review.

All youth interviewed responded affirmatively when they were asked if they got information about JJC's rules against sexual abuse and harassment when they first got to JJC. Some youth with multiple or close in time intakes were unsure if they

received all information at all intakes. Some documentation supported that some PREA education was completed with at least one such youth for multiple JJC admissions.

Another youth could not remember whether they were shown the PREA video at intake, stating that that day was "crazy." Some youth noted that in addition to this PREA educational information being provided at intake there were postings or the material was also covered in focus groups. This ongoing access to information as required by 115.333(f) and JJC 17/15.04(III)(F) is critical as intake can be a stressful time when youth are not able to process or retain information well. The auditor observed that PREA postings were available throughout the facility.

During the audit, it became clear that there was not a clearly identified way for youth to make a report to an external entity that would report back to JJC as required to 115.351(b), allowing the resident to remain anonymous on request. While JJC believed they could use CCC for that entity, they came to understand that this would not be appropriate as it confuses the 115.353 and 115.351(b) roles. Further, during the 2023 audit, CCC representatives made it clear that they could not report back to JJC without consent from the resident. Generally, while JJC offered several internal and external reporting mechanisms to youth, there was a lack of clarity regarding who would do what with reported information.

Per the 2.3.20 DOJ FAQ, the resident education standard can not be met where there is lack of clarity regarding reporting mechanisms. Given the need to rethink reporting mechanisms, resident and other educational materials needed to be revised.

In the interim report the auditor advised that once JJC determined how to best comply with reporting requirements, they make sure to review and conform all educational matters. Existing methods of resident (and other) education at JJC seemed good; however, there was need to revise and refine content. The auditor noted it was likely better to try to streamline the information provided or provide more opportunities for additional information sharing. There was concern that having lot of options or information could become overwhelming or confusing.

For corrective action the auditor stated that JJC needed to: 1. Determine how they will comply with reporting requirements (carefully reviewing the requirements of the 2.3.20 FAQ - including that residents should be clearly informed which is the 115.351(b) entity, how to make anonymous reports, distinguish the 115.353 entity, explain limits to confidentiality and services available, etc. - as discussed further under those standards). In short, JJC must ensure residents can understand who they are contacting and what they can expect. 2. Revise and conform educational materials for residents, as well as staff, contractors and volunteers. Again, simplifying as much as possible in postings and intake education was recommended, while ensuring other information is available and additional education is provided as appropriate. 3. Ensure retraining where appropriate and continual access to updated uniform/conformed materials.

During the corrective action period JJC entered into an agreement for the Family

Services Association (FSA) of Greater Elgin to serve as the 351(b) entity, as further discussed under that standard. Educational materials were updated to reflect and clarify reporting mechanisms incorporating auditor feedback and youth were given updated education. FSA will also be providing regular education to youth regarding outside reporting as part of the new agreement. Additionally, during the corrective action period JJC entered into a contract for use of Ameelio tablets and youth training regarding use of these was also implemented.

The auditor had some additional concerns regarding youth education on policy regarding mail, phone and grievances relating to youth PREA reporting and education. In the interim report, it was noted that these all must be considered in ensuring appropriate access to reporting mechanisms and adequate education. The auditor was provided with some information that in the past the former PC had provided additional resident education on PREA reporting but at the time of the onsite it was unclear whether this was ongoing, expected for all youth etc. As discussed during the onsite, the auditor also advised considering some additional education regarding what behaviors will be just considered inappropriate and subject to warnings or JJC behavioral program consequences vs. what behaviors cross the line to be considered PREA sexual harassment at JJC. During the corrective action period some responsive additional educational materials to be used in youth focus groups were developed.

The frequency and content of youth education, as well as use of quizzes to test and document understanding, exceed this standard. The auditor advises that the PC also spot check youths' (and others') understanding for possible ongoing improvement in PREA training and communication materials. For example, if youth give an unexpected answer on the quiz, it may be worth investigating how they may be understanding the material. With intake and ongoing PREA education in focus groups, staff also have opportunity to identify any issues or questions for the PC.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	JJC 17/15.04(IV) addressed specialized investigator training.
	Both the current and former PC at JJC were the designated administrative PREA investigators and their specialized training was confirmed in interviews and documented.
	JJC met this standard insofar as it applies to internal investigators at the time of the onsite. As with other trainings, the auditor advised that formalizing the expectation for investigator training/refresher frequency might be helpful.
	As noted previously, there was need to revise policy and the MOU regarding the shared investigative responsibilities of JJC and KCSO. This part of JJC chapter 17/15

	<p>likewise needed revision. Further, at the time of the onsite it seemed that the stated JJC policy was not in effect. While it appears the MOU from that period required KCSO to complete the required PREA training pertaining to the investigation of sexual assault of residents (phrased at that time as "the investigation of juveniles in confinement"), and for JJC to retain documentation of this, no documentation of KCSO training was provided to the auditor. Additionally, while during the onsite the KCSO SUV criminal investigation representative interviewed was new to the role and clearly had impressive training, none was reported to be confinement specific. The auditor also learned that KCSO has a separate evidence division that would likely be charged with physical evidence collection at JJC and that there was likely not training for those staff regarding confinement considerations either. While the auditor appreciated that JJC cannot dictate the outside investigator's conduct (see 2.19.15 DOJ FAQ) this was an area that the auditor advised could likely be addressed and improved in JJC adopting a protocol and revising investigation policy and MOUs as discussed under prior standards. These concerns were addressed in the corrective action revisions and trainings on juvenile confinement investigations for KCSO will be provided going forward.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>JJC 17/15.04, Training and Education, V, Specialized Training: Medical and Mental Health Care, set out facility policy for training and stated that full time medical and mental health staff will receive training mandated for employees annually, and that part time staff will receive training mandated for contractors and volunteers, with the PC maintaining documentation.</p> <p>In pre-onsite audit review, the auditor had questions regarding required training content and frequency, because it was apparent from document review that training was completed, but not who was required to do what training when. The PC clarified that medical part-time contractual staff were also receiving full-time staff training. The auditor continued to recommend further clarification of JJC's expectations of content and frequency for medical and mental health (and other) trainings, which may exceed the standard requirements.</p> <p>Four individuals were interviewed in relation to medical and mental health services at JJC. The two of these interviewees were contractual employees.</p> <p>Forensic exams were conducted at an outside hospital and not by JJC staff or contractors, so 115.335(b) was not applicable.</p> <p>All healthcare interviewees reported they had received specialized training regarding sexual abuse and harassment including how to detect and assess signs, preserve physical evidence, how to respond effectively and professionally to</p>

	<p>juvenile victims, and how to report disclosure or suspicion. File review also supported that staff had required training. Some contractual employees also received additional non-site-specific PREA training from their employer. JJC healthcare employees also have additional Relias training in addition to site-specific PREA training. Corrective action updates included additional training for all relevant parties, including contractual and facility healthcare staff.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>JJC 17/15.05, Screening for Risk of Sexual Victimization and Abusiveness, addressed this topic.</p> <p>All youth are given a risk assessment screening at intake, shortly after their arrival, before housing decisions are made, and far before 72 hours.</p> <p>As mentioned above, all security staff/youth counselors may conduct intake and screenings. JJC policy provides that all risk assessments are also reviewed by by mental health staff within 72 hours of intake. JJC 3.3(C) was the facility policy describing the intake process and paperwork.</p> <p>JJC uses an objective screening instrument called the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior, "VSAB." The VSAB information upon completion is uploaded into JJC's computer system, JIS. While the auditor felt there was room for some minor improvements to this tool, and noted that important fields such as date were cut off in printed views, it meets the PREA requirements of 115.341(c).</p> <p>Information for the VSAB is obtained through an interview with youth, as well as review of all other available information. JJC typically has notice and information about youth provided by sending counties.</p> <p>JJC's policy is to obtain this information again after the youth had been at the facility 90 days or earlier if warranted. The VSAB form at the time of the onsite stated reassessments are at 30 days and the PC noted this would need to be edited to 90 days as per policy and practice. This was done during the corrective action period.</p> <p>The auditor had initial concern that this may be too long given that additional information might be more likely to be obtained from youth not in an intake context; however, youth see both medical and mental health staff shortly after arrival and youth reportedly see mental health minimally weekly throughout their stays providing good opportunity for any additional concerns to be flagged. Additionally youth are given educational assessments that may provide additional information about literacy or vulnerabilities shortly after intake.</p>

Given the small population, staff and administrators generally have a good sense of residents and their needs and the auditor believes any risk concerns would be communicated outside of a formal re-screening if necessary, but formalizing mechanisms for this might be warranted. For example, if a youth were assessed with low literacy in school at JJC and not during intake, how would that get communicated among staff with need to know or reflected in the youth's file - when would a VSAB reassessment be warranted?

In document review the auditor observed that a few youth had re-screenings not strictly at 90 days and recommended ensuring notice of when these are indicated. It also appeared that youth involved in PREA-related incidents were not formally reassessed due to the incidents, but this is not a requirement of the juvenile standard, and the auditor believes that risk was otherwise adequately considered. The auditor recommended JJC consider when formal reassessments may be warranted and documented. At the time the final report was being written, a new PREA FAQ on juvenile reassessment was anticipated and should be a helpful source of more guidance in the future.

Again, all staff may conduct initial risk assessment screenings during intake, which was observed during the onsite. Youth are processed through intake individually and there are holding cells available if needed for use for privacy.

Random staff interviewed regarding screening for risk of victimization and abusiveness reported that they do screen all residents using the VSAB initially at intake prior to youth being housed. Some staff noted that they are required to contact the a supervisor or the PC if a youth scores above a 12 and that mental health may also be consulted as needed. Relevant staff are on call if they are not onsite.

Some staff noted that they may need to contact the Illinois mandatory reporting entity, the Illinois Department of Children and Family Services (DCFS), regarding reports of sexual victimization or that youth could be sent out for a SANE exam if needed.

Other staff commented that they would ask things like preferred pronouns of youth and use the transgender accommodation form if this came up at intake.

The VSAB stated that if a youth discloses prior sexual victimization that had not been reported previous to DCFS, a report to DCFS must be made by screening staff. The auditor had concern that there would need to be more inquiry into such disclosures, which may not be appropriate for the screener without additional training and should perhaps instead be required to be flagged to a supervisor, PC, or mental health staff. The PC responded during the audit that additional questions regarding appropriate DCFS reporting were being contemplated within the VSAB and tech system. These were implemented during the corrective action period.

Document review of VSABs showed they were completed at intake. The auditor observed that there may be some variability in when supervisors or the PC were contacted due to youth scores or risk indicators; mostly this reflected erring on the

side of caution and contacting, but there was some instances where perhaps people were not contacted at that time or the relevant box was not marked.

In practice, administrators and mental health staff regularly receive calls about intakes, and email notifications are sent with youth VSAB information that are either flagged for special review or just provided as a heads up when completed. Further, reportedly all youth are seen by mental health staff shortly after intake (within less than 24 hours) although policy only states this is required for youth with high scores.

When the auditor requested to review staff training materials on the risk assessment tool, the PC indicated that while this is part of initial training there was not yet a written component, but that one would be created. The auditor believed formalizing this training may be helpful. This was completed during the corrective action period.

Of twelve youth interviewed, all remembered being asked all or most of the screening questions at intake. A couple youth who had not been at JJC for 90 days knew that they would be re-screened every three months. Some youth reported they had been asked questions again recently when they had not yet been at JJC 90 days. A couple others reported re-screenings that sounded more like they had approximated three month reviews. One youth who did disclose prior sexual victimization at intake reported that they were asked the questions at intake and then again days later.

JJC 17/15.05 provided that the facility will implement appropriate controls on resident risk assessments and that only administrators and supervisors will be allowed to view this information once intake is completed.

During the audit onsite some staff interviewed noted that they had ongoing access to VSAB information. The PC confirmed during the onsite that risk screening VSAB information was available to all staff in the JIS system beyond those with need to know and JJC was working with their tech person to fix that issue. The JIS system was initially implemented in February 2022.

Administrators made clear that healthcare information would not have been accessible, although the VSAB risk screening responses to the required questions could be accessed. Policy provides that staff are not allowed to share risk assessment information with others and staff interviewed were generally aware that they should keep youth information private.

During the corrective action period risk assessment information was restricted within the JIS system and staff were trained on changes.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

JJC 17/15.05 also addressed use of screening information and provided it will be used to keep youth safe with the required PREA policy language.

All staff may conduct initial risk assessment screenings during intake, however, line staff do not make determinations regarding use of the information for individuals with high risk indicators, rather they are responsible for alerting supervisors, mental health or the PC for input in housing determinations and other follow up as needed. Scores of 12 and above were considered in the high range for risk on the VSAB.

Risk screening information will be considered in housing determinations made by supervisors with intake/screening staff input, as well as flagged to mental health, medical and administrators if there is need for them to review.

The auditor had concerns that a score of 12 seemed higher than indicated for flagging youth for special consideration, and noted in document review that only 12 youth out of 384 unique admissions in the year prior to the onsite scored in that VSAB range. However, in practice, as described above, notifications are commonly made for youth scoring lower or for particular risk factors in the VSAB, all youth are seen by medical and mental health staff shortly after intake, as well as by educators, and there are good safety protections generally in place at JJC for all youth.

Mental health staff are reportedly onsite daily and will follow up with all youth the next morning if they are not present at the time of intake, and are on call for needed consultation by intake staff, as are administrators.

JJC policy provides that mental health staff meet with youth with high risk VSAB scores within 72 hours, but in practice this occurs sooner. Mental health staff are also supposed to receive notification if screening indicates that a resident has experienced prior sexual victimization or perpetration. Again, all youth are supposed to be seen by medical staff and mental health shortly after intake, depending on timing of intake typically the same day or the next.

Healthcare staff are also reportedly onsite daily. While youth may be briefly screened by medical staff earlier, including for COVID rapid testing, youth are typically seen for a physical after their detention hearing, which under Illinois law must occur within 40 hours.

JJC policy provides that youth scoring in the high range on the VSAB at any time in their stay shall be evaluated by the PC for appropriate housing and programming with mental health and medical input as necessary, although no timeframe for this evaluation is stated.

Importantly, all youth are single-celled at JJC and under staff and electronic supervision throughout their stays, other than when in areas or at times warranting privacy.

Generally, youth who are indicated as particularly vulnerable will be initially be

housed prior to fuller assessment (typically same day) in medical or observation areas, which have camera coverage in cells, or in one housing unit designated for youth who may be younger or otherwise more vulnerable. Youth housed apart from others during sleeping hours may still program with youth from other pods or units based on individual determinations.

All youth regardless of where they are housed at JJC are reportedly provided with opportunity to be out of cells and program, but level of staff supervision may be increased or contact with other youth decreased.

Youth will be moved for housing as further assessments warrant.

As noted regarding the supervision standard, female youth will typically be housed together on a housing unit wing unless there are other individual considerations, but will program with boys under supervision.

Consideration of youth vulnerability reportedly may occur for programming or work assignments but generally JJC programs youth by housing unit and the limited work assignments involve one youth at a time under staff supervision and in areas with camera coverage live-monitored by control room staff.

JJC 17/15.05 provided that residents at risk of victimization or abusiveness shall only be placed on Individual Programming (IP) as a last resort and until other safety mechanisms can be put in place.

IP is what administrators consider to be the closest approximation of "isolation" practice at JJC; however, in IP youth are under more intensive staff supervision and may be kept separate from other youth but are still out of their cells and programming. Residents on IP would have access to education and exercise, any opportunities limited would be logged with duration and reason, and such youth shall receive daily visits from medical or mental health staff.

No youth had reportedly been placed on IP for risk of sexual victimization at JJC in the prior year (the timeframe requested in the audit tool).

Due to low population, single-celling, and supervision practices it is highly likely that youth could be kept in regular housing and programming unless they were a current risk to themselves or others.

Any youth placed on IP due to risk of victimization would be reviewed every 3 days by the PC. No incidents of youth being held in "isolation" were reported.

Interviews confirmed that JJC does not use isolation and that other practices that separate youth from others, e.g. IP, quarantine, use of observation or medical practices, all would also meet the PREA standard requirements of 115.342(b). Auditor document review did not suggest concerns regarding discriminatory or isolating treatment. As expected, some youth had individual conflicts and related requests regarding housing moves appeared to be considered.

JJC 17/15.05 provided that assignments will not be made based solely on

identification or status and that this will not be considered as an indicator of abusiveness. It further notes that if at intake a resident discloses that they are trans or intersex, admitting staff with input from the resident will complete the first page of the Transgender/Intersex Accommodation Request form and this will be given to a supervisor to forward to the Mental Health Coordinator and PC. Interviews confirmed that special housing units are not used.

Youth interviewed who were identified as LGBTIQ+ did not report being housed in a particular housing area for that reason and expressed that they felt safe. No trans or intersex residents were identified at the time of the onsite. However, JJC had trans residents during the audited period.

JJC 17/15.05 provides that assignments of trans and intersex residents will be considered on a case-by-case basis, that the PC shall be consulted, provides that these assignments will be reconsidered every 90 days, that trans or intersex residents' own views will be given serious consideration, and that they will be permitted to shower separately in the ATR area.

Interviews with staff and administrators reiterated that LGBTI residents are not assigned solely on the basis of identification or status, which is also not considered as an indicator of likelihood of abusiveness. Assignments for trans, intersex or gender-nonconforming youth are considered on an individual basis with appropriate safety considerations, with placement reviewed. All administrators and staff interviewed were clear that the residents own views regarding their identity and safety would be seriously considered.

Trans and intersex youth, like all youth at JJC, shower separately from other youth, individually in areas with adequate privacy protections, but administrators in interviews also noted that trans youth could also shower in the medical area if they did not want to shower on a housing unit.

In interviews several staff recalled trans youth previously at the facility and said that their identity and preferences were respected, that they were housed with consideration of their individual requests and needs, and that they even had some youth who were gender fluid and JJC allowed updates to preferences considering the youth's current comfort. Some staff mentioned that the trans accommodation form would be used or that supervisors, mental health, or the PC could be consulted with any questions or issues. One staff explained that the facility is open-minded and tries not to treat trans youth differently or ostracize them, and to have JJC be a safe space. The auditor appreciated seeing postings in the facility also affirming these values.

115.351	Resident reporting
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

JJC 17/15.06(l) covered resident reporting stating that residents will have multiple internal and external ways to make PREA reports. JJC does not detain residents solely for civil immigration purposes, so that part of standard 115.351(b) requirements does not apply.

PREA resident internal reporting ability and related education must clearly encompass sexual abuse and harassment, retaliation for reporting, and staff neglect or violation of responsibilities that may have contributed to incidents. Staff are also required to accept and document any reports (115.351(c)), as well as report knowledge, suspicion or information regarding the aforementioned things (115.361(a)).

JJC 17/15.06 provided that residents are to be provided with tools to make written reports (115.351(d)). Youth interviewed reported that they had access writing materials, and this was observed in site review. The PC confirmed that all youth would be given access to phones, mail, visitation, and grievance boxes regardless of housing status or behavioral incentive level. During the corrective action period Ameelio tablets were added as an outside communication method and way of making outside reports to FSA.

Internal methods for resident reporting stated in policy included via grievances; reporting to staff, volunteers, or contractors; reporting to mental health or medical staff via request form; or submitting a report to the Mental Health Coordinator or PC.

Initially external ways for reporting in this policy included using the PREA phone in healthcare that called the Community Crisis Center (CCC), contacting the Kane County Sheriff's Department (KCSO) or CCC by utilizing phones or mail; contacting the Illinois mandatory reporting entity the Illinois Department of Children and Family Services (DCFS) via phone; or having a third-party report, including people like family or guardian, attorney, or Court Appointed Special Advocate. All youth interviewed reported that they could contact parents or guardians and attorneys via phone or visitation. Visitation is monitored visually but not audibly.

JJC 17/15.06, per 115.351(b), stated that residents may use external reporting mechanisms to report anonymously on request and that the external entities are able to receive and immediately forward resident reports. Additionally, staff may also report externally using the same methods as residents per policy, also being able to report privately. Issues with compliance with this part of the standard prior to corrective action are further discussed below.

Youth interviewed reported that they had access phones, and this was observed in site review. Phone calls at JJC were free and were not audio monitored. Youth use of phones at JJC is facilitated by staff dialing requested numbers (which must correspond to an approved limited call list) and calls are supposed to be logged. JJC officials had reasonable concerns regarding youth being able to call inappropriate people if staff did not control and limit phone use.

Recognizing that some youth may wish to call more privately, JJC had created a "PREA phone" that youth could use in healthcare, reasoning that youth could make

a private request to see healthcare and others would not know who they were calling. Staff could not confirm that the direct-dial PREA phone located in the healthcare area had ever been used, and the auditor observed that it was located in an employee workspace that would not be an appropriate area to leave youth unsupervised and all youth taken to the healthcare area would have a security staff escort. A CCC representative reported that they did not track whether they had received calls from JJC. However, the auditor was able to test call CCC successfully during the onsite from a resident phone, with staff dialing assistance.

JJC 17/15.06, per 115.351(c), provided that staff shall accept verbal, written, anonymous, and third party reports and shall document them in an incident report before the end of their shift and immediately notify the PC. Requiring immediately reporting also to the PC appeared to be a substantive policy addition within the audited period, that the auditor believed to be beneficial. This was also reflected in November 2022 staff training.

It was not yet clear to the auditor during at the time of the onsite through document or incident review that staff were both documenting and reporting to the PC all required possible PREA concerns as stated in policy, which may not have been fully implemented at that time, or perhaps there may have been too low an incidence of reportables to see policy in practice effectively. It appeared that there may have been some instances regarding youth "flirting" or "rumors" of PREA issues that were not reported this way and that might be better addressed preemptively if they are formally documented and flagged as possible PREA concerns to the PC to ensure appropriate investigation. Staff may not feel comfortable making reporting calls when conduct is not obviously PREA sexual abuse or harassment. However, many staff interviewed were clear in interviews that they should report anything questionable and JJC training states that staff should report anything without need to judge merit. During the corrective action period it did appear perhaps more incidents were being reported and reviewed.

Interviews of 14 randomly selected staff found that they were generally aware of resident and staff internal and external reporting mechanisms at JJC, including telling anyone at JJC, the PC, supervisors, calling DCFS, KCSO, CCC/the PREA phone/hotline, reporting through third parties (e.g. family, lawyers, judge) or the JJC website, or through youth grievances. Some staff noted that the youth could tell anyone at JJC that they were comfortable with. Staff knew that reporting could be done verbally, in writing, anonymously and through third parties.

Staff confirmed that they would document resident verbal reports immediately or as soon as it was safe to do so, some mentioned they could report via email.

Some staff when asked about whether staff could report privately were confused or noted that they have an obligation to report and that people were not supposed to be retaliated against for reporting and they would tell not anonymously, but most knew that this was possible and that people could report externally if they were not comfortable reporting at the facility.

Staff mentioned PREA postings could be referred to. The auditor observed postings

throughout the facility and noted that reporting information is also available on the website.

Interviews of 12 youth found that youth variously reported that they could report to CCC, via the PREA phone, to police/KCSO, a staff member, a supervisor, or "anyone you trust" or tell who they are "comfortable with," and that they could report through grievances, anonymously or through a third party, such as a family member or lawyer. Only a youth who had reported prior sexual victimization mentioned DCFS. Some youth mentioned that they could consult postings. Several youth reported knowing of various ways to report but stated that they would just tell staff.

All youth who knew that they could file a grievance said that they would feel comfortable doing so. One youth mentioned that they could file an emergency grievance. One youth who had some vulnerabilities was unsure if they could report to someone outside of the facility or without giving their name, but stated they would tell staff and said they could file a grievance and would feel comfortable. The youth interviewed who was new from intake that day was uncertain about grievances and external and anonymous reporting, but knew that they could report to staff or their lawyer. One youth commented that they did not know where the PREA phone goes when asked about external reporting and also did not know what the outside emotional support entity, CCC, would do, as discussed further under that standard.

No youth interviewed reported that they would not feel comfortable making a report or expressed concern about their safety at JJC, and several commented positively about their experiences with staff. Auditor support staff also had opportunity to observe a resident council meeting where select youth were able to bring issues or questions to administrators during the onsite visit.

When youth interviewed were asked if they had any other concerns they would like to share, a couple youth reported unnamed residents bullying others (in one youth's case, administrators and staff were already aware of this concern regarding name-calling) and one commented that youth are not disciplined if staff do not see or hear the problematic behavior, one reported that there is some staff favoritism or unprofessional behavior but that they did not think this was not indicative of inappropriate relationships, one commented that mattresses were not good, and one noted they would like better tvs. Additional cameras that were acquired during the corrective action period may aid in reviewing additional views/angles when investigating various reports of incidents (including non-PREA conflicts or misconduct) and better responding as needed. Auditor review of corrective action period investigations showed good responsiveness to reported concerns, including documentation of interviews and camera review.

Of possible relevance to available PREA reporting mechanism concerns, one youth felt grievance responses were not timely or that some staff were not always appropriately responsive to requests, and some youth shared concerns regarding limits to phone contacts or phone privacy. Nonetheless, all residents interviewed expressed good knowledge of multiple methods to make a PREA report and several

said they would just tell staff. If youth were uncomfortable with staff, using the phone, or filing a grievance they would still be able to report by sending mail to outside entities and had access to third-parties on visits or during court appearances.

Importantly, the auditor also notes that youth at JJC appear to have good access to not just various line staff but to supervisors, administrators, mental health, healthcare, and teachers, and youth were also reportedly permitted to reach out to the IDJJ Office of the Independent Juvenile Ombudsman (OIJO) by phone or mail. Postings relevant to contacting OIJO were updated during the corrective action period to ensure they had the correct contact info after a site review test call to the posted number was unsuccessful.

While it was apparent that JJC had made many reporting mechanisms available and well-publicized, and that individuals at JJC indicated that they have a reporting culture and knew that there were ample ways for people to make reports that they stated they would take advantage of, at the time of the onsite it was not clear that there was adequate understanding and explanation of what could be reported to whom and what should be expected to occur with each method of reporting, as well as the limits of confidentiality (see 2.3.20 DOJ FAQ).

As audit site review instructions set out, "signage specific to services, such as emotional support services, civil immigration [NA at JJC], and external reporting, should include language that clearly details what services are available and for what purposes."

Providing youth with access to all the multiple outside supports was commendable, but it was unlikely that all youth knew whom to reach out to for what purpose or always knew how to do so anonymously or confidentially.

Having so many reporting mechanisms also gave the auditor concern that relevant reports through all the various channels may not make their way back to the facility or the PC and enable investigation of all reports as required. The 115.351(b) entity was not clear. This concern was shared with JJC by the auditor upon initial review of postings and youth educational materials well prior to the onsite.

Early in the audit it became clear that JJC was confusing using CCC as their 115.353 outside emotional support entity as the 115.351(b) external entity that could be reported to immediately forwarding the concern to JJC allowing the resident to remain anonymous on request (see 2.6.20 DOJ FAQ).

While youth could reach out to CCC, CCC cannot report back to the facility without formal youth consent. Youth could report elsewhere outside the facility, but there were no formal agreements where an outside entity would be guaranteed to report back to JJC enabling investigation as is required, or that would clearly accept and share all reports, including anonymous ones.

The auditor also had some concerns regarding the typical phone and mail policies and education not having clear exceptions allowing for the required PREA reporting

enabling anonymous reports (see 1.14.15 DOJ FAQ) and information about grievance process in youth education reviewed was very general. The auditor was provided with information that the former PC had conducted some additional youth education on these topics in relation to PREA reporting at some point, but it was unclear whether this was ongoing or institutionalized training given to all youth.

JJC benefits from having good education opportunities and resourcing for youth and staff, so the auditor was confident that there was opportunity to communicate more clearly regarding reporting mechanisms once they were sorted out as required under this standard and DOJ additional FAQ guidance.

The auditor required corrective action including that: 1. JJC must have a formal 115.351(b) reporting mechanism (i.e. an entity that is not part of the agency that is able to receive and immediately forward resident reports of sexual abuse or harassment to agency officials allowing the resident to remain anonymous on request) and revise education materials to reflect this; and 2. Policies and education (youth and staff, etc.) regarding communications with appropriate entities (phone/mail/grievances) must be conformed to reflect access, privilege, and limits to confidentiality. Additionally, everyone had to be retrained during corrective action.

During the corrective action period JJC made substantial revisions and devoted significant resources to assure compliance with this standard, including developing a new agreement with an external reporting agency, FSA, that is able to receive and immediately forward reports to JJC; revisions to educational materials; assuring limits to confidentiality are included; updating policies and trainings; and taking steps to increase confidentiality for reports as recommended, as discussed further herein. In addition to being the outside reporting entity, FSA will conduct regular onsite trainings, which should also help increase awareness. FSA was reachable via phone and mail but as a new contract with Ameelio for tablets was implemented, beginning August 29, 2023, reporting via this mechanism was also integrated. Tablets have the advantage that they will access associated approved contact lists for youth so staff will not have to assist youth with dialing. Further, using the tablets, youth will be able to make calls to FSA that will not be associated with their user information, increasing their ability to make an untracked report. Reportedly youth would have access to tablets during free time on housing units. Ability to leave a voice message for FSA was also planned but not immediately available. The auditor reviewed updated materials and training documentation and was able to conduct satisfactory tests of the new reporting mechanisms (via FSA and Ameelio) within the corrective action period. Additional time and experience will be needed for JJC to be better able to assess functionality/user experience, utilization, and reporting via these newly implemented methods. Future use of tablets for contacts with CCC and OIJO was also contemplated as a possibility as the tablets were being integrated as of the time of the final report. JJC has demonstrated commitment to ensuring access to a variety of reporting channels. Executed and ongoing work with partners for reporting improvements and continuing education offered on reporting methods exceed this standard

115.352	Exhaustion of administrative remedies
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 1436 542">JJC 17/15.06 (II) addressed exhaustion of administrative remedies and was cross referenced to JJC 9.5/8.8 regarding grievances generally. This policy addressed all the requirements of the standard, including that third parties may assist and that residents declination of assistance will be documented and that parents and guardians may file without youth agreeing.</p> <p data-bbox="280 577 1477 990">The auditor observed that grievances were available to youth and third parties at the facility and also via the website, although there was no related explanation of process provided and administrators were not aware of this form of third party reporting ever being used. During the onsite auditor support staff commented on a grievance box on a housing unit being unlabeled and strongly resembling an electrical box, noting they would not have known what it was. However, based on interviews, policy and document review it appeared most youth knew they could file a PREA grievance and that they would feel comfortable doing so. During the corrective action period increased education regarding use of grievances was incorporated.</p> <p data-bbox="280 1025 1477 1227">JJC policy does not not impose a time limit and permits third party assistance for the filing of a grievance of sexual abuse <u>or</u> sexual harassment, which goes beyond the minimum requirement of the standard 115.352(b)(1) and (e)(1), which just imposes the requirement for "sexual abuse." The auditor encourages taking reports of sexual harassment seriously and investigating all reports and grievances.</p> <p data-bbox="280 1263 1477 1429">JJC policy stated that residents will not be required to use an informal grievance process and that grievances regarding sexual abuse do not have to be submitted to the staff member who is the subject of the complaint, specifying that residents may submit grievance forms confidentially through locked boxes on units.</p> <p data-bbox="280 1464 1477 2002">JJC PREA policy also initially stated that "residents will be instructed to tell staff that it is an emergency grievance. The staff must immediately notify a supervisor of the emergency grievance." The auditor recommended revising this policy language, as youth may not wish to alert staff they are filing an emergency grievance and if grievances are being collected at the end of shifts by supervisors, this should not be an issue. JJC policy also stated that "Residents have access to emergency grievance by marking the box labeled "Emergency" on the grievance form. The residents will be informed of this option and that it should only be used in the situation when imminent harm exists." The auditor was not provided with youth education on use of grievances prior to the completion of the interim report but recommended review of this be also included in reviewing the totality of policy and education that should be reviewed and conformed to meet all PREA standards. These issues were addressed during corrective action policy revision.</p> <p data-bbox="280 2038 1417 2074">JJC policy additionally stated that "Any written or verbal grievance which alleges</p>

that sexual boundary violations, sexual abuse or sexual harassment occurred, shall be immediately referred to the supervisor. The PREA Coordinator shall also be notified as soon as possible, but not later than the end of the shift." This grievance policy also exceeds the standard.

JJC reported having no grievances filed relating to sexual abuse in the prior year. The auditor reviewed some summary grievance information provided prior to the onsite. In informally sampling grievances onsite, in quick review, the auditor noted that there were a few sharing possible PREA issues that were not reflected as such, although they were reviewed by appropriate administrators. At the time of the onsite, youth grievances were not affiliated with youth files, which the auditor recommended, assuming that they can be appropriately limited for need to know access. This recommendation was implemented during the corrective action period.

Of concern in the limited sampling onsite were some "emergency grievances" regarding staff "flirting" with other youth that did not show a recorded administrator response in one case until 3 days later, while sampled documentation did not show a response to another youth on the same issue, which there may be a reasonable explanation for such as if the youth was released. JJC policy required administrator response to emergency grievances (not just those pertaining to a resident being subject to a substantial risk of imminent sexual abuse, as required by 115.352(b)) within 48 hours and a final decision within 5 days, with more time permitted for investigations regarding sexual abuse as set out in 115.352(d). It did appear the emergency grievance situation was adequately investigated, even if it were to be considered a PREA report, and the response time was not a problem outside of JJC stated policy.

Also, in this grieved situation the staff subject of the grievance was a told of a youth grievance and discussed the content with the youth, which the auditor would question if not first consented to by the youth, because such practice may be likely to discourage reporting. Likewise a youth grievance about another resident's "flirting" conduct was brought to the second resident's attention. The auditor believed that grievance and response might have been flags for need for enhanced awareness regarding the parties involved, and one of the youth was involved in a PREA incident reported at the facility thereafter.

Another grievance reported staff grabbing a youth's private area during a prior "code" and that the resident did not feel comfortable being around this staff. This grievance was promptly reviewed by the PC but not flagged as a PREA concern as it was determined that it was incident to a restraint. The auditor notes that the youth might have been trying to make a PREA sexual abuse report, in which case it should have been recorded as such, even if it was determined to be unfounded, since the youth did reportedly agree that it was unintentional touching incident to restraint when interviewed by investigators. The auditor notes that restraints, like searches, may still be traumatizing to youth, even when conducted completely professionally, and given that the youth reported discomfort it may have been appropriate or constructive to refer the youth to support services even if it was considered not a PREA issue.

The issue of when something is determined to be a PREA report at the facility is one that the auditor believed warranted more consideration, and the auditor would encourage and err on the side of referral and investigation of all possible PREA reports, even those likely not to be determined to meet PREA definitions, e.g. singular sexual harassment incidents even knowing PREA definitions require repeat conduct (see also further discussion of this issue and Final Rule guidance under 115.387).

Ideally, a functioning grievance/reporting system will provide alerts to relevant staff and administrators regarding issues. The auditor appreciates that there are innate difficulties with providing teenagers with a more normalized (and at times co-ed) environment and youth understanding the line between tolerable or non-reportable conduct and that for PREA reportable, or even prosecutable, sexual harassment concerns. To this end, during the onsite there was some discussion of what additional youth education might be helpful for youth to better appreciate what might be line-crossing behavior in the JJC environment, which the auditor hoped JJC would further consider and implement. However, the auditor appreciates the challenges involved. During the corrective action period JJC planned to incorporate additional staff training and youth education on this topic, including focus on PREA definitions and conduct that was PREA reportable, and that which would be considered inappropriate under other facility rules for behavior.

The auditor advised that JJC must determine what their grievance review for PREA reports/issues expectations will be, which if followed may exceed PREA standards, and how this should be communicated to staff and residents, as well as any corrective action necessary if practice does not meet internal expectations.

JJC 17.06(L) stated that "Any resident who files frivolous or fabricated grievances alleging sexual abuse or sexual harassment, may be subject to discipline. This decision will be based on grievances that were written in bad faith." The auditor recommended deletion of the subjective word "frivolous" and sticking closer to the 115.352(g) requirement that discipline can only be for demonstrated bad faith, which the PC immediately agreed to and implemented in corrective action.

While there may have been need to review practices in relation to PREA-related grievances, the auditor found that JJC substantially complied with this standard in the interim report, and where concerns existed with practices under this standard they related to JJC policy perhaps not being followed and concern about grievance effectiveness as reporting mechanisms, as relates to the finding of non-compliance with 115.351, resident education, and 115.322, referral for investigation in the interim report.

The auditor appreciated that JJC leadership incorporated all feedback under this standard in the corrective action period. JJC took several actions to address the auditor's concerns and suggestions including implementing recommended policy and practice revisions and that new trainings were developed.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.06(III) covered resident access to outside supportive services and legal representation. Section A stated that JJC will provide residents with access to outside victim advocates at CCC via MOU and that they will have access via mail and phone, which included the hotline phone in medical at the time of the onsite (this was eliminated during the corrective action period), and provided that the address and phone number shall be posted. The auditor additionally reviewed the MOU.</p> <p>JJC policy did not state that communication with CCC will be in "as confidential a manner as possible" (115.353(a)). Section 17.06(111)B provided that JJC staff "shall inform residents, prior to giving them access, of the extent to which these communications will be monitored and the extent to which the reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws."</p> <p>As discussed above under 115.351, youth at JJC are able to use phones on units to contact approved people. Staff must dial numbers for youth but the phones are not audio monitored. Phone calls are free. Calls are supposed to be logged by staff. However, administrators were unsure if phone records of calls made from housing units could be pulled.</p> <p>At the time of the onsite, the "PREA phone" was located in the healthcare area and direct dialed CCC. No one reported knowledge of it ever being used and it was unclear how it could be used privately as it was located in healthcare staff workspace. However, during the onsite the auditor was able to call CCC from a phone used by residents by requesting staff to dial the number and was able to speak with a representative who offered services but did not make any representations about limits of confidentiality or mandatory reporting duties, although the auditor call was likely unexpected and may have been confusing to the hotline representative.</p> <p>As noted under 115.351 above, there was need for clarity in policy and education regarding use of mail and phones, including that CCC would be considered a privileged communication.</p> <p>The auditor was not able to determine that JJC complied with its policy in 17.06(III)(B) or standard 115.353(b) requiring notice about extent of monitoring and to which reports of abuse will be forwarded in accordance with mandatory reporting laws at the time of the onsite.</p> <p>While a posting mentioning CCC as victim support services provided the phone and address and stated "*Refer to the PREA pamphlet for more information on anonymous reporting and limits to confidentiality for emotional support services," the auditor was not able to locate the required information in any pamphlets</p>

provided and cautioned against having to cross reference reporting materials for all required information as this was not user or youth friendly.

Interviews of 12 residents found most youth were generally aware of services available outside for emotional support, or CCC, but less sure regarding services provided or limits to confidentiality.

Responses suggested some youth did not understand where the "PREA phone" went. One said they were not aware of outside services and asked the auditor what CCC did, which when explained they understood and they were aware of postings. In contrast, another youth, who had not reported prior sexual victimization, was very well informed regarding available services and possible limits to confidentiality and mandatory reporting.

Two youth who had reported prior sexual victimization at intake stated they had been told of CCC services and expressed good understanding of limits to confidentiality.

Most youth knew they could call to talk to someone at CCC or make a PREA report to them and were aware of postings. Most youth thought that they could talk privately, and some were aware of some limits to confidentiality. One explained that they could talk privately unless there was something dangerous.

A few youth thought phones were not private because they may be monitored or staff could hear or eavesdrop on their side of the phone call. One youth commented that staff would turn off the phone if something sneaky was going on and another mentioned getting disciplined for allegedly calling someone not on their approved list. Another youth commented that they thought staff would allow privacy for phone calls.

As noted in 115.351, the role of CCC had been unclear, which was acknowledged early during the audit. The PC by the time of the onsite and interim report had already begun work to ensure better understanding of CCC as the 115.353 entity and had trained CCC staff to be able to provide confidential services to youth onsite.

The auditor was confident that making the required reporting revisions during the corrective action period would address a lot of the confusion, and that residents could be more clearly informed of the services CCC can provide at JJC and the limits of confidentiality for them. Additionally the auditor advised that it may be beneficial to make some more population/youth specific postings or other educational materials for services that CCC may provide at JJC. The organization appears to be a tremendous community asset that does a lot of different things.

As required by 115.353(d), JJC 17/15.06(III)(C) provided that JJC will provide residents with reasonable and confidential access to attorneys and parents/guardians, this is via calls and visits.

Interviews of administrators and youth confirmed that residents have reasonable and confidential access to attorneys and other legal representation via visitation

	<p>and phones. Youth also may have visits and phone calls with parents or legal guardians, neither are audio monitored. Non-legal/family visitation was reportedly allowed for each youth on three days for an hour each visit. JJC has also used Skype visitation during the pandemic. During the corrective action period JJC also added use of Ameelio tablets that can be used for unmonitored free calls to approved contacts via the contacts' use of an app.</p> <p>Youth interviewed all reported having access to parents or guardians. As noted, a few youth expressed some concerns regarding phone privacy but knew of alternatives methods of PREA reporting and said they would feel comfortable using them.</p> <p>The auditor required corrective action under this standard: that JJC must inform residents of the limits of confidentiality for CCC. This was addressed within the required period and updates to trainings, postings, agreements, etc. were undertaken and increased confidentiality and understanding of possible limits.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.06(IV) addressed third party reporting stating that JJC shall provide information regarding how to report on the website, that such people can report directly to the PC or Superintendent, DCFS or KCSO, and will have access to grievance forms in the JJC lobby, via the website, or the PC.</p> <p>The auditor was able to observe this policy was in practice by review of the website and lobby materials. Interviews with youth and staff confirmed that people at JJC were aware this reporting mechanism was available. The auditor made some minor recommendations regarding possible improvements for third party reporting communications. These recommendations were onboarded during the corrective action period, and the webpage in addition to other materials was updated including information for reporting via FSA.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.07(I)(A), provided the required staff PREA reporting policy language stating that they "require all staff to immediately report any knowledge, suspicion or information they receive..." to a supervisor. Section B requires staff comply with</p>

Illinois mandatory child abuse reporting laws.

All JJC employees are mandatory reporters. Additionally, JJC 15.16 (rev. 8.25.15 - later revised as chapter 13 in 2023), Sexual and/or Physical Abuse Allegations DCFS Mandated Reporting, addressed that all staff are mandated reporters by virtue of their employment. Mandatory reporting in Illinois requires a report to the Department of Children and Family Services (DCFS) via a hotline, when there is reasonable cause to believe that a child under 18 may be an abused or neglected child.

The auditor recommended JJC review and conform these policies insofar as there is overlap that may be confusing for staff response and JJC 15.16 may have needed some updates. However, the auditor appreciates that in practice staff are much more likely to rely on their training and supervisor/administrator guidance than to review policy language and generally was impressed by communication, training and supervision at the facility. Mandatory reporting duties and when these obligations were triggered was further clarified in training and changes made during the corrective action period.

Additionally, the auditor noted that a log reflecting incidents of mandatory reporting at JJC (if limited to need to know) might be helpful. The PC explained that if staff made a DCFS report it would be entered in JIS as an incident report or healthcare staff making a report would make a progress note in the youth's medical file and email administrators to notify them. However, it was not clear if there were any ways to ensure if a youth disclosed to multiple staff the staff would know whether others had already made the proper reports or how this might be otherwise indicated in youth files/risk assessment if relevant or pertaining to prior sexual victimization. For example, a youth disclosed to healthcare staff an incident of prior institutional sexual victimization, that may have also been disclosed at intake and previously reported to DCFS, but this was not flagged for the required reporting to the other facility initially. As noted in the standards relating to intake risk screening, the auditor believed that line staff may need additional guidance regarding youth reports regarding prior sexual victimization as asked about in the VSAB and DCFS reporting. During corrective action JJC took steps to address the above concerns.

JJC 17/15.07(I)(C) provided the required prohibition regarding disclosing more information than necessary policy language. Section D provided that medical and mental health must report sexual abuse to a supervisor and the PREA coordinator, as well as comply with mandatory reporting, and also that they are required to inform residents of limitations to confidentiality. Section E provided that the Superintendent, Assistant Superintendent or PC upon receiving an allegation of sexual abuse will do the required reporting within 48 hours to law enforcement and parents or legal guardian (including DCFS) as appropriate, and the juvenile's legal representative within 14 days if the youth is under juvenile court jurisdiction, per the 361(e) policy language.

The policy did not initially state as required by the standard that the facility head or designee shall also promptly report the allegation of sexual abuse to the appropriate

Agency office. In practice, the PC explained that an allegation of sexual abuse at JJC would prompt a critical incident report and that all such reports are forwarded to the Agency Executive Director, which the auditor noted could be added to policy. The Agency Head also confirmed this was practice for all critical incident reports. Policy language was updated to reflect this during corrective action.

JJC 17/15.07(I)(E) also included policy language stating "JJC employees shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the Superintendent, Assistant Superintendent and PREA Coordinator," but does not state as per standard requirement that all allegations shall be reported to the facility's designated investigators. However, in this case the PC is the Assistant Superintendent and an investigator.

The auditor advised concretizing and streamlining reporting expectations where possible to ensure all reports get referred and investigated promptly. It was unclear in policy exactly how staff should report, e.g. verbally, logging, emailing, etc. For example, staff could be required to immediately report to a supervisor verbally and document it by the end of the shift, or also report to the PC as stated in 17.06(I)(C) relating to resident reporting, which is also reflected in November 2022 staff training. Or staff could be required to immediately report to the supervisor, and the supervisor could be responsible for informing the PC. Or JJC may wish to allow the reporting duty to be variable based on what is being reported, but the auditor advised that this likely should be clarified in policy and training. The auditor strongly encouraged conforming expected practice across PREA standards and agency policies as much as possible.

Administrator interviews confirmed that if the facility received an allegation of sexual abuse they would report appropriately depending on what was reported, including for sexual abuse, immediately reporting to parents, legal guardians, or caseworkers and lawyers. If the facility received a report of sexual abuse or harassment, including from anonymous or third parties, administrators stated it would be reported to investigators. Since the prior PREA audit, JJC reported they had not had any internal reports of sexual abuse. In 2021, JJC received a third party report of sexual abuse that supposedly occurred at the facility, it was reported to the KCSO and internally investigated, although the report was not pursued by the outside entities.

For the one PREA sexual harassment incident that was reported at JJC in the year prior to the audit, it appears staff initially reported to their supervisor and not the PC, although they were involved thereafter. In some regards this report was treated like a report of sexual abuse and administrators notified DCFS of the incident and made 115.361(e) notifications to the Agency and the victim's parent or guardian but they did not believe they notified the victim's attorney. As notifications are not required for sexual harassment, this is not non-compliance.

When youth reported sexual abuse that occurred at another detention facility at JJC in 2022, it appeared staff immediately notified the former PC and the PC was promptly notified. Although the auditor found JJC complied with 115.363 for the

incident, if was unclear if 115.361(e) notifications were made or should have been made. 115.361(a) applies to reporting of incidents of "sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency," and (e) states "Upon receiving any allegation of sexual abuse," so it seems these requirements may also apply for an incident of abuse that did not occur at JJC. More guidance from the PREA officials on required notifications may be needed for such reports and the auditor had not received a response to this question raised to the PRC by the time of time of the final report.

Interviews of 14 random staff found that all reported they were trained on mandatory reporting to DCFS. Staff interviews also found that staff were aware of their duty to report under PREA. Some staff also described that there were limits to who could be told, i.e. only those who needed to know, and they otherwise knew to keep reports confidential from others. Staff variously reported that they would or could report to their supervisor, the PC, the former PC or to mental health staff, KCSO, and DCFS depending on what was being reported and were generally aware of internal and external reporting mechanisms. Some discussed needing to report anything that was a red flag or suspicion. Some staff mentioned that they would also document a report or that they would use email to report.

Other interviews supported that administrators and other non-randomly selected staff would make the appropriate reports if they received a PREA report. Depending on what was reported, people affirmed that they would report to supervisors, the PC, KCSO, or DCFS, including making multiple reports, as appropriate.

Interviews of four medical and mental health providers found that all affirmed they report limits to confidentiality at the initiation of services, including harm to self or others, and mandatory reporting to DCFS for abuse or neglect by a caretaker. All healthcare interviewees reported that they were required to report PREA concerns immediately to their supervisor or the PC.

Some staff interviewed reported having made DCFS or other reports for incidents that were not reported to have occurred at JJC.

The auditor also reviewed staff trainings and randomly sampled confirmation of staff trainings indicating understanding of both mandatory reporting and PREA reporting duties.

In the corrective action period related policy and trainings were further clarified and updated.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>JJC 17/15.07(II)(A), provided that if JJC learns that a resident is subject to a substantial risk of imminent sexual abuse immediate action will be taken to protect the resident by having staff alert a supervisor, with the PC contacted corrective actions to eliminate the risk considered on a case by case basis. JJC reported no such incidents had occurred within the audit period.</p> <p>All interviews of administrators and 14 randomly selected staff indicated if they learned that a resident was subject to a substantial risk of imminent sexual abuse they would take immediate action to protect the resident, such as separating the youth from the threat. Staff reported they would immediately tell supervisors or the PC and keep the youth safe.</p> <p>Administrators were clear that they would immediately consider reassigning or putting staff on leave, or reassigning or changing the supervision of youth to assure safety, including authorizing use of individual programming/supervision if needed or housing youth in observation or medical areas (away from housing units and most other youth) as appropriate.</p> <p>In the case of potential abuse occurring outside of the facility, staff reported they would provide referrals and make DCFS mandatory reports or contact law enforcement as appropriate.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.07(III)(A), provided that upon receiving a report that a resident was sexually abused in another facility the head of the facility, or in their absence, the Assistant Superintendent (AS, as acting Superintendent, who is the PC), shall notify the head of the facility or appropriate office of the agency where the abuse occurred and the appropriate investigative agency. JJC 17/15.07(III)(A)(3) provided that the facility or agency head that receives notification shall be responsible for the investigation of the allegation.</p> <p>JJC reported they received reports that residents were sexually abused in other facilities twice in the year proceeding the 2023 audit (and reportedly only these two reports in the entire timeframe since the prior 2020 audit).</p> <p>JJC 17/15.07((III)(A)(1) provided that the notification to the facility head or appropriate office of the agency where the abuse reportedly occurred and notification to the appropriate investigative agency shall be provided as soon as possible but no later than 72 hours after receiving the allegation.</p> <p>Documentation provided showed that in the first instance the PC reported to the other facility's leadership within 24 hours.</p>

	<p>Per the 5.9.17 DOJ FAQ, the facility head should make the notification, or the person making the notification must be clear that they are acting on the behalf of the facility head.</p> <p>In the first instance while the JJC notification to the other facility occurred promptly, it was not documented that the PC was acting Superintendent at that time. Additionally, the investigative agency was not contacted until after the required 72 hour reporting period had expired. Beyond, but close in time, to 72 hours, the other facility head notified the PC that a report had been filed with the investigative agency with a confirmation number, which was later confirmed by the PC with the investigative agency.</p> <p>The auditor reviewed the first incident and FAQ with the PC and found actions taken in response demonstrated substantial compliance with the standard and that the PC had sufficient implied authority in that instance. The second incident occurred subsequent to this audit review, and the required 115.363 report was made by the facility head within the required timeframes and appropriately documented. During the corrective action period JJC received additional reports, which were documented to have been handled per the standard requirements. Increased PREA conscientiousness at JJC appears to be better enabling reporting and awareness of concerns elsewhere, as well as better ensuring referral for investigations and that youth have access to support services.</p> <p>Since the prior audit, in 2021, JJC reported receiving one report from another facility that sexual abuse reportedly occurred at JJC regarding a resident who was detained at JJC in 2020. Administrators interviewed reported that such reports would go to the PC and be investigated. For the 2021 report, JJC did investigate, informed KCSO of the report, and encouraged individuals at the other facility to follow up; however, no further actions took place.</p> <p>As discussed under the investigative standards, during the audit it was reiterated that PREA administrative investigations by the facility may be indicated even where criminal investigations are not pursued. The auditor found investigative actions undertaken and documented in relation to this report also demonstrated substantial compliance relating to JJC's obligations under this standard.</p> <p>As noted above, reports reviewed that occurred during the corrective action period demonstrated incorporation of auditor suggestions and continued improved documentation, as well as appropriate response for residents' reports regarding confinement in other facilities. Further, that youth feel comfortable to share such information at JJC is a positive indicator for PREA efforts.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

JJC 17/15.07, Official Response Following A Report, (IV), addressed staff first responder duties requiring separation of the victim and abuser; notification of a supervisor and the PREA Coordinator; preservation and protection of any crime scene for the Kane County Sheriff's Office (KCSO) in accordance with JJC policy 15/13; requesting that the victim not take actions that could destroy physical evidence and taking measures to ensure alleged abusers do not destroy potential physical evidence. This policy section was updated in corrective action in relation to other auditor recommendations regarding determinations of timeframes for evidence collection.

In 14 random selected security staff interviews, staff were able to articulate what they should do as a first responder, including reporting to supervisors or the PC, documentation, reporting to DCFS, separating the victim from the alleged perpetrator, preserving evidence at the scene and possibly on the parties for the KCSO, and getting the victim medical and mental health care.

JJC 17/15.07(IV)(d), provided that non-security staff will immediately notify a supervisor and request that the victim not take actions that could destroy physical evidence. Interviews of non-security staff also confirmed they understood first responder duties.

The auditor also reviewed training materials and sampled confirmations of trainings in relation to this standard.

There had been no reported incidents of sexual abuse that occurred at JJC during the audit period. JJC has created a first responder form that had not been used, which the auditor reviewed. The auditor recommended in the interim report that when JJC developed an evidence protocol per the 115.321 corrective action, review of this form and policy to comport with practices of SANE and criminal investigative partners to ensure adherence 7-day cut off or other requirements for evidence collection was not too rigid given scientific advancements and varying scenarios, and that any updates should be reflected in first responder and coordinated response policies and trainings. This was completed during the corrective action period.

There were no staff interviewed who reported being first responders to incidents of sexual abuse that occurred at JJC during their tenure; however, some staff reported that they had at some time received reports of sexual abuse that occurred outside of the facility during intake or at later times, and they described taking appropriate steps to make mandatory reports and alerting other staff with need to know and offering medical and mental health services, as well as outside emotional support services, and SANE exams where appropriate.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>JJC 17/15.07(V), Coordinated Response, laid out the written institutional plan to coordinate actions of first responders, medical and mental health, investigators and facility management.</p> <p>In addition to the first responder duties described above, the victim would be taken to the medical unit, the CCC would be contacted if the victim would like an advocate, and if the victim consents, a SANE exam will be arranged.</p> <p>If the alleged abuser is a resident they will be separated from the victim and placed in a dry location, they may be examined with evidence collection if directed by investigators - if the alleged abuser is not a resident they will be separated and KCSO will conduct subsequent investigation.</p> <p>The potential crime scene will be secured and a supervisor or the PC will contact the KCSO.</p> <p>Interviews demonstrated good staff and leadership understanding of the policy for coordinated response to an incident of sexual abuse that occurred at JJC, including need to separate the victim and alleged perpetrator, preserve evidence, get the victim medical and mental health attention, including SANE exams and contacting CCC, and involve KCSO and DCFS as appropriate, as well as immediately notifying JJC's PC and leadership (line staff indicated they would report also to supervisors).</p> <p>No incidents of sexual abuse reportedly had occurred at JJC; however, some staff reported response to sexual abuse that occurred outside of JJC.</p> <p>Though not explicitly required by the standard, auditor recommended consideration of implementing coordinated plans also for incidents where sexual abuse is reported that did not occur at the facility or recently, to ensure coordinated victim-centered response and ensure appropriate reporting, medical and mental health, and outside support services are offered, which should be documented in youth files in areas that can be reviewed by those with need to know. In the corrective action period, JJC addressed these recommendations and strengthened partnerships for response.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>JJC 17/15.07(VI) addressed this standard and provides that the Agency and JJC shall not enter into agreements limiting ability to remove staff.</p> <p>Interviews and document review confirmed that collective bargaining agreements permit the Agency to remove alleged staff abusers from contact with residents</p>

	pending investigation. An administrator also stated that staff Code of Conduct also obligates PREA compliance.
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>JJC 17/15.07(VII), provided that JJC shall protect residents and staff from retaliation who report or cooperate in investigations of PREA reports of sexual abuse or harassment. The PC and a supervisor were responsible for monitoring for retaliation.</p> <p>JJC policy provided that monitoring will occur for a minimum of 90 days and can exceed 90 days if warranted, for multiple protective measures as required, and includes reviewing incident reports, housing changes, performance reviews and other documents. Residents who report sexual abuse will be contacted on by the PC on a weekly basis. Monitoring will be terminated if the allegation is determined unfounded. The PC is required to act promptly to remedy any retaliation. Staff with retaliation concerns may be referred to the Superintendent or Employee Assistance Program.</p> <p>JJC has a PREA Sexual Abuse Retaliation Monitoring Form that provides for weekly checks for staff and residents who report, or others who cooperate, that appears limited to sexual abuse and the auditor was not provided with any examples wherein it had been used. There had been no reports of sexual abuse at JJC.</p> <p>Interviews pertaining to monitoring for retaliation found that administrators and relevant staff were aware of their duties and believed they would take actions including housing and staffing changes, providing mental health or outside emotional support services to victims and try to do what was needed to make the individuals comfortable.</p> <p>An administrator stated to protect residents and staff from retaliation for sexual abuse or harassment reports the individual would be monitored by a supervisor or PC with weekly check-ins. Further, individuals who cooperated with an investigation who expressed fear of retaliation would also reportedly be monitored and reassured, addressing whatever their concerns were including preventing contact with particular individuals, even possibly transferring youth to another facility or having the youth's lawyer involve the court in determining safe placement if necessary.</p> <p>As noted above, the one PREA incident reported in the year prior to the audit to have occurred at JJC was resident-on-resident and considered sexual harassment, although it was treated in some ways as more like a sexual abuse investigation and was criminally referred.</p> <p>The PREA standard 115.367 and JJC 17/15.07 both state that there should be</p>

	<p>retaliation protection policy for harassment reports. However, 115.367(c) and related JJC policy only impose the formal 90-day monitoring requirement for reports of sexual abuse.</p> <p>Interviews and document review indicated that no retaliation monitoring occurred for the incident. The auditor reviewed with the PC why retaliation monitoring might be indicated to encourage a reporting culture and support and why it is an affirmative duty for some reports. The auditor could find no additional DOJ guidance clarifying retaliation monitoring required for sexual harassment reports. In this instance, there was no indication that anyone involved in the incident shared a concern regarding possible retaliation. Certainly if someone were to express concern regarding possible retaliation for reporting or cooperating in a sexual harassment report, there should be an appropriate response. The auditor advised that JJC may wish to consider what they will do and document for this standard for sexual harassment reports in the future.</p>
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115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>As noted throughout, JJC had reportedly not had any incidents of sexual abuse occurring at the facility. Administrators reported that isolation would not be used to protect residents who reported. Additionally, in relevant part the Illinois Juvenile Detention Standards, Ill. Admin. Code s. 2602.170(i) require that any use of room confinement be limited to a temporary response for safety reasons and that any use over four hours must be documented and the youth must have an individualized plan.</p> <p>JJC 17/15.07(VIII), Post Allegation protective custody, provided that residents may only be placed on Individual Programming protective custody as a last resort if no less restrictive options are possible and only until alternative means for safety can be arranged. Use of this protective custody is to be documented by a supervisor.</p> <p>Minimum privileges on this status per policy will include daily educational programming and large muscle exercise, and if these are denied this will be documented by a supervisor including duration and reasons for limitations. Residents on such Individual Programming will be reviewed by the PC every two days to see if there is continuing need for separation. Residents will received daily medical and mental health visits while on this status.</p> <p>As noted above, other than medical or mental health temporary use of isolation for safety, the closest practice to isolation or segregated housing utilized at JJC is Individual Programming (IP), where staff individually monitor youth during waking hours and a youth continues programming under staff supervision restricted to their housing area but does not program with other residents.</p>

	<p>Use of IP in every case is reportedly documented for safety concerns and why other separation is not appropriate (e.g. housing unit change) and reviewed regularly. Typically youth are under IP for a period of days, although there have been instances of an individual on IP for months or even of needing two staff assigned to a youth in IP due to assaultive behavior.</p> <p>Interviews confirmed that generally JJC does not use any isolation or segregated housing for discipline, and uses any form of removal from population only for safety, briefly, under continual review, and as a last resort when less restrictive measures are inadequate. Daily large-muscle exercise, education, and daily visits from medical and mental health, as well as access to other opportunities to the extent possible are provided.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>While JJC investigation policy contained most of the PREA requirements, and practice and knowledge appeared good, the auditor noted early in the audit that this policy and the MOU with KCSO and related materials needed to be rewritten to more accurately capture investigative responsibilities and ensure administrative investigations will occur as appropriate, as discussed in prior standards. The auditor noted JJC 17.08 needed to be substantially revised, as it related also to 115.321, 322, and 334. All auditor required corrective action and recommendations relating to this standard were implemented in the corrective action period.</p> <p>Although JJC 17.08 stated that "KCSO will comply with all elements of the PREA standards," more than what was documented in the MOU was required to show that JJC has requested this, which was addressed in the corrective action period and MOU revision.</p> <p>Most of the required revisions to this policy had to do with the fact that JJC was limiting their responsibility to sexual harassment investigations and KCSO responsibility to sexual abuse, as noted above. Prior to the onsite the 1.20.23 DOJ FAQ noting that both an administrative and criminal investigation may be needed was reviewed with JJC, as well as the 2.19.15 DOJ FAQ discussing what is required of the audited entity for outside investigations.</p> <p>JJC policy 17/15.08, Investigations, laid out policy for PREA investigations, specifying that sexual abuse and harassment allegations are to be promptly, thoroughly and objectively investigated by JJC or law enforcement. Criminal investigations will be conducted by KCSO. This policy was revised in corrective action.</p> <p>The policy did not initially address sexual abuse investigator training per 115.371(b), but employee administrative investigators had received training as</p>

noted under standard 115.334; and this was updated in the corrective action revisions.

As JJC would contact the KCSO for any potentially criminal report investigation, initial policy did not address evidence collection as required per 115.371(c), which may be indicated also for administrative investigations. The auditor found that developing a site specific evidence protocol as noted in 115.321 should clarify this, and this was also addressed in corrective action.

Policy states that JJC shall not terminate an investigation because the source recants. As noted above, JJC in 2021 received a third-party report that sexual abuse may have occurred at the facility, which was not pursued criminally. While JJC investigated internally, it did not clearly record this as a PREA incident, suggesting that perhaps because the reporter did not pursue the issue/recanted it was then not considered a PREA report. The auditor believes that given the recent DOJ FAQ guidance, JJC now understands that their administrative investigation responsibility is independent of any criminal investigation, and would see an investigation through if a source recants. This was affirmed in interviews of investigators and other administrators.

JJC policy does not address use of compelled interviews. Once evidence supported possible criminal prosecution the investigation would be referred to KCSO. All investigators, administrative and criminal, interviewed said that they would comply with 115.371(e) conducting compelled interviews only after consulting with prosecutors.

Policy and interviews made clear that investigators will assess credibility on an individual basis. Policy did not initially address use of truth telling devices but all interviews confirmed they would not be used and policy was updated to include this explicitly.

In administrative investigations, policy and interviews support that JJC investigators will consider whether staff conduct contributed; however this was initially limited to harassment in policy and was revised during corrective action.

JJC policy provided that administrative investigations be documented in written reports with a description of physical and testimonial evidence, their reasoning behind credibility assessments and investigative facts and findings.

In practice, both administrative and criminal investigations reviewed or discussed at JJC, appeared to be able to rely primarily on video evidence where available for reports that occurred and the auditor did not see much use of credibility assessment in reports initially reviewed. The auditor was pleased that the PC was taking advantage of new PRC training webinars on this topic that were issued during the corrective action period and internal reports during the corrective action period better document and reflect more of the investigative process.

There were reportedly no other sexual harassment investigations to review, other than the one PREA incident reported, for the year prior to onsite.

	<p>While policy initially stated that KCSO will comply with PREA, it did not require a written criminal investigation report per 115.371(h) and the MOU did not address this. However, interviews and document review suggested that this would be practice. This was made explicit in corrective action revisions.</p> <p>Likewise, JJC policy did not initially state that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution; however, interviews and document review suggested this occurred, and again this was made clear in corrective action revisions.</p> <p>Policy stated the required report retention and that the departure of the parties shall not provide basis for terminating an investigation. Interviews confirmed that this was practice.</p> <p>Policy provided that JJC will fully cooperate with outside investigators and endeavor to stay informed. This was stated in the KCSO MOU and was confirmed in interviews and document review.</p> <p>During the audit administrators stated that when KCSO had conducted investigations historically, although there have been few instances relating to PREA concerns, they had not had a formal way to remain informed of the progress and just got a report at the conclusion of the investigation.</p> <p>During the 2023 audit, JJC worked with the KCSO Special Victim's Unit (SVU) to build a stronger collaborative plan for PREA investigations, which the auditor commended and saw develop and strengthen over the corrective action period. Lines of communication were enhanced through revising the investigative agreements and policy to ensure shared understanding of response, and partnerships and trainings were strengthened during the corrective action period to further support coordinated response.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC policy stated that the standard of proof necessary to substantiate an allegation is a preponderance of the evidence. This policy needed also be revised in the general overhaul of the investigative policy to clarify this is not just limited to harassment, which was addressed in corrective action as reflected in JJC 15.08(III).</p> <p>As discussed above, JJC understood that they must make the required investigation revisions, so the auditor found substantial compliance with this provision in the interim report and noted in all incidents reported and reviewed JJC did investigate and used the appropriate standard.</p> <p>Administrative investigators in interviews had clear appreciation of the evidentiary</p>

standard as "the PREA preponderance," meaning just more likely than not.

115.373 Reporting to residents

Auditor Overall Determination: Meets Standard

Auditor Discussion

Initial policy, JJC 17.08(IV), stated that following an investigation by KCSO, the PC will inform the resident as to whether the allegation has been determined to be substantiated unsubstantiated or unfounded, and that JJC will request the relevant information from KCSO to inform the resident.

Again, as noted above, this policy did not encompass the Agency's responsibility to investigate and report to the resident regarding sexual abuse. Corrective action revisions are reflected in JJC 15.08(IV).

Additionally, as was brought to light by the 2022 reported PREA sexual harassment incident, there are instances where KCSO will investigate potentially criminal sexual harassment and JJC completes an administrative investigation. The initial policy did not anticipate this scenario.

While the standard does not speak to reporting to residents regarding sexual harassment, JJC policy initially stated that they will inform residents following a criminal investigation, and revised policy states that reporting to residents will occur following an investigation by JJC or KCSO.

In the 2022 sexual harassment example, it appeared the victim was still a resident at the time of the conclusion of both the criminal and administrative investigations, but in file review and interviews did not reflect that they were formally notified of either outcome.

As noted herein, under some standards JJC exceeds PREA standard requirements by considering sexual harassment reports like sexual abuse concerns. In some ways this investigation was treated like a sexual abuse report.

Obligations in this instance were also made unclear due to the fact that the victim was not viewed as a reporter, as the incident was first reported by staff. The auditor believes the PREA investigation finding notification to the victim was warranted. However, as this was complicated by policy and facts of the particular incident, this did not demonstrate non-compliance. Discussion of the incident and policy revision better clarified what should be expected and documented.

If the alleged abuser is an employee, agency policy sets out the required notifications under 115.373(c). No such incidents were reported.

Likewise JJC policy sets out the required language regarding notifications for resident-on-resident abuse per 115.373(d). Interviews suggested, however, that

	<p>administrators had concerns regarding sharing information with residents regarding other resident's charges. Residents, if they are minors, may not be "indicted" or charged in the same way an adult would be and this information is not made public. In Illinois minors may be adjudicated delinquent. Further DOJ guidance regarding how to better interpret this part of the standard requirement in the juvenile context may be needed; a response to this question raised to the PRC by the auditor was not received by the time of the final report.</p> <p>JJC policy states all notifications or attempts will be documented by the PC and that obligation to notify terminates if the resident is released. JJC did not have any required notifications for sexual abuse occurring at the facility during the audited period, so none were documented, but interviews confirmed administrators were aware of the obligations.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.09(I) addressed staff discipline and PREA standard requirements.</p> <p>Administrator interviews confirmed that staff would be investigated and PREA discipline policy would be followed, and staff could be removed or terminated as appropriate.</p> <p>There were no reported incidents regarding staff in the audit period.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.09(II) addressed contractor and volunteer discipline and PREA standard requirements.</p> <p>Administrator interviews confirmed that policy would be followed and made clear that if a contractor or volunteer violates PREA policies they would no longer be allowed at JJC and KCSO would be notified of any potentially criminal conduct, as well as relevant licensing bodies being notified of any pertinent information.</p> <p>There were no reported incidents regarding contractors or volunteers in the audit period.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>JJC 17/15.09(III) addressed interventions and sanctions for residents and the related PREA standard requirements.</p> <p>JJC 17.09(III)(A) stated that a resident may be subject to sanctions following an administrative finding that the resident engaged in resident-on-resident sexual harassment or following a criminal finding of guilt for resident-on-resident sexual abuse, and that the resident will be reviewed for Individual Programming (IP) or other appropriate sanctions.</p> <p>Again, this policy needed revision due to the fact that such investigations and findings may not be either/or for administrative/criminal, abuse/harassment as discussed in prior standards. This was addressed in JJC 15.09 revisions during corrective action.</p> <p>JJC 17/15.09(III)(B) provides for commensurate sanctions and (C) provides in the event that IP is used, the PC shall ensure daily education and exercise, and that residents will receive daily visits from medical or mental health staff, and other opportunities as possible, as discussed above regarding IP as it may be used under other standards.</p> <p>No residents had been reported to have been put under IP due to PREA issues.</p> <p>JJC 17/15.09(III)(D) stated that a resident's mental disabilities or illness will be considered for any sanctions.</p> <p>Administrators in interviews confirmed that residents found to have engaged in resident-on-resident sexual abuse could be subject to increased staff supervision if they were deemed likely to continue to offend or be a safety risk, up to implementing an individual programming plan, which could be considered a type of disciplinary sanction. Discipline would be individualized and reviewed, with mental health staff input.</p> <p>JJC 17/15.09(III)(E) provided that the PC will refer residents who engage in sexual misconduct to mental health staff but that participation in services is not a condition to access programming, exercise, or services.</p> <p>Mental health staff interviewed affirmed that an offending resident would be offered services and that participation would not be a condition of access to rewards-based behavioral management system, programming, or education. The facility does not offer treatment specifically related to sexual offending. One provider explained as this is a detention facility mental health services are more brief crisis-management or help with processing, not longer-term treatment interventions. All youth at JJC are seen by mental health providers at least weekly.</p>

In the one PREA incident reported in the the year prior to the audit involving resident-on-resident sexual harassment, it appeared from interviews and document review that the resident incurred no disciplinary sanctions other than perhaps loss in level under a rewards-based behavior management system, which would appear to be a commensurate sanction for the reported behavior. It was unclear if this was related to the PREA finding or the underlying behavior surrounding the incident. Behavioral management sanctions operate on the principal of being swiftly applied for conduct. Use of any such sanction would be normal and expected in the environment. Isolation was not used. The youth's housing was changed with continued evaluation with other non-disciplinary/operational restrictions relating to being housed on the same unit and programming with opposite gender youth. Youth's placement and levels are continually reviewed at JJC with opportunity to earn or earn back greater incentives or privileges.

As noted above, all youth at JJC have opportunity to regularly (minimally weekly) see mental health and mental health staff continually have input in youth's care at JJC, but opportunities are not conditioned on participation. This youth reportedly received such ongoing mental health services.

JJC 17/15.09(III)(F) stated that residents will not be sanctioned for sexual contact with an employee, contractor, intern or volunteer if that person consented (a minor language clarification was made during corrective action to clarify that this applies not just to staff). No such incidents were reported.

Section (G) provided residents will not be sanctioned for PREA reports made in good faith. There were no examples of sanctions for PREA reporting.

Section (H) of the initial policy provided that the PC shall receive copies of all reports regarding sexual abuse or harassment - this should definitely occur but the auditor was unclear about the intent of this statement occurring at this point in the policy. In reviewing the prior audit's interpretation of this standard, it appears this language should be interpreted as something like "all disciplinary reports regarding or related to a report that may have been considered sexual abuse or harassment" so that the PC could ensure people were not sanctioned inappropriately for making a good faith PREA report and the auditor's recommendations were adopted in JJC 15.09(H) revisions.

The auditor believed this policy should be better adopted to the local context at JJC because it seems like formal disciplinary reports are not used in the behavioral management system. The intent of the standard is that people are not sanctioned for reporting if it is not done in bad faith. So for example, if JJC determined that a youth made a report (in any of the various ways this is permitted and encouraged) and staff felt this conduct was in bad faith and should result in loss of level, the PC should be involved. In practice this may already occur, but policy should reflect JJC's intent and expected practice under the standard. Again, no such sanctions were reportedly available to review.

JJC 17.09(I) stated that "JJC prohibits all sexual activity between residents and provides consequences for such activity." This did not address the requirement of

	<p>115.378(g) which states that an agency may not deem sexual activity to constitute abuse if it determines the activity is not coerced. PREA does not define "sexual activity." The auditor believed JJC should under the standard address that if conduct between residents is determined to not be coerced, it is not PREA sexual abuse in policy and training. It may be impossible to "determine" conduct is not coerced in the environment, but this should be considered. In 15.09(I) revisions, language was added to address that JJC will not deem sexual activity PREA sexual abuse if it determines it is not coerced.</p> <p>The PREA Final Rule sets out it is "essential that staff make individualized assessments regarding each [incarcerated person's] behavior, and not simply label as an abuser every [incarcerated person] caught having sex with another [incarcerated person]... the standard does not limit an agency's ability to prohibit sexual activity among [incarcerated people], or to discipline [them] for violating such a prohibition. However, while consensual sexual activity between [incarcerated people] may be prohibited, it should not be viewed as [PREA] sexual abuse unless the activity was coerced."</p> <p>The Final Rule also notes that 115.331 mandates staff training on "how to distinguish between abusive and non-abusive sexual contact between residents and on how to comply with relevant age of consent laws and mandatory reporting."</p> <p>The auditor advised that youth may need to be educated that any purposeful touching of other residents, lewd gesturing or touching or exposing of their own body directed toward another resident, will potentially be considered abusive or harassing under PREA. This also relates to the distinction that is necessary between normal youth "flirting" and conduct that will not be tolerated and can be disciplined or criminally charged in confinement as discussed under prior standards.</p> <p>The auditor advised that creating greater clarity in policy, training and education should help everyone to know what to expect for when PREA reporting will be indicated and when sanctions will be imposed, as well as recommending increased staff and youth training relating to the line-crossing behavior (as mentioned also in 115.352 discussion). During corrective action JJC has adopted this recommendation and had training plans.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.10, Medical and Mental Health Care, (I)(A and B), provided that if a resident's risk assessment indicates prior sexual victimization, the resident shall be offered a follow-up meeting with medical staff and mental health within 3 days, and that if the risk assessment indicates prior sexual perpetration, the resident shall be offered a follow-up meeting with mental health within 3 days.</p>

The auditor was informed that all youth will see mental health staff within a day of intake. In addition, documentation samples showed that youth with VSAB risk assessments indicating prior sexual victimization or perpetration were seen by mental health staff within 3 days. As mentioned herein, youth at JJC benefit from expedient access to healthcare providers.

Staff responsible for risk screening interviewed confirmed that information regarding prior sexual victimization or perpetration would be referred to mental health review within the next day.

Residents interviewed who disclosed prior sexual victimization at intake reported being offered mental health and outside emotional support services. One knew that DCFS was also contacted. Another said that they said saw mental health the day after disclosing at intake.

JJC 17/15.10 (I)(C) provided information related to sexual victimization or abusiveness in an institutional setting shall be strictly limited to medical and mental health staff, and other staff as determined by the PC for operational need to know reasons.

As discussed above, the auditor had concern that risk assessment VSAB information was found to be generally accessible in the JIS computer system to all staff due to a technology issue. However, the information therein was limited, and this information security issue was addressed in required corrective action under standard 115.341(e).

Medical and mental health care information and other youth PREA information is otherwise reportedly protected and limited for need to know purposes and the PC and other staff interviewed understood the importance of this and protecting youth confidentiality.

JJC 17/15.10 (I)(D) provided medical and mental health personnel shall obtain informed consent from residents 18 or older before they report prior sexual victimization that did not occur in an institutional setting. Interviews with medical and mental health staff confirmed that this is their practice and they would "talk it out," and give the resident options, such as making a police report, and bring any questions to their supervisor or PC.

All healthcare staff interviewed reported they would make mandatory reports to DCFS as required and that they inform youth of mandatory reporting obligations/ limits to confidentiality at the initiation of services.

No staff reported having an instance occur with a youth over 18 from whom informed consent was required, and the auditor was provided with a blank log where such instances were to be recorded.

	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>JJC 17/15.10, Medical and Mental Health Care, (II), provided the required policy language relating to resident access to emergency healthcare services. JJC has good mental health and medical coverage onsite, as well as otherwise having relevant people on call.</p> <p>Although there had been no reports of sexual abuse that occurred at JJC during the audit period, some staff reported emergency policies have been put into practice for sexual victimization reported to have occurred outside and that residents would be taken for SANE exams at the local hospital as appropriate, with rape crisis advocate support, and this was confirmed by a hospital and CCC representative.</p> <p>Staff interviewed were aware of their first responder duties, including ensuring safety and preserving evidence, alerting a supervisor or the PC, and getting the victim appropriate medical and mental health response, although no one interviewed had served in that role and no incidents of sexual abuse having occurred at the facility had been reported.</p> <p>Additionally, all four individuals interviewed in relation to medical and mental health services at JJC agreed that in accordance with JJC policy resident victims of sexual abuse would receive timely and unimpeded access to emergency medical treatment and crisis services, including information about emergency contraception and sexually transmitted infection prophylaxis.</p> <p>"Timely" meant immediately or as soon as the PC was notified, or within 24 hours, depending on what was reported or services needed. SANE exams would be offered if the incident occurred within the time limit. There were reported to be medical standards and policies for other follow up that may be indicated other than the SANE exam. Healthcare providers all said that services would be determined according to their professional judgment, and they would ask supervisors if they had questions.</p> <p>Youth interviewed who had reported prior sexual victimization at intake reported being timely seen by mental health.</p> <p>Treatment services are provided without cost in every case.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

JJC 17/15.10(III) addressed ongoing healthcare for sexual abuse victims and abusers and provides the required standard language.

JJC provided such services in addition to emergency medical and mental health services discussed under the prior standard 115.381. As noted above, there had been no reports of abuse at JJC, but youth had reported prior abuse in another facility.

Medical and mental health screenings and treatment are provided to all youth at intake or close in time and throughout stays. Treatment includes referrals and youth at JJC can reportedly even continue treatment with prior outside mental health providers while in custody. Again, providers interviewed all reported that care is provided according to their professional judgment and consistent with the community level of care. This include access to pregnancy tests, related medical services, and STI testing and all services are provided without cost. JJC has established access to outside support services (CCC) and SANE exams for residents to be utilized as needed.

As discussed in prior standards, known resident-on-resident abusers if flagged at intake will be seen by mental health shortly after (as are all youth), and interviews confirmed that staff who learned of such abuse history would see the resident promptly for an assessment and offered treatment deemed appropriate by practitioners (JJC policy allows for 14 days but all youth are seen weekly).

While the audit found ongoing mental health and medical healthcare services are available at JJC, the auditor was concerned that records provided regarding one prior custodial sexual victimization incident reported to staff at JJC, that was reported to have occurred at another facility, did not reflect that prompt medical and mental health care was offered subsequent to and in relation to the report. The records shared did reflect services were later offered to a sexual abuse victim subsequent to another PREA-related concern.

Additionally for the one PREA sexual harassment incident reported at JJC in the year prior to the audit, it was unclear whether the victim was referred to outside support services, which, while not strictly required by standards for harassment and youth have access to information about these services generally at the facility, might have been helpful to again specifically offer, especially given the resident's reported history of prior victimization.

While this PREA incident was determined to be a resident-on-resident sexual harassment, not abuse, it was unclear if the "abuser" was reassessed in relation to the incident. However, again, all youth at JJC have ongoing mental health treatment opportunities with facility providers. As discussed throughout, mental health and medical care is generally accessible and provided to youth at JJC, both close in time to intake and minimally weekly during stays, however, the auditor believes best practice would be for such care to be specifically offered in relation to PREA incidents and documented.

The above noted concerns regarding lack of specific ongoing treatment response in

	<p>relation to PREA reports may reflect a miscommunication or record-keeping omission, which the auditor noted would be improved during the corrective action period in working on other required and recommended documentation and coordinated response advancements.</p> <p>All residents involved in PREA incidents should be provided with, or at least able to access on request, appropriate follow-up medical and mental health care at JJC, as well as outside supports, which the auditor found to be generally available and well-resourced at the facility at the time of the onsite and interim report, and strengthened by the end of the corrective action period.</p>
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115.386	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>JJC 17/15.11, Data Collection and Incident Review, sets out policy relating to required reviews and data collection. JJC reported no incidents of sexual abuse occurring at the facility during the audit period.</p> <p>Per policy, JJC shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless it is unfounded. For the third-party report in 2021 involving possible sexual abuse at JJC in 2020, which was not pursued by the reporter or KCSO, the auditor found evidence that JJC investigated administratively but did not appear to conduct an incident review. The file provided to the auditor was labeled "unsubstantiated" but did not otherwise reflect a PREA finding and JJC did not appear to record the report as a PREA incident because it was not pursued or investigated criminally. If the report was considered unsubstantiated, an incident review should have occurred. It seemed in practice there was some sort of review and all relevant administrators were aware of the incident, but it was not documented to have occurred as informed by the administrative investigation findings with the necessary PREA standard components met. However, the auditor believes current practice reflects compliance with this requirement.</p> <p>Reviews are required under JJC policy to occur within 15 days of the conclusion of the investigation. Review teams include upper-level management, line supervisors, investigators, and mental health staff, with others assisting at the Superintendent's request. The review team is required to review the PREA mandated considerations. Interviews and document review confirmed practice. Additional considerations team members mentioned included reviewing compatibility of individual staff members with a particular population and the need for coaching with inexperienced staff. Although JJC is a small facility and many of the incident review team members may involved prior to the incident review, it appeared additional people were included, which may help with getting fresher perspective.</p> <p>One PREA Incident Review was conducted in the year prior to the onsite part of the</p>

	<p>audit for an incident that was determined to be resident-on-resident sexual harassment, not abuse. Review of sexual harassment incidents exceeds the standard requirements and is not required by JJC policy. The review occurred promptly, a few days after the incident, and consisted of the proper parties making the required determinations.</p> <p>The auditor appreciated that administrators openness to work towards ongoing improvements and offered some additional feedback on the review and documentation, although in this case conducting a review at all met or exceeded the standard requirements due to application to a harassment incident. However, this was a serious incident resulting in a resident prosecution.</p> <p>Generally the auditor observed that ongoing review and evaluation involving administrators and relevant staff is well institutionalized at JJC and also often involves the Agency Head as appropriate through critical incident reviews. JJC appeared to have a learning culture.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.11(II) addressed this data collection standard covering the requirements and additionally stating the definitions used will be those in the DOJ Survey of Sexual Victimization (SSV) and that PC "shall maintain data for every allegation of sexual harassment."</p> <p>During the 2023 audit the PC decided to preemptively start tracking JJC incidents using SSV incident reporting form, which is excellent practice. The auditor recommended checking for any updates to the form periodically. Regular use of this practice going forward will likely exceed the requirements of this standard in future audits.</p> <p>The auditor noted that the one PREA incident in the year prior to the audit that was determined by JJC to be PREA sexual harassment was one where reasonable people could disagree about whether it met PREA definitions for resident-on-resident sexual harassment as it was not documented as repeated and unwelcome behavior. The standards do not include the reported conduct under PREA resident-on-resident abuse definition, while the same conduct is included in definitions under staff abuse. The PREA Final Rule in discussion of definitions notes that distinction between staff and resident conduct is purposeful: "similar activity [verbal comments or gestures of a sexual nature] when performed by a staff member, <i>does</i> constitute sexual abuse. This distinction recognizes that staff exert tremendous authority over every aspect of inmates' lives ... An attempt, threat, or request to engage in sexual contact, even if it does not result in actual sexual contact, may lead to grave consequences ..." This same power dynamic does not exist between residents.</p>

	<p>Regardless, the conduct was potentially criminal and was being prosecuted. However, in the past at JJC, repetition has been reportedly required to find something is a PREA resident-on-resident sexual harassment and it seems other youth have received warnings for singular instances (though not the same conduct).</p> <p>The PREA Final Rule also states in response to a request that sexual harassment not require repetition that, "Various standards require remedial action in response to sexual harassment; while correctional agencies may take appropriate action in response to a single comment, a concern for efficient resource allocation suggests that it is best to mandate such action only where comments of a sexual nature are repeated."</p> <p>It seems it may be up to the facility to determine how it will react and characterize singular sexual harassment incidents. The auditor recommended that JJC consider this and attempt to make policy and practice as uniform and predictable as possible while recognizing that real world situations are often complex. While most people understand how to respond to clearly sexually abusive conduct, incidents of harassment or that may be in a grey area are much tougher calls.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>JJC 17/15.11(III) addressed this data review standard and contained the requirements except that it initially did not require Agency Head approval, this was revised in corrective action.</p> <p>Interviews found that administrators reportedly use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, response policies, practices, and training through ongoing review and communication.</p> <p>Reports from the PREA incident review team, and in fact all critical incident reports, go to the Agency level and are reviewed.</p> <p>An administrator stated that every incident is an opportunity to learn, and that they will make whatever changes are needed.</p> <p>PREA annual reports were reportedly reviewed on the agency level, but were not required to be approved above the facility level, which was revised in corrective action.</p> <p>Administrators were not able to provide an explanation regarding why the 2020 and 2021 PREA annual reports provided to the auditor were not available on the website; however, one noted that the website had been recently redone and things may be missing.</p>

The auditor advised that annual report publication must be institutionalized and recommended determining which administrator has responsibility for ensuring publication. In corrective action this was clarified that the PREA Coordinator would ensure website publication after Agency Head approval.

Additionally, the auditor found the 2022 annual report lacked comparison to the prior year's corrective action. The importance of this was discussed and inclusion going forward was agreed upon to publicly show ongoing improvement or responsiveness, particularly in years in between audits.

The auditor was also unsure why there may be variations in counts for prior years in the 2021 and 2022 reports. When numbers in reports are revised this should be stated and explained. The auditor noted it was possible there were interpretation changes or just typos, but that PREA tracking and reporting expectations should be as clear as possible.

Further, while the auditor was provided with various files to review during the audit including reports that were unfounded or not considered PREA from the time since the prior audit as requested, it was not clear that the auditor was provided with all incident reviews and related materials as requested for all reports reflected in the annual reports for the time since the prior audit by the time of the interim report. Specifically the auditor requested that JJC "provide incident reviews or whatever is available for what is reflected in the 2022 report: the one unfounded staff sexual harassment report in 2020 and the four substantiated resident sexual harassment reports in 2021. Note that in the 2021 report this is stated as one unfounded 2020 resident-on-resident sexual harassment [as is stated also in the 2020 report] and one unfounded 2021 resident-on-resident sexual harassment. Please explain this inconsistency. If JJC is not conducting reviews for all sexual harassment incidents your practice may be inconsistent or perhaps it has changed over time. Please explain."

The auditor advised that JJC review annual reporting policy and practice during the corrective action period but found substantial compliance in the interim report given 2023 improved practice for tracking and assurances.

During corrective action, it was clarified that there had been a typo, as well as interpretation changes, and the report identified as a 2020 unfounded staff-on-resident harassment report was provided as requested and reviewed by the auditor. The auditor notes the conduct as alleged likely did not meet the PREA definition of harassment, although an investigation was warranted. The report also stated the reporter also disclosed unspecified prior sexual abuse that should have triggered some noted response of investigation, services, and been considered in vulnerability assessment, if not previously disclosed and followed up on. Protocols as revised during the 2023 audit would likely better reflect actions taken in response to the report.

The auditor advised that the PC clarify any past counting revision in documentation going forward as needed. Including increased training regarding definitions of sexual abuse and harassment for staff and residents, including some discussion of what is

	likely not PREA, was also recommended in 2023 corrective action and will be integrated going forward, as discussed herein.
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.11(IV) addressed this standard for data storage, publication, and destruction, and contains the required language. Interviews and observations confirmed practice, with some issues relating to record production and publication as discussed in the prior standard. Data is kept locked in an administrator office which is a secure area accessed only by administrators regularly and interviews found they were aware of retention/destruction responsibility.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>JJC 17/15.12, Audit Process, sets out policy for audits and JJC's commitment to ongoing compliance with PREA Juvenile Standards and FAQ guidance, recognizing JJC's burden to demonstrate compliance.</p> <p>As noted, the Agency operates just one facility, JJC. This was JJC's third PREA audit. The Agency has ensured JJC was audited once within each three-year audit period. The first audit was completed in 2017 and the second in 2020, which was posted to the JJC's webpage.</p> <p>During the onsite, the auditor was provided with access and ability to observe the entire facility. The auditor was able to review and retain, both onsite and through the OAS system, relevant documentation. The auditor was able to conduct private interviews with residents and others. Residents were interviewed primarily in the contact visitation area used by attorneys, but also a few were interviewed in other private areas that were also video, but not audio, monitored.</p> <p>Residents were permitted to send confidential correspondence to the auditor in the same manner as legal mail, as well as call the auditor. This was tested pre-onsite. The auditor's information was posted throughout the facility six weeks prior to the onsite to remain posted through the issuance of the final report, as confirmed by time-stamped photos. Audit postings were also available in public areas of the facility. Postings were also observed throughout the facility during the onsite and test calls to the auditor's office from a youth housing unit was received. However, the auditor did not receive any resident phone or mail communications.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	JJC 17/15.12(II)(F) stated that JJC shall publish Final PREA Reports on the website within 30 days of receipt. The 2020 PREA final audit report was posted on the Agency webpage, as required by 115.403(f). The auditor was able to review the prior audit through the webpage when contacted about potentially conducting JJC's 2023 audit in December 2022.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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