

# PREA Facility Audit Report: Final

**Name of Facility:** Kane County Juvenile Justice Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/02/2026

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"/>
<b>Auditor Full Name as Signed:</b> Robert Manville	<b>Date of Signature:</b> 04/02/2026

AUDITOR INFORMATION	
<b>Auditor name:</b>	Manville, Robert
<b>Email:</b>	robertmanville9@gmail.com
<b>Start Date of On-Site Audit:</b>	02/18/2026
<b>End Date of On-Site Audit:</b>	02/19/2026

FACILITY INFORMATION	
<b>Facility name:</b>	Kane County Juvenile Justice Center
<b>Facility physical address:</b>	37W655 Illinois 38, St. Charles, Illinois - 60175
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Amy Sierra
<b>Email Address:</b>	sierraamy@16thCircuit.IllinoisCourts.gov
<b>Telephone Number:</b>	630-406-7465

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Michael Davis
<b>Email Address:</b>	DavisMichael@16thCircuit.IllinoisCourts.gov
<b>Telephone Number:</b>	630-406-7480

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Ashley Montes
<b>Email Address:</b>	MontesAshley@16thCircuit.IllinoisCourts.gov
<b>Telephone Number:</b>	630-406-7480

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	80
<b>Current population of facility:</b>	15
<b>Average daily population for the past 12 months:</b>	22
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Both women/girls and men/boys

<b>Age range of population:</b>	10-20 years old
<b>Facility security levels/resident custody levels:</b>	Level 1, Level 2, Level 3
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	62
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	31
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	11

### AGENCY INFORMATION

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

### Agency Chief Executive Officer Information:

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

### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Amy Sierra	<b>Email Address:</b>	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:

12

- 115.316 - Residents with disabilities and residents who are limited English proficient
- 115.317 - Hiring and promotion decisions
- 115.321 - Evidence protocol and forensic medical examinations
- 115.331 - Employee training
- 115.333 - Resident education
- 115.334 - Specialized training: Investigations
- 115.351 - Resident reporting
- 115.353 - Resident access to outside confidential support services and legal representation
- 115.354 - Third-party reporting
- 115.381 - Medical and mental health screenings; history of sexual abuse
- 115.383 - Ongoing medical and mental health care for sexual abuse victims and abusers
- 115.401 - Frequency and scope of audits

<b>Number of standards met:</b>	
31	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-02-18
2. End date of the onsite portion of the audit:	2026-02-19

#### 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:	Community Crisis Center of Elgin

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	80
15. Average daily population for the past 12 months:	22
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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	26
<b>25. 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:</b>	1
<b>26. 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:</b>	3
<b>27. 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:</b>	1
<b>28. 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:</b>	0
<b>29. 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:</b>	0
<b>30. 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:</b>	1

<p><b>31. 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:</b></p>	<p>0</p>
<p><b>32. 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:</b></p>	<p>0</p>
<p><b>33. 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:</b></p>	<p>3</p>
<p><b>34. 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:</b></p>	<p>0</p>
<p><b>35. 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):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. 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:</b></p>	<p>62</p>
<p><b>37. 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:</b></p>	<p>11</p>

<b>38. 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:</b>	18
<b>39. 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:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	9
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Youth are housed at the facility awaiting a hearing or being transferred to a youth development program. There are four housing units. The auditor interviewed residents from each housing unit.

<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>44. 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):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	5
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1

<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Before I arrived at the center, the center had uploaded all VSAB into the computer system. The VSAB asks all youth about any disabilities, including vision. None were identified. During the tour of the center, the auditor interviewed all the youth and spoke with them in each classroom. One youth who wore glasses was interviewed, and he indicated he only needed glasses to see far away and was able to read without them. I interviewed the mental health staff, the school principal, the PREA coordinator, and the medical staff. I asked each whether they were aware of youth in their respective target areas. They did not note any youth who had low vision.</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Before I arrived at the center, the center had uploaded all VSAB into the computer system. The VSAB asks all youth about any disabilities, including hearing. None were identified. During the tour of the center, the auditor interviewed all the youth and spoke with them in each classroom. None of the youth I interviewed had difficulty understanding me. I interviewed the mental health staff, the school principal, the PREA coordinator, and the medical staff. I asked each whether they were aware of youth in their respective target areas. They did not note any youth who had low vision.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Before I arrived at the center, the center had uploaded all VSAB into the computer system. The VSAB asks all youth if they are LEP. None were identified. During the tour of the center, the auditor interviewed all the youth and spoke with them in each classroom. There were no youth who did not indicate that they did not understand my question due to being LEP. I interviewed the mental health staff, the school principal, the PREA coordinator, and the medical staff. I asked each whether they were aware of youth in their respective target areas. They did not note any youth who did not speak English.</p>

<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Before I arrived at the center, the center had uploaded all VSAB into the computer system. The VSAB asks all youth about their sexual orientation. No transgender or intersex youth were identified. During the tour of the center, the auditor interviewed all the youth and spoke with them in each classroom. I interviewed the mental health staff, the school principal, the PREA coordinator, and the medical staff. I asked each whether they were aware of youth in their respective target areas. They did not note any youth that was transgender.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Before I arrived at the center, the center had uploaded all VSAB into the computer system. The VSAB asks all youth about sexual abuse. I interviewed the mental health staff, the school principal, the PREA coordinator, and the medical staff. I asked each whether they were aware of youth in their respective target areas. They did not note any youth who had claimed sexual abuse. I reviewed the Investigative Log spreadsheet and noted there were no residents who had made allegations housed at the center.</p>
<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>1</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The center does not have a segregated housing unit or any isolation rooms. The agency policy is that Isolation is not allowed. The investigative files provided information on youth housing. There were no youth in segregation. During the tour of the center, there were no youth in their rooms.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>12</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>No text provided.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>12</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>65. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>66. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	5
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

**76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

The building is located at 91 North 48th Street, Kane County, PA. There is one front entrance to the facility. A Contracting Security company manages the building's front entrance.

Each housing unit has a PREA board that includes information about the Victim Advocate program and PREA-specific posters providing general information on sexual assault-safe facilities.

There are Medical Request Forms, PREA/ grievance forms, and the locked boxes for each posted in the communal area, accessible to all residents, staff, and visitors. All residents have access to the writing utensils needed for completing the forms. The auditor placed a grievance in the locked box at 10:15 A.M. and asked that it be treated as a grievance. At 6:30 p.m., a staff member brought me the grievance and advised that she would ask whether I was in any danger or feared for my safety, and that if it were a grievance, she would ask me to go with her to meet with a member of the PREA team. During the comprehensive tour of the facility, posted signs were also observed regarding general PREA information and contact numbers for reporting sexual abuse or sexual harassment. Also presented were the Community Crisis Center's phone number and address, and the outside hotline's telephone number. The hotline is managed under contract with the Family Services Administration. The hotline can be reached from one of the Tablets in each housing unit or by calling the FSA phone number. I had a resident show me how to contact the hotline by going to the PREA reporting portal and activating the portal. I accessed the same staff by calling a number from my personal phone. I had to leave a message, and a staff member from the unit called me back. Later, the facility PREA auditor called me and advised that she had received a report from the outside reporting staff that I had contacted them. The CCC hotline staff indicated that phone calls could be

anonymous and confidential. In the interview, the program director advised that they tell callers the call is confidential and explain that they are a mandatory reporter by law, and some things, such as being sexually abused, are required to notify local law enforcement. Residents were observed interacting with staff and were under the staff's direct supervision during dinner time, leisure activities, and education activities in the classrooms. In counting direct care staff per resident, the ratio ranged from 1:6 to 1:8 during the awake part of the day. The night tour found the ratio to be 1:7 in one housing unit. The other housing units operated with a ratio of 1 to 12. Residents were interviewed during the tour and while they were in their housing units during school breaks. All residents indicated they felt safe at the facility.

Residents knew the facility's PREA coordinator and indicated she speaks with them daily.

Staff were engaging with the auditor. Each indicated they knew they had a responsibility to report all allegations of sexual abuse or sexual harassment. They also indicated that the administrative staff is continuously in the back of the center.

All housing units are under constant camera surveillance. The bathrooms used by the residents afford them a reasonable amount of privacy for changing clothes, using the toilet, and showering. There are no surveillance cameras located in the bedrooms or bathrooms. Posted signs required staff to announce their presence when entering the dormitories. The residents interviewed stated that all staff members announced their presence upon entering their dormitory. The practice of staff announcing their presence was observed during the comprehensive tour of the facility. The intake processing area includes a secure port entry and is accessible from private offices and a changing room. A PREA bulletin board is in this area. They share a small examination room and office area. Medical and Mental Health Services are available to youth seven days a week.

The visitation area can be accessed via the front entrance and the facility's secure area. The facility allows contact visits. There are cameras located in the visitation room as well as PREA Notices on the visitation room bulletin board.

During the review of the investigative files, the PREA coordinator indicated that the center had reviewed the standard and the PREA definitions and had determined that many of the allegations they considered PREA were either non-PREA, such as consensual touch or same gender seeing youth partially naked in the process of doing their duties, such as 10-minute checks. After reviewing the definition and meeting with the PREA team, the PREA Coordinator noted there were 10 allegations of sexual abuse or sexual harassment that met the definition as outlined in the PREA standards.

### 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.

**77. 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?**

- Yes
- No

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

The auditor requested some specific and some random training files for employees. The agency has developed a staff training program for general and specialized training. All staff go through the general training yearly. Thirty staff, contractor, or volunteers training files were reviewed. Five specialized training for medical and mental health and five specialized training for investigators were reviewed.

The auditor requested that random personnel background checks include NCIC, Child Registry, and a PREA questionnaire, and reviewed 12 employee files and 3 contractor files. The employee records included staff who had been employed at the facility for more than 5 years, those who had been promoted, and those who had been employed in the last 12 months. The personnel files check was completed and is maintained in the personnel office. The contractor's files included the same email confirming background clearance and PREA training documentation.

Ten resident records were reviewed. Included in the review were age, date of arrival, date of initial PREA orientation, date of comprehensive PREA training, initial vulnerability Screening, and rescreening as needed based on staff interactions and mental health referrals. A review of the residential records also included resident referrals for mental health or victim advocate programs. The resident's file contained documentation of Intake Screening, rescreening, and formalized PREA education.

The auditor requested PREA unannounced rounds for specific weeks to be conducted by intermediate and supervisory staff.

The auditor reviewed and completed investigative worksheets on fifteen investigative files. These files were reviewed, however, the center had uploaded all investigative files into the OAS system.

# 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.

### 79. 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
<b>Inmate-on-inmate sexual abuse</b>	2	0	2	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	3	0	3	0

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	4	0	0	0
<b>Staff-on-inmate sexual harassment</b>	2	0	0	0
<b>Total</b>	6	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	2	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	1
<b>Total</b>	1	3	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	2	2	1
<b>Staff-on-inmate sexual harassment</b>	0	0	1	1
<b>Total</b>	0	2	3	2

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

**Sexual Abuse Investigation Files Selected for Review**

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

3

<p><b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>2</p>
<p><b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></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 abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>7</p>
<p><b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></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>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	3
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	The one allegation of sexual abuse involving a staff member was originally a non-Prea. However, after review of the definition, it was modified to PREA and substantiated. It involved a teacher hugging a youth.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>102. 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.</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**108. 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

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <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>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the Determination of Compliance</p> <p>Policy 15.01 Prison Rape Elimination Act (PREA)</p> <p>Kane County Juvenile Justice Center Policy 15.02 PREA Definition</p> <p>Kane County Juvenile Justice Center Organization Chart</p> <p>Interviews with the PREA coordinator</p> <p>115.311 (a): The PAQ requires that an agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>Kane County Juvenile Justice Center provided policy 15.01 PREA - Prevention Planning and Policy 15.02 Overview and Definition.</p> <p>Policy 15.01 mandates that the Kane County Juvenile Justice Center has zero</p>

tolerance for sexual misconduct involving any juvenile. It is the policy of the Juvenile Justice Center to provide a safe, humane, and secure environment, free from all forms of sexual abuse and sexual harassment by establishing definitions of prohibited conduct and maintaining a program of prevention, detection, and response to all forms of sexual misconduct. All employees, contractors, juveniles, and volunteers are expected to understand that the Department strictly prohibits any sexual relationship with an individual under the Department's supervision and considers such a relationship a serious breach of the standards of employee conduct; such relationships will not be tolerated. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

A PREA Coordinator, designated by the Kane County Juvenile Justice Center's Executive Director, with sufficient time and authority to oversee JJC's efforts to comply with PREA Standards will coordinate, develop, and implement, the facility's mandated zero tolerance PREA program in prevention, detection, and responding to allegations of all forms of sexual misconduct, sexual abuse, sexual harassment, and/or retaliation. JJC does not operate more than one facility.

Policy 15.02 provides an overview and definition, including guidelines and procedures to protect juveniles and staff from sexual abuse, sexual misconduct, sexual harassment, and retaliation. This zero-tolerance policy outlines JJC's approach to prevent, detect, investigate, track, and respond to all alleged and substantiated sexual misconduct, sexual abuse, sexual harassment, and retaliation that occur at JJC. Sexual misconduct between staff and juveniles, volunteers or contract personnel and juveniles, juveniles and juveniles, regardless of consensual status, is strictly prohibited. All sexual misconduct shall result in an internal review or investigation and may be subject to administrative discipline and/or criminal sanctions. All potentially criminal behavior related to sexual abuse will result in a complete administrative and/or criminal investigation. Other responses to sexual abuse and sexual harassment of residents shall include, but not be limited to, separating the alleged staff from the alleged victim, correcting unmonitored blind spots, and isolating areas.

Other responses for preventing resident-on-resident misconduct shall include, but not be limited to, referrals to mental health, social services, and/or medical in efforts to treat and prevent resident-on-resident sexual misconduct and sexually abusive behavior. This policy also addresses the admissions process, where each resident will be made aware of their rights at the time of admission. All residents are provided with an initial assessment and receive verbal and written PREA materials on sexual assault, sexual misconduct,

In an interview with the agency head, PREA coordinator, and conducting a thorough site review, it is obvious that the Kane County Juvenile Justice Center is committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. The agency has developed and implemented policies to comply with PREA standards for Juvenile Facilities. Kane County Juvenile Justice Center (KCJJC) and other stakeholders associated with KCJJC are committed to preventing,

detecting, and responding to sexual abuse and sexual harassment. Department of Juvenile Justice Policy 15.01 PREA establishes that all facilities, staff, residents, volunteers, contractors, or visitors are committed to a zero-tolerance standard for incidents of sexual abuse and sexual harassment. Residents with disabilities are afforded the same rights. They will be provided with access to interpreters and presented material to effectively communicate with those residents who have intellectual disabilities, limited reading skills, are blind, or have low vision. Residents will have access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interpreters will be provided through local community resources. Residents with disabilities have equal opportunity to participate in and benefit from all aspects of the Kane County Juvenile Justice Center's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.311 (b):

The PAQ requires that an agency employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards across all of its facilities.

The facility provided the Prison Rape Elimination Act (Policy 15.01), the Agency organizational chart, and an interview with the PREA coordinator.

Policy 15.01, Prison Rape Elimination Act, states the PREA Coordinator, designated by the Kane County Juvenile Justice Center's Executive Director, with sufficient time and authority to oversee JJC's efforts to comply with PREA Standards will coordinate, develop, and implement, the facility's mandated zero tolerance PREA program in prevention, detection, and responding to allegations of all forms of sexual misconduct, sexual abuse, sexual harassment, and/or retaliation. JJC does not operate more than one facility.

The Agency's organizational chart clearly established that the PREA coordinator serves as the assistant superintendent and reports to the center superintendent.

In the interview, the PREA coordinator states that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA standards. She does not supervise PREA compliance managers; however, in the interview, she indicated that she relies on other staff to support the center's mission to fully implement PREA. If there are areas noted as problems in meeting the standard, she indicates that the team would develop a corrective action plan, implement it, and monitor it for as long as necessary to ensure compliance.

115.311(c)

The PAQ requires that, where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

	<p>The center provided a statement of fact that it does not operate more than one program housing juveniles.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.312	Contracting with other entities for the confinement of residents
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Evidence relied upon in making a compliance determination</p> <p>PREA Contract Language</p> <p>PREA Contract and Monitoring Auditing</p> <p>Policy 16.7 PREA</p> <p>Interviews with</p> <p>PREA Coordinator</p> <p>The PAQ requires a public agency that contracts for the confinement of its residents with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards.</p> <p>At the time of the PAQ, KCJJC had 13 counties that utilizes KCJJC to house juveniles.</p> <p>Policy 16.7: All new contracts, amended contracts, or contracts renewed after the effective date of this policy shall include the contracting entity's obligation to adopt and comply with the PREA standards outlined in this policy, procedures, and any subsequent administrative rule for any confinement services provided on behalf of the Department. Contracted providers will be subject to PREA audits, including contract monitoring, to ensure compliance.</p> <p>The PREA Coordinator indicates, in an interview, that the county contracts with area Juvenile Programs to house youth from other juvenile centers. It does not contract to house youth from Kane County in other centers.</p> <p>Contract Language stipulates that the Kane County Juvenile Justice Center will comply with all requirements of the Prison Rape Elimination Act as outlined in KCJJC Policy 15.01.</p> <p>KCJJC does not contract with any other entities to house the youth from Kane County, so it is not required to monitor additional contracting centers.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and</p>

	no corrective action is required.
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>KCJC 15.02 Supervision and Monitoring</p> <p>Staffing Plan - PREA 2025</p> <p>Staffing Plan - PREA 2024</p> <p>JJC Sup Meeting Agenda.doc</p> <p>JJC Sup Meeting Minutes .pdf</p> <p>Unannounced Tours</p> <p>PAQ</p> <p>Interviews with</p> <p>Intermediate Staff</p> <p>Facility Administrator</p> <p>Agency Head</p> <p>PREA coordinator</p> <p>313.313 (a):</p> <p>The PAQ requires the agency shall ensure that each facility it operates shall develop, implement, and document a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, center shall take into consideration: (1) Generally accepted juvenile detention and correctional/secure residential practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated); (6) The composition of the resident population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated</p>

incidents of sexual abuse; and (11) Any other relevant factors.

The center provided Policy 15.02, Staff Plan, staffing assessments for the last year, and documentation of unannounced rounds.

The center staffing plan requires

The Kane County Juvenile Center provides 24-hour awake, sight-and sound supervision in a physically and emotionally safe environment 365 days of the year. The JJC staffing plan is based on a population of 37 youth. The plan ensures that all staff working in this program are experienced and highly trained before one-on-one contact with our youth. Policy 15.02 requires that staffing plans be established for the center. This plan provides for adequate levels of staffing and, where applicable, video monitoring to protect youth against sexual misconduct. In developing appropriate staffing plans and determining the need for video monitoring for the facility, the following must be taken into consideration: The staffing plan includes that the center will consider the following in developing the staffing plan;

1. Generally accepted detention practices.
2. Any judicial findings of inadequacy.
3. Any findings of inadequacy from Federal Investigative Agencies.
4. Any findings of inadequacy from internal or external oversight bodies.
5. All components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated).
6. The composition of the resident population.
7. The number and placement of supervisory staff.
8. Programs occurring on a particular shift.
9. Any applicable state or local laws, regulations, or standards.
10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse.
11. Any other factors that could impact the safety and security of the facility.

Direct care staffing schedules meet or exceed the minimum PREA ratio requirements of 1:6 awake, 1:12 asleep.

The Detention Superintendent interviewed indicated he reviews staffing considerations with the Assistant Superintendents and Shift Supervisors monthly (or more often as needed). These meetings are designed to address areas such as holidays, scheduled leave, upcoming vacancies, disciplinary actions, and heightened ratio needs (special activities, youth crisis, vocational projects, and visitation).

When an employee is unable to work their scheduled workday, the Shift Supervisor on duty will contact the Assistant Superintendent and notify them of the absence. The facility will utilize the Hold-Over List to ensure proper coverage.

In the event that calling in staff from another shift, utilizing part-time staff, or the Hold Over List does not result in shift coverage, administrative staff will be used to fill the absence and maintain the proper ratio. Utilizing administrative staff will be considered a deviation from the staffing plan. All deviations from the staffing plan, including justifications for the deviations, are documented by the on-duty supervisor on the Supervisors' Operations Log and on a critical incident report. The number of deviations from the staffing plan will be analyzed annually by the PREA Coordinator and the Detention Superintendent. Documentation of this review is recorded directly on the Staffing Plan. More than 12 deviations during a year will result in a Staffing Plan revision.

Each year, the center should review, in collaboration with the department head and supervisor, to review the Staffing Plan to see whether adjustments are needed to the staffing Plan, prevailing staffing patterns, and the deployment of monitoring technology or the allocation of agency or facility resources to commit to the staffing plan to ensure compliance. In 2025, the agency installed cameras on transportation vans and in each of the housing units to provide interpreter services to youth and staff.

Policy 15.02 states that the following components of the staffing plan will be considered:

Generally accepted juvenile detention and residential practices.

Any judicial findings of inadequacy; findings of inadequacy from Federal investigative agencies or internal or external oversight bodies.

All components of the facility's physical plant (including "blind spots" or areas where staff or youth may be isolated);

The composition of the youth population.

The number and placement of supervisory staff; vi. Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards.

The prevalence of substantiated and unsubstantiated incidents of sexual misconduct; and ix. Any other relevant factors.

a. Staffing ratios are to be adhered to except during limited and discrete exigent circumstances, and any deviations from the staffing plan shall be fully documented.

b. At a minimum of once a year, each facility operated or contracted by the Department, and in consultation with the Department's PREA Statewide Coordinator, shall assess, determine, and document whether adjustments are needed to:

i. The staffing plan; ii. Prevailing staffing patterns.

The deployment of video monitoring systems and other monitoring technologies, along with the resources the center has available, is intended to ensure adherence to the staffing plan.

The annual assessments at the center were completed in 2023 and on May 25, 2025.

Intermediate- or higher-level supervisors in Detention or Residential centers, as indicated in the facility table of organization, shall conduct and document unannounced rounds to identify and deter staff sexual misconduct at least twice a month. These rounds shall also be conducted during day and night shift hours.

Staff are prohibited from notifying other staff that supervisory rounds are occurring unless the announcement pertains to the facility's legitimate operational functions.

In an interview with the Facility director, she indicated that the center maintains or exceeds the mandated ratios. Each month, she and her team review staff utilization for the previous month, vacancies, and the number of staff in training to determine whether the center can meet the mandated staffing requirements. The center supervisors provided the director with a daily staffing report, including any holdover required to meet the mandated staffing requirements.

The PREA coordinator interviewed indicated that she reviews the staffing schedule at the beginning of the week and makes recommendations for any changes.

313.313(b):

The PAQ requires the agency to comply with the staffing plan except during limited and discrete exigent circumstances and shall fully document deviations from the plan during such circumstances.

The facility has not deviated from the plan in the last 12 months.

The facility administrator provided a daily roster indicating the staffing used during the prior 24 hours.

The center had to pay overtime and use non-essential staff to ensure the required number of staff were available to meet the mandatory posts. In the last 12 months, the center has never been without staff to meet the mandatory staffing requirements.

Throughout the audit, the auditor made rounds throughout the facility. The daytime ratio was 1:4 on each visit. For the overnight shift, the ratio was 1:10.

115.313 (c):

The PAQ requires that each secure juvenile facility maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully

documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios outlined in this paragraph shall have until October 1, 2017, to achieve compliance.

The facility provided Policy 15.02, staff plan, and annual staffing assessments for 2025. Daily rosters and interviews with random staff.

KCJJC Policy 15.02 - Juvenile Prison Rape Elimination Act mandates that the staffing plan be reviewed and approved by the PREA coordinator at least yearly. The facility staffing plan for 2024 was submitted in August 2025. KCJJC conducts an extensive review of all areas of the facility and assesses the need for additional cameras, staff programming, and overall facility operations. During the facility tour, the auditor found no blind spots or instances of residents being unattended. The medical examination office had a large window to view into the examination room. Staff indicated they would put a barrier of viewing; however, there was still a camera in the room. It was recommended that the center place a folding curtain around the examination area during examinations requiring the youth to undress. The action was completed, and the center sent the auditor a copy of the trifold curtains

The facility director indicated in the interview that the facility uploads the number of staff on duty, the number required to be on duty, the number of residents assigned, and any special programs or residents out to external services. The administrator indicated that the center has not experienced any deviations in the last 12 months.

The annual assessment includes all elements described in standard 313(A) and is signed by the PREA coordinator and facility director.

115.313 (e):

The PAQ requires that each secure facility implement 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. Such policies and practices shall be implemented for both night and day shifts. Each secure facility shall have a policy prohibiting staff from notifying other staff that supervisory rounds are occurring, unless the announcement relates to the facility's legitimate operational functions.

The center provided Policy 15.02, the unannounced rounds log book for 2025 and 2026, and interviews with intermediate staff members.

Policy 15.02 requires the facility administrator and PREA compliance manager to conduct and document unannounced rounds across all shifts and areas of the facility to monitor and deter sexual abuse and harassment by staff. Each shift supervisor makes rounds several times during each shift. It is KCJJC policy that staff do not inform other staff when the shift supervisors or facility manager is making rounds. During the tour, the auditor reviewed the logbooks in all housing units and noted that the shift supervisor and facility administrator had signed the logbooks at least once per day for the past three weeks, excluding weekends. The shift

	<p>supervisor signed the logbooks each day, including weekends. KCJJC has developed a PREA form used by administrative staff to conduct daily, weekly, and monthly unannounced rounds, which are then documented in an unannounced rounds folder.</p> <p>One of the shift supervisors was interviewed as an intermediate staff member who conducts unannounced rounds. He indicated they conduct rounds on different shifts each day, including weekends and holidays. These rounds are documented. The intermediate staff indicated they don't tell staff when they arrive at the center or when they make rounds. They indicated they vary the days and times.</p> <p>Compliance was determined through a review of policies and documentation, as well as an interview with staff. During the audit, the auditor visited all areas of the facility. During the visit, the auditor counted the number of residents and staff in each area. The facility ratio was always below the required youth-to-staff ratio. During the tour, the ratio was 1 staff to 4 youth. During the evening shift, the staff-to-youth ratio was 1:5.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>Policy 15.02 PREA - Searches.</p> <p>Policy 14.2 Visual Scan-Pat-Down Searches.doc</p> <p>Cross-Gender Search Log Detention Staff.pdf</p> <p>Cross-Gender Search Log Medical Staff .pdf</p> <p>PREA Statement of Preference</p> <p>Female and Male Announcements</p> <p>Training in Cross gender -gender</p> <p>Training Video on Guidance on Cross Gender searches</p> <p>Cross Gender Frisk Searches Training Roster</p> <p>Staff interviews</p>

Resident interviews

115.315 (a)(b): The PAQ requires that the facility not conduct cross-gender strip searches or cross gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The PAQ requires that the agency not conduct cross-gender pat-down searches except in exigent circumstances.

In the past 12 months, the number of cross-gender pat-down searches of residents:  
0

In the past 12 months, the number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s) was 0

The center provided Policy 14.2: Visual Scan-Pat-Down Searches, a Training Video on Guidance for Cross-Gender searches, and a training Roster.

Policy 14.2 prohibits cross-gender pat-down searches or strip searches except in exigent circumstances. Any cross-gender searches must be documented and justified. All visual body cavity searches must be authorized by the Center superintendent or designee, justified, and documented. The resident shall be sent to the hospital emergency room and searched by a qualified medical practitioner. Staff shall not conduct cross-gender (opposite sex) strip searches or cross-gender frisk searches.

Staff are prohibited from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Gender identity of transgender or intersex residents shall be determined by asking each new admit resident, upon entering the admission area, "Do you identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI)?" (JJC Non-Discriminatory Treatment of Lesbian, Gay, Bisexual and Transgender (LGBTI) Youth.

Based on interviews with staff and residents, there have been no cross-gender pat-down searches in the last 12 months. An intake staff member indicated that upon admission to KCJJC, the resident is escorted to a private area by two staff members who are the same gender as the resident. Residents are asked to remove their outer garments but not their undergarments. The staff member then visually confirms there is no contraband and identifies any tattoos, scars, bruises, or other marks.

Thirteen residents were interviewed. All indicated that no person of the opposite gender had searched them.

Fourteen staff were interviewed. Every member of staff attended the cross-gender training and signed the training roster. All interviewed indicated they had not searched a resident of the other gender since working at the center.

During the tour of the center, the auditor spoke with staff and residents. All staff indicated they don't conduct pat searches or strip searches of residents of the other

gender. All residents interviewed during the tour and in formal interviews indicated they had never been searched by staff of the opposite gender.

Search procedures mandate that the facility always refrain from conducting any cross-gender pat-down except in exigent circumstances. All interviewed staff indicated that they have never conducted a cross-gender search. All residents interviewed stated that a staff member of the other gender had never searched them. Staff were able to articulate the exigent circumstances under which they might be required to search.

115.315 (c):

The PAQ requires the facility shall document and justify all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches.

According to the PAQ, there were no cross-gender searches during the last 12 months.

The facility provided Policy 15.02, which clearly mandates that Staff shall not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. If the youth's genital status is unknown, it may be determined during conversation with the youth, 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.

Staff shall not conduct cross-gender (opposite-sex) strip searches or cross-gender frisk searches. Any searches will be documented in the search log with a detailed description and explanation of the necessary incident that required a cross-gender search.

During the tour of the center, the auditor spoke with staff and residents. All staff indicated they don't conduct pat searches or strip searches of residents of the other gender. Teen residents were engaged in a conversation during the on-site audit. All residents indicated they have never been searched by staff of the opposite gender.

115.315 (d):

The PAQ requires the facility to 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. Such policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit. In facilities (such as group homes) that do not contain discrete housing units, staff of the opposite gender shall announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.

The facility provided Policy 15.02 PREA - Searches, Cross-Gender Viewing and Searches Training Video on Guidance on Cross-Gender Searches.

	<p>Policy 15.02 mandates that all residents shall shower, perform bodily functions, and change their clothing without being viewed by non-medical staff of the opposite gender, except in exigent circumstances or when such viewing is incidental to routine room checks.</p> <p>Staff of the opposite gender must announce their presence (“male on the unit” or “female on the unit”) when entering an area where they reside. Youth must be allowed 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.</p> <p>A tour of the center found that all areas used for resident housing have the necessary barriers to allow residents to shower without being seen by members of the opposite gender and to maintain privacy from other residents. The JJC showering procedure requires staff of the same gender to supervise all showers and to position themselves so they can’t see residents fully naked.</p> <p>A review of the camera system found no cameras in the facility's restroom area.</p> <p>All residents stated they are allowed to change clothes and shower in private. A review of the cameras found no units with views of the shower or toilet areas. All staff of the other gender always announce their presence when entering a housing unit. Reminders are posted at the entrance of each housing unit.</p> <p>Staff and residents confirm that staff announce their presence and will knock on the door before looking in during counts.</p> <p>All residents interviewed, both formally and informally during the on-site interview, indicated that staff announce their presence when entering the housing unit.</p> <p>A review of the staff training plan includes intervention techniques and standards that must be used before conducting any searches. Interviews with randomly selected staff confirmed they had received training in intervention techniques. This training included conducting cross gender searches professionally and respectfully.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required.</p>
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<b>115.316</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Evidence relied upon in making the compliance determinations

PREA Posters in English, Spanish,  
Zero Tolerance Poster English- Spanish English and Spanish  
Third-Party brochure  
KCJJC Policy 15.01 PREA  
Ameelio Contract.pdf  
Pocket Talk Information.pdf  
PREA § 115.316 SOCIAL STORIES FOR AUTISM IDD.docx  
01232026\_Dr. Marisa Christoffel, Kane County JJC School Principa.pdf  
Hand Talk Information.pdf  
PREA COMPREHENSIVE VIDEOS.docx  
PREA INTAKE VIDEOS.docx  
Pamphlet - JJC Standards.pdf  
Staff Training Acknowledgement Forms for PREA January Training.  
LLS Onsite Brochure  
At Risk Log  
Interviews with  
Random Staff  
Targeted Resident Interviews  
Agency Head Interview  
115.316 (a)(c):

The PAQ requires that the agency shall take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with residents who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that facilitate effective communication with residents with disabilities, including residents with intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions

that it can demonstrate would result in a fundamental alteration like a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR 35.164.

The agency shall not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under § 115.364, or the investigation of the resident's allegations.

The facility provided Policy- 15.01 which mandates PREA mandates that the center will ensure that residents with disabilities (e.g., those who are deaf, hard of hearing, blind, have low vision, intellectual, psychiatric or speech disabilities) have an equal opportunity to participate in or benefit from the facility's efforts to prevent, detect, and respond to Sexual Abuse and Sexual Harassment. Such steps will include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing, and providing access to interpreters who interpret accurately, impartially, and in both receptive and expressive modes, using any necessary specialized vocabulary. JJC will ensure that all written materials for every resident are in formats or delivered through methods that support effective communication with residents with disabilities, including those with intellectual disabilities, limited reading skills, or who are blind or have low vision. Center will not rely on residents, readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. Any use of these interpreters under these types of circumstances will be justified and fully documented in the written investigative report. Residents receive information explaining the agency's zero-tolerance policy in an age-appropriate fashion, including how to report incidents or suspicions of sexual abuse or sexual harassment appropriately, taking into consideration age, disabilities, sexual orientation, and language. Comprehensive education is accessible to all residents, including those who are limited-English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills. If the youth reports a deficiency or the staff is aware of one in any of these areas, they will notify the supervisor of the need for an additional resource.

Dr. Marisa Christoffel, Kane County JJC School Principal review the training curriculum for youth and provided a statement that the training was appropriate for young people.

The facility has a contract with Ameelio Interpretive Services. The contract provides interpretive telephone services, one-on-one sign language services, and in-person services for investigative services. A review of the website indicates that all staff are required to have at least 2 years' experience providing verbal or language-line interpretive services.

The agency head interview indicated that the center has provided all staff with PREA

compliance training for youth who have difficulty understanding PREA standards. Staff can read the information to the resident. We offer large-print materials, magnifiers, bilingual staff, and contract interpretive services, including language translation and sign language.

There was one resident who was identified as having limited vision, two residents who were identified as having limited reading disabilities and had IEPs for Special Education Services, and no resident that was Limited English Deficient.

The youth with limited vision indicated he could read posters and the handbook with his glasses. The limited-reading youth indicated that a staff member had read the intake document with them, and they were able to understand the video.

All staff interviewed indicated they have not used and would not use resident interpreters. The staff indicated they were aware of the Language Line contract and had training on utilizing the Hand Talk software that residents and staff can use.

Staff indicated they had seen the video on working with autistic youth and that ADA was part of the monthly training in January this year.

115.316 (b) JJC Policy mandates that information about services, consent forms, rights, and program rules, etc., is communicated to youth with the use of interpreters or other auxiliary aids. Additionally, these procedures will facilitate effective information exchange among staff/employees, youth, and families during service delivery. The facility shall provide all aid and/or assistance without cost to the person being served.

KCJJC will take such steps as are necessary to provide reasonable accommodations to ensure that disabled persons, including those with impaired sensory, hearing, or speaking skills, receive effective notice of benefits, services, or written material regarding waivers of rights or consent to treatment. All aids needed to provide this notice, e.g., sign-language interpreters, readers, or through other auxiliary aids, shall be provided within the service limits and availability of qualified/ certified interpreters provided under contractual service without cost to the person being served. The education department teachers are actively involved in providing these services to residents. Residents who receive special education services attend an Individualized Education Program meeting that includes parents, legal guardians, or child advocates.

Family members or friends of the youth may not be used as the sign language interpreter, unless specifically requested by that individual. Other youth may not be used for translating. The facility has a contract for language services, including sign language. Staff would read all required information for facility orientation and the comprehensive PREA training for residents who can't read. All residents interviewed were able to articulate the training programs, recall the intake process, and report feeling safe at the facility.

Whenever communication accommodation is needed, the facility director or school principal is responsible for arranging an interpreter or another auxiliary aid to

	<p>ensure reasonably prompt and effective communication with the youth. It is the facility's superintendent's ultimate responsibility to ensure that all ADA requirements are met. In interviews with mental health staff, this is accomplished with assistance from the education staff.</p> <p>Compliance was determined through a review of the policy, the language line contract, and an interview with the targeted youth.</p> <p>Based on this analysis, the center is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.317</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>JJC Policy Interview and Hiring Process.pdf</p> <p>Employee Self-Evaluation.</p> <p>Pre-Employment Questionnaire.pdf</p> <p>PREA Pre-Empl Questionnaire 2023,2024,2025-Churchill_0001.pdf</p> <p>CANTS Form.</p> <p>Fingerprint ID Form</p> <p>LEADS Background Check Form.pdf</p> <p>DCFS CANTS LOG.</p> <p>KCJJC Policy 15.01</p> <p>Staff Background checks, including NCIC and Child Registry (CANT)</p> <p>Personnel with five-year tenure</p> <p>Personnel File with hiring in the last 12 months</p> <p>Volunteer and Contracting staff background checks</p> <p>Annual PREA questionnaire</p> <p>New hires and promotion PREA questionnaire.</p> <p>Human resources staff interviews</p>

Ten personnel files reviewed

Three contractor files reviewed

One Volunteer file reviewed

115.317 (a):

The PAQ requires The agency shall not hire or promote anyone who may have contact with residents, and shall not enlist the services of any contractor who may have contact with residents, who (1) 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); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

The PAQ indicated that 5 employee background checks and 5 contracting or volunteer background checks have been completed in the last 12 months.

The facility provided KCJJC Policy 15.01, which indicates JJC shall not hire or promote anyone who may have contact with juveniles, or shall not enlist the services of any contractor, who may have contact with residents, who has:

1. Engaged in sexual abuse in any institutional setting.
2. 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.
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (2) of this section. JJC shall 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. Before hiring new employees who may have contact with residents, KCJJC requires all new hires to provide the following background records checks:

1. Criminal History Clearance.
2. Child Abuse Registry (CANT)
3. Federal Bureau of Investigation (FBI) Clearance (fingerprints).

Human resources shall 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.

JJC shall require a criminal background records check and consultation of child abuse registries before enlisting the services of any new volunteer or contractor who has direct contact with the residents.

All current employees and contractors who have contact with residents shall have new criminal background checks conducted, and, for employees, every 5 years on their anniversary of hire or contract date.

JJC shall ask all applicants and employees, who may have contact with residents directly, in written application or interviews for hiring, or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees about previous sexual misconduct including: acts of sexual abuse; convictions of engaging or attempting to engage in sexual activity by force, threats of force, coercion, or if the victim did not consent or was unable to consent, and if civilly or administratively adjudicated to have engaged in these acts. JJC shall also impose an ongoing obligation on employees to disclose any of the above-mentioned sexual misconduct. Material omissions regarding the above sexual misconduct, the provision of materially false information and/or statements, or refusal to disclose the required information shall be grounds for termination, subject the employee to dismissal, or result in contract termination. DHS Human Resources shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees when requested by an institutional employer for whom such employee has applied to work.

The human resources staff indicated that she completes fingerprinting for all applicants and sends a form to CANT for NCIC and the Child Registry for Illinois.

An assessment shall be completed before the hiring of direct-care positions.

Employees and volunteers will report any arrest, including any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or of receipt of the notice to appear. If an employee or volunteer fails to report an arrest within 24 hours, they shall submit an explanation for the delay.

Failure to report an arrest promptly may result in disciplinary action, up to and including dismissal. Supervisors and/or Human Resources personnel will report the new arrest or notice to appear to the Background Screening Unit, which will determine if the offense disqualifies the employee or volunteer from continued service.

Any person required to complete an assessment for direct-care positions, or undergo background screening as a condition of employment or volunteering services who refuses to cooperate in such screenings or refuses to submit the information necessary to complete the screening process shall not be employed or utilized as a volunteer until a background screening is completed and the outcome of the screening states the person is eligible for employment. Any person already employed or volunteering becomes disqualified.

JJC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth. During initial interviews, prospective employees, interns, and volunteers shall be informed of the background check procedure. JJC shall require the following background checks for all staff,

volunteers, interns, and contractors, as well as for any applicant being considered for employment or promotion with JJC.

115317 (b):

The PAQ requires the agency shall 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.

The facility provided Policy 15.01,

The Agency Policy states that any incidents of sexual harassment by a staff member will be taken into consideration when determining eligibility for promotion. Before a promotion, the facility will conduct a promotion board. Before meeting with the board, the applicant completes a questionnaire that includes all areas of the standard. The employment interview questions also address previous misconduct. The evidence shows the facility considers any incident 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. The policy states that any incidents of sexual harassment by a staff member will be taken into consideration when determining eligibility for promotion. The employment interview questions also address prior misconduct. The evidence shows the facility considers any incident 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.

The human resources staff interview indicated that, before a promotion, staff have not been required to complete any additional questionnaire. The facility coordinator, agency head, and human resources indicated they would begin that practice.

115.317 (c):

The PAQ requires before hiring new employees who may have contact with residents, the agency shall: (1) Perform a criminal background records check; (2) Consults any child abuse registry maintained by the State or locality in which the employee would work; and (3) 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.

The facility provided Policy 15.01. The facility also provided randomly selected background checks.

Policy 15.01 states that the Department performs a background check before hiring any new staff. The Department will make its best efforts to contact all prior PREA-regulated employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Background checks shall be conducted every five (5) years for staff.

115.317 (d):

The PAQ requires the agency also to perform a criminal background records check and consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents. JJC shall ensure that a criminal background records check has been completed, and consult applicable child abuse registries, before enlisting the services of any contractor who may have unsupervised contact with youth.

The facility provided Policy 15.01, and the PREA questionnaire

Policy 15.01 requires JJC to ensure that a criminal background records check has been completed and consult applicable child abuse registries before enlisting the services of any contractor who may have unsupervised contact with youth.

Interviews with contracting staff indicated that they have completed their background checks before having contact with any resident.

115.317 (e):

The PAQ requires the agency to either conduct criminal background records checks at least every five years on current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees.

The facility provided policy 15.01 and five-year tenured files to review

Policy 15.01 requires that all contract providers and department employees be screened and re-screened every five years of continued employment.

JJC shall conduct background checks, or alternative background checks, on all staff, volunteers, interns, and contractors every 5 years.

115.317 (f):

The PAQ requires that the agency also 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, and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

The agency asks applicants about previous misconduct described in paragraph (a) of this section in written applications or during interviews for hiring or promotions. The facility does a yearly staff appraisal, and sexual abuse or sexual harassment is part of that appraisal. This includes having staff review and sign the PREA Questionnaire.

115.317 (g):

The PAQ requires that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

	<p>The facility provided policy 15.01</p> <p>Policy 15.01 indicates that the JJC mandates that employees and volunteers report any arrest, including any notice to appear in court for a criminal charge, to their immediate supervisor within 24 hours of the arrest or receipt of the notice to appear. Failure to report may result in disciplinary action up to and including termination. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>115.317 (h):</p> <p>The PAQ requires, unless prohibited by law, that 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.</p> <p>The center provided Policy 15.01</p> <p>The policies mandate that, unless prohibited by law, the agency shall 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. The interview with human resources confirmed that the facility would provide this information upon request. The policy states that the information will be provided upon request unless disclosure is prohibited by law.</p> <p>Human resources indicated in the interview that she makes the 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.</p> <p>JJC shall require a criminal background records check and consultation of child abuse registries before enlisting the services of any new volunteer or contractor who has direct contact with the residents.</p> <p>Human Resources shall provide information on substantiated allegations of sexual abuse or sexual harassment involving former employees when requested by an institutional employer for whom such employee has applied to work.</p> <p>Based on a review of the documentation and interviews with the Human Resources staff, the facility complies with all provisions of this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determinations</p> <p>JJC PREA Policy 15.02.pdf</p> <p>2023 Camera Additions Blueprint.pdf</p> <p>2023 Securitas Camera Proposal.pdf</p> <p>Camera List - JJC 2025.xlsx</p> <p>New Camera Icons Email 05_15_2025.pdf</p> <p>W1001487609 Visitor Search Room Camera Install.pdf</p> <p>Policy 15.02</p> <p>Interviews with</p> <p>Agency head</p> <p>Facility administrator</p> <p>115.318 (a)(b)</p> <p>The PAQ requires that when designing or acquiring any new facility and in planning any substantial expansion or modification of an existing center, the agency shall consider the effect of the design,</p> <p>The center stated that the Kane County Juvenile Justice Center has made major improvements to the camera and monitoring system and has installed new cameras throughout the center. The new cameras are equipped with a high-tech video monitoring system throughout the facility in all areas populated by residents. The facility was designed with a focus on the safety of residents and staff. All modifications, upgrades, or expansions to the facility, such as lighting, additional cameras, or construction changes, will include an assessment of the upgrade's impact on KCJJC's ability to protect residents from sexual abuse.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Evidence relied upon in making the compliance determinations

Policy 15.08 Investigations

PREA Youth Posters

MOU with Kane County Sheriff's Office

MOU with Community Crisis Center (CCC)

After Sexual Assault Care Pamphlet.pdf

MOU with Delnor Medical Center

CCC Training Certificates.pdf

JJC Advocates List.

Interview with

PREA compliance manager

Emergency Room Staff at Delnor Medical Center

Director of Community Crisis Center (CCC)

PREA Coordinator PREA Compliance Manager

115.321 (a)(b)(c)(f):

The PAQ requires that, to the extent the agency is responsible for investigating allegations of sexual abuse, it shall follow a uniform evidence protocol that maximizes the likelihood of obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

The PAQ requires that the protocol shall be developmentally appropriate for youth and, as appropriate, shall be 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.

The PAQ requires that the agency shall offer all residents who experienced sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs are unavailable, the examination may be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.

The PAQ requires, to the extent that the agency itself is not responsible for investigating allegations of sexual abuse, the agency requests that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

The number of exams performed by SANEs/SAFEs during the past 12 months: 1

There was one youth who, during intake, indicated she had had sex the day before arriving at the center with a 23-year-old man, and her mom had asked her to take a SANE, but she had refused. During the intake, the staff asked if she would like an examination, and she indicated she would. The center transported the youth to Delnor Medical Center, and CCC had a staff member attend for a SANE and an investigation interview. The youth agreed to a pelvic examination; however, they declined the SANE. During the process of the examination and forensic examination, it was determined by the Delnor mental health staff that the youth had a history of hurting herself, so she was transferred to the Behavioral Health Center and returned the following day to the center.

The facility provided Policy 15.03 and 15.08 Investigative Protocol, MOU with Kane County Sheriff's Office, and MOU with Community Crisis Center (CCC)

Policy 15.03 indicates that the purpose of this policy is to describe the JJC's commitment to ensuring that all allegations of sexual abuse or sexual harassment are responded to with thorough investigations based upon credible evidence.

JJC has adopted an age-appropriate uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol was adapted from 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." Please reference sections 15.07 and 15.08 of this manual for specific protocols.

For residents who are 10 or 11 years old, it may be appropriate to follow the "National Protocol for Sexual Abuse Medical Forensic Examinations - Pediatric (April 2016).

The JJC offers all residents who have experienced sexual abuse access to forensic medical Sexual Assault Nurse Examiner (SANE) examinations offsite as determined to be evidentiary or medically appropriate by JJC medical staff or the PREA Coordinator. The SANE exam will be conducted at Northwestern Medicine Delnor Hospital Emergency Department. These services are provided at no cost to the residents.

Victim advocates from local rape crisis centers are made available as a matter of course for SANE exams at Delnor. As requested by the victim, a victim advocate can accompany and support the resident victim through the forensic medical examination process and law enforcement interview and shall provide emotional support, crisis intervention, information and referrals. Should a victim advocate from a rape crisis center not be available, the JJC will make available a qualified staff member to provide these services. The resident may request his or her gender preference for the staff who will accompany them to Delnor Hospital.

The PREA Coordinator, mental health staff or supervisor shall contact the

Community Crisis Center (CCC) to provide counseling services to any resident who requests their services due to a history of sexual abuse. Residents may also access CCC directly via the staff panel phone. The JJC will not impose any limits on these calls.

Interviews with the sheriff's office indicated the office has a specialized unit to investigate sexual assault, including child sexual assaults.

Interviews with Delnar Medical Center emergency room, the medical center does conduct SANE and has an inhouse SART team. The center utilizes the CCC for victim advocacy services.

The Kane County Sheriff's Office (KCSO) will investigate reports of sexual abuse and harassment that appear to rise to the level of criminal conduct. The JJC has requested KCSO to follow the requirements of PREA 115.321 (a-e) via the MOU.

JJC staff are trained to protect the scene. Do not allow anyone in the area. Ask the victim not to change clothes, take a shower, brush teeth, use the restroom, or do anything that might result in the loss of evidence.

Fourteen random staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations. Staff interviews confirmed an understanding of the facility's protocol for obtaining usable physical evidence if a resident alleges sexual abuse and knowledge of the entities responsible for conducting investigations.

Medical staff interviewed indicated that residents will receive timely, unimpeded access to on-site and off-site emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners in their professional judgment.

Residents will be offered access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. If a SAFE or SANE cannot be made available, the examination can be performed by other qualified medical practitioners. The facility has an MOU with the Community Crisis Center (CCC) and the Delnor Medical Center.

Have access to a victim advocate from a rape crisis center, a qualified staff member from a community-based organization, or a qualified agency staff member.

The facility policy and MOU state that the services will be provided at no cost to the victim. The Nurse's interview was aligned with the facility Policy.

115.321 (d)(e)(h):

The PAQ requires the agency to attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide

victim advocate services, the agency shall make available a qualified staff member from a community-based organization or a qualified agency staff member to provide these services. Agencies shall document efforts to secure services from rape crisis centers. For this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit, provided the center is not part of the criminal justice system (such as a law enforcement agency). It offers a level of confidentiality comparable to that of a non-governmental entity providing similar victim services.

As requested by the victim, the victim advocate, a qualified agency staff member, or a qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews, and shall provide emotional support, crisis intervention, information, and referrals.

For this standard, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility provided an MOU with the Community Crisis Center (CCC) and trained staff from the KCJJC.

In an interview with the PREA Coordinator, they indicated that the MOU includes advocacy, emotional support, SANE examinations, and an emotional support hotline.

The facility does have an MOU with the Community Crisis Center (CCC) for victim advocacy services. This MOU includes advocacy services and emotional support services. The Victim's Center director was contacted and provided a review of the program and services available to residents at JJC. Community Crisis Center (CCC) staff interviewed by telephone verified that the program had SANE staff on duty and had a working relationship with Local Law Enforcement. A qualified victim advocate would accompany a resident for SANE screenings and during law enforcement investigations. The advocate program would continue to offer emotional support, crisis intervention, and referrals. The center has trained staff through the Community Crisis Center to provide advocacy Services. The center provided the training certificate for staff, and in interviews, the staff indicated they had volunteered to provide the service to the youth at the center.

Interviews with the CCC staff indicated they would provide victim advocacy services and aftercare follow-up services for resident victims of sexual abuse.

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

115.322	Policies to ensure referrals of allegations for investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determinations</p> <p>Policy 15.03 - Investigative Protocols</p> <p>KCJJC Website</p> <p>Investigative Interview</p> <p>Agency Head Interview</p> <p>115.322 (a) (b) (c)</p> <p>The PAQ requires the agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p>Based on the PAQ, the center had 29 allegations of sexual abuse or harassment in the last 12 months.</p> <p>The center documented all allegations of sexual abuse and harassment, without relying on the definition of sexual abuse, sexual harassment, or voyeurism. Post uploading the number into the PAQ, the center reviewed the definitions and determined there were a total of 8 allegations, either of sexual abuse or sexual harassment.</p> <p>The facility provided the JJC Policy 15.03 - Investigative Protocols.</p> <p>Policy 15.03 states that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment, and the findings will be documented and maintained by the PREA Coordinator. Behaviors or incidents that are not reported as PREA allegations, but are potentially PREA reports, shall be identified as such and properly investigated. (PREA 115.322 (a))</p> <p>The PREA Coordinator or PREA Compliance Supervisor will ensure that all allegations of sexual abuse and harassment are referred to the KCSO for investigation if they potentially rise to the level of criminal conduct.</p> <p>The PREA Coordinator or PREA Compliance Supervisor will document all referrals to the KCSO.</p> <p>Administrative investigations of allegations of sexual abuse and harassment conduct will be completed by the PREA Coordinator and designated PREA Investigators.</p> <p>KCSO will conduct all criminal investigations. The JJC maintains a Memorandum of Understanding (MOU) that clearly describes the responsibilities of the JJC and the</p>

KCSO for criminal investigations.

The JJC PREA Coordinator or Superintendent shall ensure that this policy is published on the Kane County website/JJC link.

The Kane County Sheriff's Office has a Special Victims Unit. The SVU shall investigate all allegations of potentially criminal behavior involving sexual abuse or sexual harassment upon referral. All referrals shall be documented.

The JJC will follow its investigative procedures to conduct a complete administrative investigation of all referred allegations of potentially criminal behavior involving sexual abuse or sexual harassment of JJC residents once the investigation is completed.

Documentation shall be kept on all allegations referred to the Kane County Sheriff's office.

JJC shall conduct an internal review of all allegations of sexual misconduct, sexual abuse, sexual harassment, and retaliation involving any resident in JJC's custody. All notifications, referrals, and reviews shall be documented.

115.322 (c):

The facility provided KCJJC Policy 15.01 and staff training mandates that staff secure the scene and prevent the victim or predator from changing clothing, brushing teeth, using the restroom, or showering. The facility will assist the investigator in providing video and other materials as requested. There has been no allegation referred for criminal investigation during the last 12 months.

The center has an MOU with the Kane County Sheriff's Office.

The MOU states that the Kane County Sheriff's Office has the legal authority to conduct criminal investigations for JJC. All allegations of potentially criminal behavior involving sexual abuse or sexual harassment, between staff and resident, non-employee and resident, or resident and resident, shall be investigated by the SVU upon referral. All referrals shall be documented.

Compliance was verified by reviewing policies and procedures, the, and interviews with the agency designee, facility administrator, investigators, staff, and PREA Coordinator.

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

**Auditor Overall Determination:** Exceeds Standard

**Auditor Discussion**

Evidence relied upon in making the compliance determinations

JJC PREA Policy 15.02.pdf

JJC Policy 15.04 TRAINING AND EDUCATION.doc

JJC PREA Refresher #1 - PREA Basics.docx

PREA Pt 1 Relias Outline.pdf

JJC PREA Refresher #1 - PREA Basics.docx

JJC PREA Refresher #8 - Reporting Knowledge, Suspicion, or Information.docx

PREA Refresher #2 - Effects of Abuse.docx

PREA Pt 2 Relias Outline.pdf

PREA pt 3 Relias Outline.pdf

JJC PREA Refresher #3 - Professional Communication and Boundaries.

JJC PREA Refresher #8 - Reporting Knowledge, Suspicion, or Information.docx

PREA pt 3 Relias Outline.pdf

DCFS Mandated Reporter Training 2025.pdf

(01/26/2026) 2025 Staff Training Outline.docx

Sexual Misconduct Training 2025 - JJC Specific.ppt

PREA Training - PROBATION & KCDC.pptx

PREA - KCDC, Juv PO, DuPage DST - Booster.pdf

PREA - Kitchen Booster.pdf

PREA - Maintenance Booster - SPAN.pdf

PREA - Maintenance Booster.pdf

PREA - MH Booster.pdf

115.331 (a): The PAQ requires The agency shall train all employees who may have contact with residents on:(1) Its zero-tolerance policy for sexual abuse and sexual harassment;(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;(3) Residents' right to be free from sexual abuse and sexual

harassment;(4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;(5) The dynamics of sexual abuse and sexual harassment in juvenile center;(6) The common reactions of juvenile victims of sexual abuse and sexual harassment;(7) 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;(8) How to avoid inappropriate relationships with residents;(9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities;(11) Relevant laws regarding the applicable age of consent.

The facility provided KCJJC Policy 15.04 Staff training.

KCJJC Policy 15.04 Staff training indicates that all Training for Employees: All facility employees shall receive instruction related to this policy and the following critical subjects:

- (a) The JJC zero tolerance policy for all forms of sexual misconduct, sexual abuse, sexual harassment, and retaliation
- (b) How employees shall fulfill their responsibilities under JJC's zero tolerance policy for the prevention, detection, reporting, and response to sexual misconduct, sexual abuse, sexual harassment, and retaliation.
- (c) Juveniles' right to be free from sexual misconduct, sexual abuse, and sexual harassment.
- (d) The right of juveniles and employees to be free from retaliation for reporting sexual misconduct, sexual abuse, or sexual harassment.
- (e) The dynamics of sexual misconduct, sexual abuse, and sexual harassment in confinement.
- (f) The common reactions of sexual abuse and sexual harassment victims.
- (g) How to detect and respond to signs of threatened and actual sexual misconduct and sexual abuse.
- (h) How to avoid inappropriate relationships with juveniles.
- (i) How to communicate effectively and professionally with juveniles, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming youth. (j) How to comply with the Pennsylvania-mandated child protective service laws related to mandatory reporting of sexual abuse to outside authorities.
- (k) Relevant laws regarding the applicable age of consent, such as the Pennsylvania age of consent law ([age-of-consent.info](http://age-of-consent.info)) and 18 Pa.
- (l) Employee trainings shall be tailored to the gender and the unique needs and attributes of residents in JJC custody.

All employees will receive this training as part of their pre-service or initial orientation to the JJC. Current employees will receive this training within one year of the effective date of the August 20, 2012, PREA Standards or of the implementation of this policy. It shall include, but is not limited to, the following sources: the National Institute of Corrections video - "Keeping Our Kids Safe," the Pa. Child Protective Service Laws, and the 3800 regulations. All employees shall receive refresher training on these subjects every year as part of their annual in-service training and shall be provided with information on current sexual abuse and sexual harassment policies, the Required Training Standard, and procedures.

All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting, and responding to sexual abuse or sexual harassment. PREA training is provided to staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training, which is also conducted and documented. The direct care staff interviewed, and the PREA Coordinator reported that the training is provided as required. All staff members interviewed, and documentation reviewed verified the general topics below were included in the training: 1. The center's Zero Tolerance Policy for sexual abuse and sexual harassment. 2. How to fulfill their responsibilities under the center's sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. 3. Residents' right to be free from sexual abuse and sexual harassment. 4. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment. 5. The dynamics of sexual abuse and sexual harassment in a juvenile center. 6. The common reactions of juvenile victims of sexual abuse and sexual harassment. 7. 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. 8. How to avoid inappropriate relationships with residents. 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; and 11. Relevant laws regarding the applicable age of consent.

The center utilizes Relias Training and PREA Resource Center training to provide initial and annual staff training. The center also provides monthly training, using the same resources to develop and deliver it.

115.331 (b):

The PAQ requires that such training be tailored to the unique needs and attributes of residents of the juvenile center and to the residents' gender at the employee's facility. The employee shall receive additional training if reassigned from a facility housing only male residents to one housing only female residents, or vice versa.

The facility, used as a detention center, houses both male and female residents. The training provided includes training in working with either gender.

115.331 (c):

The PAQ requires that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

The PAQ also indicated that staff will receive refresher training each year.

The agency provides each employee with a refresher each year to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In recent years, the annual in-service training has included a video on conducting cross-gender or person frisk searches (pat-down). All staff are required to complete this training. The training roster and records were reviewed and documented for this training session for staff working at KCJJC. Additional training is provided at the facility for the on-site training staff. A review of the topic included an additional refresher on most topics found in the Relias or PREA Resource Center training. The agency's policy addresses PREA-related training for staff.

All interviewed staff members were familiar with the PREA information regarding primary components of preventing, detecting, and responding to sexual abuse or sexual harassment. Interviews with non-direct-care and contracting staff, along with their files, confirmed that all KCJJC staff receive the same training. All direct care staff interviewed reported receiving initial PREA training during Pre-Service.

While conducting the tour, the center staff were interviewed about training. All staff interviewed indicated that shift supervisors or the PREA coordinator review PREA at least once a month and have reviewed it on every shift each month.

Policy 15.04 staff training requires a refresher every year. Based on a review of the staff training files and interviews with the Facility administrator, refresher training is required each year.

115.331 (d):

The PAQ requires the agency to document, through employee signature or electronic verification, that employees understand the training they have received.

The facility provided sign-in sheets for each training session during the last 12 months and employee training files for completed training, including cross-gender pat searches.

The facility provided the Auditor with several examples to verify that the training occurred, and the training was verified through staff interviews. PREA training is provided to all staff, as indicated by a review of policy and training documents. The documents and staff interviews support refresher training, which is also conducted and documented. The direct care staff interviewed, and the PREA Coordinator reported that the training is provided as required. All direct care staff members

	<p>interviewed and documents reviewed, verified that the general topics below were included in the training: At the facility, it was evident through documentation, interviews, and observation of the day-to-day operations, the staff is trained continually in the PREA standards during shift briefings, monthly staff meetings, and the completion of various online and instructor-led trainings.</p> <p>There are posters on sexual safety located throughout the facility. All staff interviewed were able to articulate the training topics and demonstrate their understanding of each.</p> <p>Exceed Compliance was determined by reviewing the preservice and in-service training curricula and staff training records. An interview with a randomly selected staff member also confirmed that they had received the required training and refresher training as mandated by policy. The interview included questions about the specialized training programs. Staff demonstrated an understanding of how to work with LGBTI youth.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>KCJJC Policy 15.04 Training and Education</p> <p>PREA - Nurses, Teachers, Summer School Teachers - Booster.pdf</p> <p>FSA Meeting Agenda.docx</p> <p>PREA - Volunteers Booster (Tutors, Book Club, Chaplains).pdf</p> <p>PREA Training - KCSO PowerPoint.pptx</p> <p>CCC Meeting Agenda - June 2025.docx</p> <p>PREA Training - MH.pdf</p> <p>PREA Training - Nurses.pdf</p> <p>Contractor Interviews</p> <p>115.332 (a):</p> <p>The PAQ requires the agency shall ensure that all volunteers and contractors who</p>

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.

The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 42

The facility provided the JJC policy 15.04 volunteer and contractor training curriculum.

Training curriculum outline includes:

Agency zero tolerance and Policy 15.01

Definitions

- Sexual abuse
- Sexual harassment

Reporting Allegation of Sexual Misconduct

Detecting Sexual abuse and sexual harassment

Maintaining Professional Relationships with Youth

Summary

PREA Acknowledgments Form

KCJJC Policy 15.04 - Volunteer and contractor Training provides Volunteer and contractor Training- All volunteers and contracted providers in Residential and Detention center who have contact with youth must be trained on their responsibilities under the Department's sexual misconduct prevention, detection, and response policy and procedures

The level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact with youth. Volunteers and contractors who perform services continuously or at regular intervals, or who volunteer for 10 hours or more each month, must complete the PREA training prescribed for all full-time employees. The course is available on the Department's Learning Management System.

Volunteers and contractors who perform services or interact with youth for less than 10 hours a month and/or are accompanied by a staff member who is always present and has the volunteer or contractor in his/her line of sight, will not be required to take the volunteer training

Before having contact with the residents, all volunteers and contractors receive training on their responsibilities under the agency's sexual abuse and sexual

harassment prevention, detention, and response policies and procedures. The level and type of training provided shall be based on the services they provide and the level of contact they have with residents. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and be informed how to report such incidents.

Contracting staff who were interviewed indicated they signed a contract for more than ten hours a week and have to attend Contractor Training. Upon reviewing the contractor training, it was determined that all contracting staff have completed the required training.

The education staff interviewed indicated that they received training at the beginning of each school year.

115.332 (b):

The PAQ requires 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. Still, all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed of how to report such incidents.

The facility Policy 15.01 PREA volunteer training states that the level and type of training provided to volunteers and contractors are based on the services they provide and the level of contact with youth. Volunteers and contractors who perform services continuously or at regular intervals, or who volunteer for 10 hours or more each month, must complete the PREA training prescribed for all full-time employees.

All volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance Policy regarding sexual abuse and sexual harassment and informed of how to report such incidents.

115.332 (c):

The PAQ requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received

The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received. The PREA Notification document contains the information reviewed with the contractor and volunteer. The document also serves as the training acknowledgement statement, containing the participant's signature and date, confirming their understanding of the PREA information.

The medical staff also noted that medical and mental health staff are employed as full-time contractors, are required to have the same training and direct care staff.

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

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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations.</p> <p>15.04 TRAINING AND EDUCATION.doc</p> <p>RESIDENT INTAKE PREA TEST.docx</p> <p>PREA brochure - Span.REV 7-23.doc</p> <p>RESIDENT PREA TEST SPA.doc</p> <p>PREA INTAKE VIDEOS.docx</p> <p>PREA Resident Brochure - Eng 8-23.doc</p> <p>3.1D Court Video-PREA Video-PREA Pamphlet-Medical Pamphlet.doc</p> <p>JJC Resident CBT Manual.pdf</p> <p>JJC Resident Handbook SPAN 2026.rev1-28-26.docx</p> <p>Pamphlet - JJC AOIC Standards - SPAN.pdf</p> <p>Pamphlet - JJC AOIC Standards.pdf</p> <p>01232026_Dr. Marisa Christoffel, Kane County JJC School Principa.pdf</p> <p>PREA INTAKE VIDEOS.docx</p> <p>ZERO Tolerance - Span, 7-23.docx</p> <p>RESIDENT PREA TEST SPA.doc</p> <p>PREA brochure - Span .REV 7-23.doc</p> <p>RESIDENT INTAKE PREA TEST.docx</p> <p>RESIDENT COMPREHENSIVE PREA TEST - SPAN.docx</p> <p>RESIDENT COMPREHENSIVE PREA TEST - Final Draft - CZ.docx</p> <p>JJC Resident Handbook SPAN 2026.rev1-28-26.docx</p> <p>JJC Resident CBT Manual.pdf</p>

PREA Resident Brochure - Eng 8-23.doc

Monthly Video Focus Group.pdf

PREA RESIDENT FOCUS GROUPS.pdf

Scenarios for PREA.docx

Pamphlet - JJC AOIC Standards.pdf

PREA § 115.316 SOCIAL STORIES FOR AUTISM IDD.docx

RESIDENT PREA TEST SPA.doc

RESIDENT COMPREHENSIVE PREA TEST - Final Draft - CZ.docx

Interview with intake staff

Interviews with residents

115.333 (a): The PAQ requires During the intake process, residents shall receive information explaining, in an age-appropriate fashion, the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.

The facility provided PREA training, a trifold PREA brochure, and 15.04 Training.

Policy mandates that youth will be provided with the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, and how to report incidents or suspicions of sexual abuse or sexual harassment. Youth are shown the PREA Resource Center Intake Video upon arrival at the center.

In an interview with the intake staff, this is within one hour of their arrival at the center.

Policy 15.04 mandates that the center shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited. The agency maintains documentation of participation in the education program. In addition to providing such education, the agency shall ensure that key information is continuously and readily available to residents through posters, resident handbooks, or other written materials. The center conducts initial training for all new residents upon arrival at the facility, typically within 72 hours, covering all required training.

Dr. Marisa Christoffel, Kane County JJC School Principal, reviewed the educational material, including the poster, and found the written and video programs were age-appropriate.

Over the past 12 months, 510 residents have completed the initial orientation education program.

115.333 (b): The PAQ requires that, within 10 days of intake, the agency shall provide comprehensive age-appropriate education to residents either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility provided a PREA juvenile with comprehensive education, including information on emotional support, and an acknowledgement form confirming that the resident saw the comprehensive video and took a post-test to verify their understanding of the information presented during the comprehensive education programs.

Residents receive information explaining the agency's zero-tolerance policy in an age-appropriate fashion, including how to report incidents or suspicions of sexual abuse or sexual harassment in the following manner. The comprehensive education is delivered in an accessible format for all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills. The facility can provide PREA education in formats accessible to all residents, including those who are limited-English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

According to documentation and interviews with the Facility Administrator and the Assistant Facility Administrator, the local school system will assist in providing services for disabled and limited-English-proficient residents. If the youth reports a deficiency or staff are aware of one in any of these areas, they should report the need for an additional resource to the supervisor. The supervisor notifies the facility administrator, who will contact the appropriate community resource services, including the local board of education. Arrangements will be made for an interpreter who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In all circumstances, this center will not rely on resident interpreters. Special-needs youth receive age- and maturity-based training. Compliance was confirmed through review of the resident acknowledgement statement and interviews with the resident during the facility tour and in a formal interview with 15 residents.

115.333 (c):

The PAQ requires that current residents who have not received such education be educated within one year of the effective date of the PREA standards, and shall 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.

The facility provided KCJJC Policy 15.04 - Youth Training requires that residents receive such education upon arrival at the facility. When they arrive at the center, they are shown the intake video. In Kane County, youth appear before the juvenile court on the same day or the following day after being brought to the center.

According to the PAQ and confirmed by a review of the comprehensive education, when or if the youth returned to the center after their initial hearing with the

juvenile judge, they received the comprehensive education training.

During the last 12 months, 510 youth arrived at the center, and 177 remained after being seen by the judge and returned to the center.

The center provides a monthly PREA focus group for all youth at the center, where the center covers reporting, responsibilities, how to stay safe, and general PREA standards.

In interviews with the residents, each confirmed they received the brochures on the same day as the onsite audit.

115.333 (d) (f):

The PAQ requires the agency to provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills. The facility provided Policy 15.01 and Language Line contracts.

Policy 15.04 mandates that the facility provide resident education in formats accessible to all residents, including those who are limited-English proficient, deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

The facility can provide PREA education in formats accessible to all residents, including those who may be hearing impaired, Deaf, have intellectual, psychiatric, or speech disabilities, have low vision, are blind, have limited reading, are limited English proficient, and have individualized needs.

Documentation for a contracting service for interpretive services was reviewed. The posted PREA information is available in English and Spanish and is accessible to residents, staff, contractors, volunteers, and visitors.

The center provided the following posters, brochures in English and Spanish, and training aides for interpretive services:

FREE VOICE CALLS-Ameelio Ombudsperson Notice.docx

Gender Unicorn Eng\_Span.pdf

Genderbread-Person-.png

JJ PREA Refresher #5- Ways Residents Can Report.docx

JJ PREA Refresher #6 - Resident Support Services.docx

Resident VSAB.pdf

3.1D Court Video-

PREA Pamphlet-Medical Pamphlet.doc

PREA Resident Brochure - Eng 8-23.doc

RESIDENT INTAKE PREA TEST.docx

RESIDENT COMPREHENSIVE PREA TEST - Final Draft - CZ.docx

Rulebook Test 2024.Rev4-6.docx

The PREA Limits of Confidentiality Notice for Residents.docx

ZERO Tolerance Posting - Eng. 8-23.docx

PREA INTAKE VIDEOS.docx

PREA COMPREHENSIVE VIDEOS.docx

ZERO Tolerance - Span, 7-23.docx

RESIDENT PREA TEST SPA.doc

PROG504.Grievance SPA.doc

PREA resident acknowledgement form 1 SPA.doc

PREA brochure - Spanish.REV 7-23.doc

JJC RULEBOOK TEST-BLANK SPA.doc

Exit survey SPAN 12-21.docx

Emergency Grievance Form - SPAN.docx

Language Line.docx

Hand Talk Information.pdf

PREA § 115.316 SOCIAL STORIES FOR AUTISM IDD.docx

Pocket Talk Information.pdf

Staff Announcement Signs.docx

Do not enter sign.docx

2025 PREA Training Acknowledgement Statement May.pdf

JJC Resident CBT Manual.pdf

JJC Resident Handbook SPAN 2026.rev1-28-26.docx

Pamphlet - JJC AOIC Standards - SPAN.pdf

Pamphlet - JJC AOIC Standards.pdf

Staff interviews confirmed that residents are not used as translators or readers for other residents. The facility staff indicated that the facility director, education

supervisor, and medical staff would work with community resources to provide education to residents, regardless of their limitations or disabilities.

Two residents with limited reading ability indicated that staff read the information in the brochure to them. They were able to articulate the agency's zero-tolerance policy against sexual abuse, how to report an allegation of abuse or harassment, and the right not to be sexually abused or harassed.

The education department assists by providing one-on-one information in large print, visual aids, magnifiers, translation, and other services through the resident's individual Education Plan.

115.333 (e):

The PAQ requires the agency to maintain documentation of resident participation in these education sessions.

The facility provided Policy 15.04, post-test scores, and acknowledgement forms.

Policy 15.04 requires the facility to maintain documentation of resident participation in these education sessions.

A sample of signed acknowledgement statements was reviewed, supporting the residents' involvement in PREA education sessions.

A file review of 14 residents included an acknowledgement statement for orientation and comprehensive education.

The PREA education materials provide residents with information on how to report allegations of sexual harassment and sexual abuse. A safety guide is provided to each resident to eliminate incidents of sexual abuse and sexual harassment. The guide provides educational information regarding sexual abuse and victims in a cartoon format. The residents revealed they can report allegations of sexual abuse or sexual harassment by telling a staff member or a family member. PREA educational documentation was noted throughout the facility, including the lobby, visitation areas, and living units.

All residents interviewed, both formally and informally, during the tour and subsequent visits to the recreation area, confirmed that staff talk to them daily about PREA. They indicated that the staff who conduct PREA rounds will ask them questions about PREA. The resident and the center provided documentation for the resident to sign acknowledging the comprehensive training and the PREA focus group each month. Each youth interviewed knew about the victim advocacy program, how to contact it, the services it provides, and that the call would be free, private, and that no one would listen to their conversation.

Based on completion of the corrective action plan, the facility is substantially compliant with this provision, and any additional corrective action is not required.

<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p data-bbox="280 188 1015 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 1174 376">Evidence relied upon in making the compliance determinations</p> <p data-bbox="280 412 983 448">KCJJC Policy 15.04 TRAINING AND EDUCATION.doc</p> <p data-bbox="280 483 880 519">PREA Investigator Training Certificates.pdf</p> <p data-bbox="280 555 896 591">PREA Investigator Training- Moss Group.pdf</p> <p data-bbox="280 627 967 663">Admin Investigator PREA Acknowledgement.pdf</p> <p data-bbox="280 698 960 734">KCSO PREA Acknowledgment Signed Forms.pdf</p> <p data-bbox="280 770 628 806">KCSO PREA Training.pdf</p> <p data-bbox="280 842 491 878">KCSO MOU.pdf</p> <p data-bbox="280 913 880 949">PREA Investigator Training Certificates.pdf</p> <p data-bbox="280 985 459 1021">115.334 (a):</p> <p data-bbox="280 1057 1474 1218">The PAQ requires, in addition to the general training provided to all employees pursuant to § 115.331, that the agency ensure that, to the extent it conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="280 1254 1442 1370">The facility provided a statement of fact that KCJJC does not conduct any criminal sexual abuse investigation. The administrative investigators have received specialized training.</p> <p data-bbox="280 1406 475 1442">115.334 (b):</p> <p data-bbox="280 1478 1458 1639">The PAQ requires Specialized training that shall include techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="280 1675 1436 1881">The facility provided Policy 15.04, which states that, in addition to the general training provided to all employees pursuant to §115.331, the agency shall ensure that, to the extent the agency conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p data-bbox="280 1917 1417 2033">The training included the proper use of Miranda and Garrity warnings, evidence collection for sexual abuse in confinement settings, and the criteria required to substantiate a case for administrative action or a referral for prosecution.</p>

	<p>In interviews with the investigative staff, the staff indicated they had received the training through the Moss Group.</p> <p>The center has an MOU with the Kane Sheriff's office that includes the investigative staff will attend the specialized training provided through KCJJC.</p> <p>115.334 (c):</p> <p>The PAQ requires the agency to maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations.</p> <p>The agency provided certificates to 10 staff members who have received specialized training.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determinations</p> <p>KCJJC Policy 15.04 Training and Education</p> <p>ACH DCS PREA Refresher.pdf</p> <p>Medical_NP_DCS PREA Ack. Forms.pdf</p> <p>PREA - MH Booster.pdf</p> <p>PREA Training - Nurses.pdf</p> <p>PREA Training - MH.pdf</p> <p>MH PREA Signed Ack. Forms.pdf</p> <p>MH PREA Signed Ack. Forms.pdf</p> <p>Medical_NP_DCS PREA Ack. Forms.pdf</p> <p>115.335 (a)(d):</p> <p>PAQ requires The agency shall ensure that all full- and part-time medical and mental health care practitioners who work regularly in its center have been trained</p>

in:(1) How to detect and assess signs of sexual abuse and sexual harassment;(2) How to preserve physical evidence of sexual abuse;(3) How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The PAQ requires That Medical and mental health care practitioners also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending on the practitioner's status at the agency.

The facility provided the KCJC Policy 15.04 Training - Specialized Training and training curriculum.

The center used the PREA Resource Center curriculum to develop and implement specialized training for mental health and medical staff.

In addition to the training for non-employee personnel described in §115.332, all medical and mental healthcare practitioners who work regularly in the facility, full and part-time, shall be trained in:

1. How to detect and assess signs of sexual misconduct.
2. How to preserve physical evidence of sexual abuse.
3. How to respond effectively and professionally to victims of sexual misconduct, sexual abuse, and sexual harassment.
4. How and to whom to report allegations or suspicions of sexual misconduct, sexual abuse, and sexual harassment.

115.335 (b):

The PAQ requires that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.

The facility stated that its medical or mental health staff does not conduct forensic medical examinations.

Medical and mental health staff interviewed indicated that they do not conduct forensic examinations. All medical staff interviewed indicated they had received training.

115.335 (c):

The PAQ requires the agency to maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.

	<p>The facility provided sign-in sheets for medical and mental health staff.</p> <p>The facility acknowledges training, indicating that medical and mental health staff have attended specialized medical training.</p> <p>Based on PAQ, 16 or 100% of the medical and mental health professionals employed at the center have received specialized training.</p> <p>A review of the training curriculum, acknowledgement documentation, and interviews with medical and mental health staff confirmed that staff have received the required specialized and general training and have additional training that exceeds the standards.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and no corrective action is required.</p>
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<b>115.341</b>	<b>Obtaining information from residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination</p> <p>JJC PREA Policy 15.05. Screening for Risk of Sexual Victimization and Abuseiveness</p> <p>2023 VSAB Reassessments.pdf</p> <p>2024 VSAB Reassessments.pdf</p> <p>2025 VSAB Reassessments.</p> <p>VSAB Blank</p> <p>2025 VSAB Total Residents 72 Hours and referrals.</p> <p>Interview with</p> <p>PREA Coordinator</p> <p>Staff who conduct the screening.</p> <p>115.341 (a) (b) (c) The PAQ requires that, within 72 hours of the resident's arrival at the facility and periodically throughout a resident's confinement, the agency shall obtain and use information about each resident's personal history and behavior to reduce the risk of sexual abuse by or upon a resident.</p> <p>Such assessments shall be conducted using an objective screening instrument.</p> <p>The PAQ requires at a minimum, the agency shall attempt to ascertain information</p>

about: (1) Prior sexual victimization or abusiveness; (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse; (3) Current charges and offense history; (4) Age; (5) Level of emotional and cognitive development; (6) Physical size and stature; (7) Mental illness or mental disabilities; (8) Intellectual or developmental disabilities; (9) Physical disabilities; (10) The resident's own perception of vulnerability; and (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The facility provided Policy 15.05

KCJJC Policy 15.05 indicates all residents shall receive a "Screening for Vulnerability to Victimization and Sexually Aggressive Behavior" (VSAB) risk assessment screening during their intake. The risk assessment uses an objective screening instrument available on the JJC's CMS. The admitting Youth Counselor and the resident will complete the screening instrument. The assessment shall obtain the following information:

1. Prior sexual victimization and abuse
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may be vulnerable to sexual abuse
3. Age
4. Level of emotional/cognitive development
5. Current charges and offense history
6. Physical size and stature PREA - Screening mandates that all residents will be interviewed using an objective screening instrument for risk of victimization, potential vulnerabilities, or sexual abuse tendencies to act out sexually. Such assessments shall be conducted using an objective screening instrument.
7. Mental illness, mental disabilities, intellectual or developmental disabilities, or physical disabilities
8. Resident's own perception of vulnerability
9. Any other specific information about the resident that may indicate a heightened need for supervision, additional safety precautions, or separation from other residents.

Risk Assessments are reviewed by the JJC Mental Health Coordinator or a mental health clinician within 72 hours of intake.

Juveniles identified as high risk with a history of "sexually aggressive behavior" or who have been identified as at risk for "vulnerability victimization" will be referred to mental health and medical for follow-up. (In accordance with the Vulnerability

Assessment Instrument). Such juveniles shall be monitored by mental health services and receive continuous counseling. Potential high-risk residents will not be singled out. Staff will closely monitor their behavior and evaluate them throughout their stay.

Based on the PAQ, 274 youth were housed at the center for more than 72 hours, and 274 were screened using the VSAB.

Residents will be reassessed as needed or within 90 days of arriving at the center. A review of the twenty resident files found that 10 had been rescreened on more than one occasion. A resident who was involved in an allegation of sexual abuse or sexual harassment was rescreened during the investigative process.

. 115.341 (d):

The PAQ requires that this information be ascertained through conversations with the resident during the intake process and medical and mental health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files.

The facility provided the KCJC Policy 15.05 and training for youth counselors, which mandates that all residents will be interviewed using an objective screening instrument for risk of victimization, potential vulnerabilities, or sexual abusiveness tendencies to act out with sexually aggressive, predatory behavior within seventy-two (72) hours.

Policy mandates that this information shall be obtained through conversations with residents during their intake process, using the CMS risk assessment, medical and mental health screenings, court records, case files, facility behavioral records, and other relevant documentation.

The screening staff interviewed indicated reviewing the residents' court records, suicide screening reports, family information, and any other documents that are provided to them at the time of intake. The screening staff uses the screening instrument during the initial intake process, which includes a private conversation with the resident.

All Youth Counselors will receive formal training on risk assessment during onboarding and annually thereafter.

The screening staff indicated they introduced the screening instrument to the resident by explaining the purpose of the questions and acknowledged to the resident that they had already answered the same questions, but that it is important to ensure they are safe and get the most out of their stay at the center. After the initial screening, or before it, the medical staff interviews residents and conducts a medical screening. The nurse indicated she talks about sexually transmitted diseases and residents' perception of vulnerability.

The clinical staff then interviews the resident, reviews the resident's file, the VSAB, and suicide screening, and has a general conversation with the resident to

	<p>determine the clinician’s opinion on the best placement for the resident.</p> <p>All residents interviewed indicated they received the screening upon their arrival. The interviews were in a private office with one of the youth counselors</p> <p>115.341 (e)</p> <p>The PAQ requires the agency to implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard, to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents.</p> <p>In interviews with the intake staff and the PREA coordinator, it was indicated that the VSAB is located in the resident's password-protected computerized file and is available only on a need-to-know basis. The resident files also contain copies of the VSAB. These files are maintained in the file room, which is locked and accessible to case managers, clinical staff, medical staff, the PREA compliance manager, and the facility administrator.</p> <p>The PREA coordinator indicated that the agency’s PREA policy, KCJJC 15.05, states that youth responses to risk-screening questions shall be on a need-to-know basis to ensure that sensitive information is not exploited by staff or other youth to the youth's detriment.</p> <p>During the facility tour, the auditor noted that all computers were locked, the file room door was secure, and there were no files or confidential information on anyone’s desk.</p> <p>Based on a review of the agency's Policies and procedures, observations, information obtained through staff and resident interviews, and resident files, the facility has demonstrated compliance with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required</p>
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<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	JJC Policy 15.05 -
	Staff who conduct screening
	VSAB
	Screening Instrument sample

PAQ

115.342 (a):

The PAQ requires the agency shall use all information obtained pursuant to § 115.341 and subsequently to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

The facility provided the JJC Policy 15.05 , which establishes protocol for housing residents in a safe environment, taking into consideration their VSAB, programming plan, and sexual orientation. The center has one transgender or intersex residents at the time of the on-site audit.

Juveniles identified as high risk with a history of “sexually aggressive behavior” or who have been identified as at risk for “vulnerability victimization” will be referred to mental health and medical for follow-up. (In accordance with the Vulnerability Assessment Instrument). Such juveniles shall be monitored by mental health services and receive continuous counseling. Potential high-risk residents will not be singled out. Staff will closely monitor their behavior and they will be evaluated throughout their stay. Procedures state that screening information shall be used to determine housing, bed, work, education, and programming assignments within the Facility to keep potential victims away from potential abusers. The computerized management system will generate codes for identified predators, potential predators, high-aggression risk, moderate-aggression risk, identified prey, potential prey, high-victimization risk, and moderate-victimization risk.

According to interviews with the PREA Coordinator and staff who conduct screening, the mental health and medical staff review the screening instrument and discuss the placement of residents while the resident.

115.342 (b)(h)(i):

The PAQ requires that residents may be 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. During any period of isolation, agencies shall not deny residents access to daily large-muscle exercise and to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The PAQ requires If a resident is isolated pursuant to paragraph (b) of this section, the facility shall clearly document: (1) The basis for the facility's concern for the resident's safety; and (2) The reason why no alternative means of separation can be arranged. Every 30 days, the facility shall afford each resident described in paragraph (h) of this section a review to determine whether there is a continuing need for separation from the general population.

	<p>The facility provided the KCJJC Policy 15.05, which states that individualized determinations are made to ensure the safety of each resident. Residents who score at risk of victimization or abusiveness are referred for further evaluation with the Mental Health provider. Residents have the option to refuse these services. The center has not segregated or removed residents from the program for a PREA incident in the last 12 months.</p> <p>According to interviews with the facility administrator, the facility does not use isolation to separate residents. The facility has single-occupancy rooms for residents; there are no rooms in an isolated area. The center has not segregated or removed residents from the program for a PREA incident in the last 12</p> <p>The agency PREA coordinator and facility administrator interviewed indicated that the center would comply with the standard's requirements if a resident were placed in isolation. However, before isolating a resident, an assessment would be completed, and alternative housing would be considered.</p> <p>During a facility tour, the auditor found no rooms isolated from other residents. In interviews with staff, all indicated they would never isolate a resident for fear of being sexually abused.</p> <p>Compliance with this standard was determined through a review of the screening instrument, interviews with the medical and mental health directors, and the facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.351</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination.</p> <p>JJC PREA Policy 15.06.pdf</p> <p>PREA Resident Brochure - English 8-23.doc</p> <p>ZERO Tolerance - Span, 7-23.docx</p> <p>PROG 504.Grievance SPA.doc</p> <p>PREA brochure - Span.</p> <p>Emergency Grievance Form - SPAN.docx</p> <p>Mental Health Request Form 11.15.22.pdf</p>

WHAT TO KNOW ABOUT SEXUAL ABUSE.docx

ZERO Tolerance Posting - Eng. 8-23.docx

The PREA Limits of Confidentiality Notice for Residents.docx

JJC PREA Refresher #5- Ways Residents Can Report.docx

JJC PREA Refresher #6 - Resident Support Services.docx

8.8 Grievance Procedure.doc

JJC Resident CBT Manual.pdf

JJC Resident Handbook SPAN 2026.rev1-28-26.docx

RSA Form (Current

Pamphlet - JJC AOIC Standards - SPAN.pdf

Pamphlet - JJC AOIC Standards.pdf

JJC PREA Policy 15.06.pdf

FSA Contract.pdf

8.6 Mail.doc

Ameelio Contract.pdf

PREA 027 PREA 3RD PARTY REPORTING Front Lobby.docx

PREA 014 PREA THIRD PARTY REPORTING FORM (WEBSITE).pdf

PREA 014 PREA THIRD PARTY REPORTING FORM (WEBSITE) - SPAN.pdf

Grievance Boxes Pictures.

Emergency Grievance Form - SPAN.docx

115.351 (a) The PAQ requires the agency to provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents

There is no time limit on when a youth may report an allegation of sexual misconduct. Youth shall be provided multiple internal ways to privately report sexual misconduct, retaliation by other youth or staff for reporting sexual misconduct, and staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy 15.06 states that it is the policy of the Kane County Juvenile Justice Center (JJC) to utilize multiple methods of reporting allegations of sexual abuse and sexual

harassment for residents, as well as obtaining established external support services for emotional support.

The purpose of this policy is to describe the methods of reporting available to residents and third-party reporters, as well as administrative remedies for allegations and external support services offered to residents.

The JJC shall provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents have the following methods to report internally:

1. Utilize the JJC emergency grievance system
2. Report to a staff member, volunteer, contractor, or teacher
3. Report to a nurse or mental health professional utilizing the JJC request form
4. Report to the PREA Coordinator, PREA Compliance Supervisor, or JJC Mental Health Coordinator

Such ways are outlined in the Resident's PREA Information brochure, which is given to residents during the admissions process. Resident reporting options are explained to them at the time of admission. As well as during the 10-day PREA education follow-up that is conducted weekly by the counseling staff. "How to Report" information is posted on posters throughout the facility, including the court area, visitors' lobby area, medical area, mental health area, social services office, recreation area, dining area, and each POD and unit.

The resident's PREA Information brochure outlines reporting options, including reporting the incident to any staff member verbally or in writing, or using the medical drop box on their Pod. Residents are requested to give as much information as they are comfortable giving to help with the investigation. worker- anyone." The resident is instructed to use a resident complaint form to file a grievance about sexual misconduct, sexual abuse, harassment, and retaliation, and give the grievance form to a counselor, supervisor, shift manager, or social worker.

Staff shall accept reports made verbally, in writing, anonymously, and from third parties. Staff shall notify their supervisor and immediately write an incident report for submission to the supervisor. These programs were called using the telephone available to residents. In each case, the auditor was able to make a report to the program.

All employees of the KCJJC are mandated reporters by law.

Fourteen residents were interviewed. Each of the residents was able to articulate at least two ways to report an allegation of sexual abuse or sexual harassment. Ten of the residents indicated they would use the tablet to make a report. Several indicated that this report could be confidential and private. All of the residents had

seen the PREA posters that had multiple ways to make a report. The other resident indicated they would tell their parent, tell staff, or tell someone they trusted.

There were 6 posters located throughout the center. Four of these posters included duties, how to report, and encouragement to report. These posters provide youth with ample information about their rights and duties to report, and that they will be protected from retaliation if they do so. All posters were visible, bright, and not blocked by other information.

115.351 (b):

The PAQ requires that the agency shall also provide at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the resident to remain anonymous upon request. Residents detained solely for civil immigration purposes shall be provided with information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

The center provided a contract with Family Services Association that maintains a PREA report line on the center's tablet for youth to use to make a report to an outside entity. Tablet use was demonstrated by one of the youths, who showed how to create a report by going to the reporting menu, then making a report using the menu, or by requesting a call to make the report from the tablet. The youth hits that logo and is connected to a staff member at the Family Service to make the report. The center received notification that a report had been made.

Policy 15.06 indicates that JJC also provides multiple external reporting methods for residents to report abuse or harassment to a public or private entity. These entities are not part of the JJC or Court Services and can receive and immediately forward resident reports of sexual abuse and harassment to the JJC Superintendent or his/her designee, allowing the resident to remain anonymous upon request. Residents have the following methods to report externally:

1. Contact the Family Service Association (FSA) by utilizing the Ameelio phone application, which is available on the communication tablets located in the common room and pods in each living unit.
2. Have a third party, such as a parent or guardian, report for them; reporting information is available on the JJC website and in the JJC lobby.
3. Contact the FSA through the United States Postal Service (USPS).
4. Call their attorney or public defender to submit a report.
5. Call their Court Appointed Special Advocate (CASA) advocate, if applicable, to submit a report.

The resident interview, both formal and informal during the tour, indicated they are reminded of how to report and of their duties to report every almost every day.

A resident can request writing materials to write and send a letter to one of these resources. Randomly selected residents interviewed were aware of the abuse hotline and could articulate how to access it by phone. Residents indicated that they use the same phones to call their parents, legal guardians, and attorneys.

115.351 (c):

The PAQ requires staff to accept reports made verbally, in writing, anonymously, and by third parties, and to promptly document any verbal reports.

Policy 15.06 requires that any staff, contractor(s), or volunteer(s) who receive a report of sexual misconduct or possible sexual misconduct must ensure that it is reported. Reports can be received verbally, in writing, anonymously, and from third parties. All verbal reports shall be documented promptly and reported accordingly. The staff is to make reports to the on-site supervisor. Staff is prohibited from revealing any information related to a sexual misconduct report to anyone, except to the extent necessary to make treatment, investigation, and other security and management decisions. While victims and complainants may report anonymously, staff who follow up to report the allegations shall not be afforded anonymous status.

The staff interviews confirmed the methods available to residents for reporting allegations of sexual abuse and sexual harassment. Staff members are required to accept third-party reports and to document verbal reports. All staff and residents interviewed reported being familiar with the provisions of the standard.

All of the residents' interviews demonstrated their familiarity with the various ways they may report, either in person, in writing, by phone, by completing a PREA/grievance or Medical Request Form, or through a third party. Fifteen of the eighteen residents interviewed were aware that third-party reports could be made anonymously.

Staff members interviewed were aware of their duty to receive and document third-party reports. Staff indicated they would accept a verbal report, complete an incident report, and notify the shift supervisor. Seven of the staff members indicated they would notify their supervisor and the PREA coordinator.

115.351 (d):

The PAQ requires the facility to provide residents with access to the tools necessary to make a written report.

The facility provides residents with access to the tools necessary to make a written report. Writing materials are readily available to residents for completing the accessible forms. Before the site visit, pictures were sent to the auditor showing the reporting forms, such as PREA/Grievance forms and Medical Request Forms, and the accessibility of writing utensils. During the site visit and site review, the auditor observed the accessibility of writing utensils for the residents.

Policy 15.06 requires youth with access to a pencil and paper to make a written

	<p>report/emergency grievance.</p> <p>115.351 (e):</p> <p>The PAQ requires the agency to provide a method for staff to report sexual abuse and sexual harassment of residents privately.</p> <p>Policy mandates that staff can privately report sexual abuse and sexual harassment of residents. JJC staff may report utilizing the same methods as residents noted above.</p> <p>The center also provides PREA 014 PREA THIRD PARTY REPORTING FORM (WEBSITE) - SPAN.pdf.</p> <p>PREA 014 PREA THIRD PARTY REPORTING FORM (WEBSITE).pdf and KCSO MOU.pdf. The website was accessed, and staff can report privately to the agency head.</p> <p>All interviewed staff knew how to make a private report.</p> <p>During the tour of the center, the youth were interviewed about reporting, including verbal reporting and anonymous reporting. All of the youth were aware of their rights to make verbal or anonymous reports.</p> <p>In interviews with staff and youth, the center has a proactive conversation with youth almost every Wednesday to ensure they feel safe and can report any allegations by youth or staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence relied upon in making the compliance determination
	JJC PREA Policy 15.06.pdf
	8.8 Grievance Procedure.doc
	PROG504.Grievance.doc
	Emergency Grievance.pdf
	Grievance Boxes Pictures.pdf
	PROG504.Grievance SPA.doc

Emergency Grievance Form - SPAN.docx

PREA 027 PREA 3RD PARTY REPORTING Front Lobby.docx

PREA 014 PREA THIRD PARTY REPORTING FORM (WEBSITE).pdf

JJC Resident Handbook SPAN 2026.rev1-28-26.docx

15.252 (a):

The PAQ requires that an agency shall be exempt from this standard if it does not have administrative procedures to address resident grievances regarding sexual abuse.

The center provided that the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

115. 352 (b)

(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against a lawsuit filed by a resident on the ground that the applicable statute of limitations has expired.

(b). Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. No

(c ) Agency policy requires a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. No

(d) The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Yes

115.352 (c):

The agency shall ensure that (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

B. The JJC shall not require a resident to use an informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse.

Policy 15. 06 The JJC shall not require a resident to use an informal grievance process or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. A resident who alleges sexual abuse may submit a grievance without

submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.

115.352 (d): (1) The agency shall 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. (2) Computation of the 90-day time period shall not include time consumed by residents in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made. (4) 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, the resident may consider the absence of a response to be a denial at that level.

Policy 15.6 stipulate that due to the need to conduct an investigation, a final decision on a grievance related to sexual abuse may take longer than the normal five (5) working days; however, action will be taken immediately to separate the alleged victim from the alleged perpetrator<sup>1</sup> A final decision shall not exceed ninety (90) days from the filing of the grievance. Residents should be notified within the normal five (5) days that the decision will be extended. The JJC may extend the time to respond an additional seventy (70) days if needed and shall notify the resident in writing, providing a date by which a decision will be made.

In the past 12 months, the number of grievances that were filed that alleged sexual abuse:1

In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed:1

115.352 (e): (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) 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. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision. (4) A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile. Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on their behalf.

Policy 15.6 provides that third parties (attorneys, caseworkers, parents, guardians) shall be permitted to assist residents in filing requests for grievances relating to allegations of sexual abuse and sexual harassment. Third parties shall also be permitted to file such requests on behalf of residents. Residents can also decline

third-party assistance. This decision shall be documented either in the grievance form or an Incident Report. Parents or legal guardians of the resident can file a grievance alleging sexual abuse, including appeals, regardless of whether or not the resident agrees to have the grievance filed on their behalf.

115.352 (f)(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination of whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Policy 15.6 states that a resident who alleges sexual abuse may submit an emergency grievance form, available in each unit's common room, without submitting it to a staff member who is the subject of the complaint, and that such a grievance is not referred to a staff member who is the subject of the complaint.

1. The emergency grievance form asks the resident to describe their emergency and to give names and any other details that will help management to understand their emergency.
2. The emergency grievance form also directs the author that they do not need to write their name on the completed form. They may ask staff to place the grievance in an envelope and hand it directly to a supervisor, PREA Coordinator, or JJC Administrator, or they may place it in the locked grievance box, depending on their level of comfort.
3. Emergency grievances shall be responded to immediately, with an initial response within 48 hours, and a final decision shall be issued within five calendar days.

115.352 (g ) The agency may discipline a resident for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the resident filed the grievance in bad faith.

Policy 15.01 indicates that any investigation of a resident who makes grievances in bad faith, alleging sexual abuse or sexual harassment, may be subject to discipline.

Compliance was determined by reviewing policies; interviewing PREA compliance managers and residents; assessing whether grievance procedures allow residents to submit grievances regarding sexual abuse; and confirming that the agency has procedures for handling these grievances. Instructions on how to file grievances are provided to residents in the residents' handbook and PREA posters.

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

	no corrective action is required.
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination.</p> <p>JJC PREA Policy 15.06.pdf</p> <p>Community Crisis Center (CCC) Training Certificates.pdf</p> <p>CCC Advocates Letter.pdf</p> <p>CCC PREA Contract.pdf</p> <p>JJC Website PREA .pdf</p> <p>JJC Resident CBT Manual.pdf</p> <p>JJC Resident Handbook SPAN 2026.rev1-28-26.docx</p> <p>Interviews with</p> <p>PREA compliance manager</p> <p>Facility Administrator</p> <p>Staff from the Community Crisis Center (CCC)</p> <p>Women Organized against Rape Posters</p> <p>115.353 (a):</p> <p>The PAQ requires the facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, as confidentially as possible.</p> <p>The facility provides residents (by providing, posting, or otherwise making accessible) with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration</p>

purposes. No. The center does not house persons detained solely for civil immigration purposes.

The facility provided KCJJC Policy 15.01 Outside Support Services, Contract with Community Crisis Center (CCC), and CCC Poster.

Policy 15.06 mandates the facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between residents and these organizations and agencies, as confidentially as possible. KCJJC ensures that residents have access to external confidential support services.

The center has an MOU with the Community Crisis Center (CCC). The program provides emotional support, counselling, follow-up support, and referral for treatment after release or transfer to another facility. The staff indicated that, in addition to providing victim advocacy, they also provide a telephone number and address where residents can talk to a trained counselor for emotional support. The center indicated there is a victim advocate who is present with permission from victims of sexual abuse, incest, or human trafficking. The center staff indicated that the center operates a 24-hour victim-support hotline.

The center has a poster with the hotline number and the services the program provides located throughout the center.

The KCJJC does not house residents for civil immigration purposes.

Fourteen residents were interviewed regarding the Community Crisis Center (CCC)

Every resident knew about the program, including the service they would provide, how to contact using the tablet or phone, that the calls were free and private, and that no one would listen to the call.

All residents said they had received training about the victim's emotional support, how to call them, that the calls were free and private. They also indicated that no one would listen to their calls. They will be placed in the private office, and the staff will dial the number and walk outside while they talk to the emotional support staff.

In an interview with the center director and CCC, the center will provide emotional services to victims and victim advocates during a SANE.

A review of the CCC website shows that the program provides victims with emotional support either in individual or group settings.

115.353 (b):

The PAQ requires that the facility inform residents, before granting them access, of

the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The facility provided Policy 15.06 and an MOU with the CCC.

Policy 15.06 requires the center to inform residents, before giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The policy addresses the confidentiality of the advocacy support services. The resident receives information regarding the limitations of confidentiality during the intake process. An acknowledgement statement specific to the review of the reporting and advocacy services contains information regarding the advocacy services to be provided by CCC. When contacted by phone, the center's staff explained that they always tell callers that telephone calls are confidential.

115.353 (c):

The PAQ requires the agency to maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that can provide residents with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The agency is identified on the signage along with directions for reporting allegations or requesting advocacy services. The Facility Administrator confirmed the availability and accessibility of outside confidential support services to residents.

In interviews with the staff at the center, they provided the center with a poster, a hotline, and an address to contact the program.

115.353 (d):

The PAQ requires that the facility also provide residents with reasonable and confidential access to their attorneys or other legal representation, and reasonable access to parents or legal guardians.

The interview's confirmed residents have access to attorneys and court workers and reasonable access to their parents/legal guardians. Resident indicated they are allowed to call their parents three times a week and may make private calls in an office if they need to speak with their parents/legal guardian about legal or private matters.

The center is a detention center, and most of the residents are represented by

attorneys. According to an interview with the facility administrator, attorney, or residents, residents can request a telephone call, and the facility will arrange the call. The local attorney can call to schedule an appointment to see the residents; however, if the attorney comes to the center, they will be allowed to talk to the residents.

The site tour revealed areas where residents could meet privately with a legal representative and the visitation area for visits with family members.

All residents interviewed stated that families could visit, and they provided the days and times for visitation and phone calls.

Residents interviewed confirmed that the facility would allow them to see or speak privately with their lawyer, another lawyer, or a court representative. Residents interviewed confirmed that the facility would allow them to see and speak with their parents or another person, such as a legal guardian. Visitors to the facility are informed of PREA.

The Facility Administrator confirmed the facility provides residents with reasonable and confidential access to their attorneys or court representatives, and reasonable access to parents or legal guardians. The resident can contact their attorney by requesting an attorney call, and staff will expedite the call and allow the resident to call from a private office. Attorneys are requested to provide a 30-minute notice before coming to see a client. However, based on interviews and the site review, the County public defenders were at the center and interviewed residents on both days the audit was on-site.

The PREA Coordinator indicated that attorneys or residents can schedule a call, and residents may use a private office next to the housing unit. She indicated that most residents have a public defender, who usually shows up and is allowed to speak privately with the residents.

The PREA Coordinator indicated they do the same with parents in an emergency or when the resident needs to speak with parents about private matters before going to court.

Residents interviewed, formally and informally, while touring the facility, indicated they are allowed to visit their families and to talk privately with their parents or legal counsel. Unless the youth has been adjudicated and is being held for an opening in a program, the community corrections staff and attorneys continue to meet with the residents to determine placement decisions.

The center has drop boxes throughout. These drop boxes are available for youth to contact medical, file a grievance, request to see staff, or file a sexual abuse or harassment form. The drop boxes are not located behind or near the staff station or telephone area; they are randomly placed on the wall.

The center PREA coordinator indicated in an interview that the facility would provide postage and writing materials for the youth to mail letters. Youth correspondence

	<p>shall be monitored to prevent the transmission of information that could threaten the program's safety and security.</p> <p>All incoming correspondence shall be opened and checked for contraband.</p> <p>Detention staff should read youth mail only when there is communication from the State Attorney's Office or law enforcement regarding the youth's contact with a victim. Privileged mail from the youth's attorney of record will be opened in the presence of the youth and searched for contraband only, not for written content.</p> <p>Youth shall not write to other youth in any other juvenile detention facility or residential commitment program. Youth shall not write to anyone incarcerated in a correctional facility without the permission of the Superintendent or designee. The Superintendent or designee shall contact the correctional facility where the youth's parent or guardian is incarcerated to determine if they will allow mail from the youth.</p> <p>All incoming and outgoing mail shall be given to the youth/mailed within 24 hours.</p> <p>Mail received after a youth's release or any packages addressed to any youth, regardless of the youth's presence in the facility, shall be returned to the sender at no cost to the facility.</p> <p>Postage stamps shall be removed from all envelopes before the mail is delivered to the youth. All unacceptable items shall be removed from the envelope before delivery to the youth.</p> <p>Acceptable mail enclosures may include appropriate photos (not Polaroid) or paper drawings.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination.</p> <p>PREA 027 PREA 3RD PARTY REPORTING Front Lobby.docx</p> <p>PREA 014 PREA THIRD PARTY REPORTING FORM (WEBSITE).pdf</p> <p>PREA 014 PREA THIRD PARTY REPORTING FORM (WEBSITE) - SPAN.pdf</p> <p>JJC Website PREA .pdf</p>

Grievance Boxes Pictures.pdf

PREA Resident Brochure - Eng 8-23.doc

PREA brochure – Spanish. REV 7-23.doc

JJC PREA Policy 15.06.pdf

JJC Resident CBT Manual.pdf

JJC Resident Handbook SPANISH rev1-28-26.docx

JJC PREA Policy 15.06.pdf

Random Staff

115.354 (a) The PAQ requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of a resident. The center provided Policy 15.01 and posted third-party reporting procedures. KCJJC Policy 15.01- Third Party Reporting process, instructs staff to accept third party reports from any source, provides information for anyone who sees or suspects sexual abuse, sexual harassment, or victimization of any kind to report it promptly through the KCJJC websites, and provides the public with information regarding third party reporting of sexual abuse or sexual harassment on behalf of a resident. All staff interviewed indicated they would accept a third-party report and immediately notify their supervisor, the child's abuser.

Policy 15.06 indicates the following:

A. The JJC shall provide information on how to report sexual abuse and sexual harassment on behalf of a resident through the Kane County website/ JJC link.

B. Third parties can report directly to the PREA Coordinator, the Superintendent, or any JJC manager or staff.

C. Third parties can utilize the DCFS Child Abuse hotline or call the Kane County Sheriff's Office.

D. Third parties have access to the grievance forms in the JJC lobby. Grievance forms are located next to the locked box near the metal detector.

E. Third parties may access grievance forms via the JJC webpage or by contacting the PREA Coordinator.

All staff interviewed indicated they would accept a third-party report and immediately notify their supervisor.

Additionally, the staff provides the parent/guardian with a packet that includes various forms, information on victim advocate services, and information on third-party reporting.

	<p>Reporting Posters were posted in the visitation room during the audit and in the facility's main lobby. The posters contain a phone number and the various ways for families to make a notification of sexual abuse or sexual harassment to the KCJJC or to the CCC. The poster was brightly colored and was posted in the front lobby and the visitation room.</p> <p>The CCC has a brightly colored poster encouraging families to contact the center for child abuse treatment and child advocacy services.</p> <p>The PREA auditor called the child abuse hotline, the CCC, from my personal phone, and filed a mock report to the website.</p> <p>The hotline took the call and indicated that they would make a third-party report. CCC staff offered emotional support and explained the services they provide to youth. I received a response to the website.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>JJC PREA Policy 15.07.pdf</p> <p>JJC PREA Refresher #8 - Reporting Knowledge, Suspicion, or Information.docx</p> <p>13.13 Sexual Abuse Allegations-DCFS Mandated Reporting.doc</p> <p>DCFS Mandated Reporter Training 2025.pdf</p> <p>Mandated Reporter.DCFS.pdf</p> <p>Staff Training</p> <p>Interview</p> <p>PREA Coordinator</p> <p>Facility Administrator</p> <p>Random Staff</p>

Medical and Mental Health Staff

115.361 (a) (b):

The PAQ requires The agency shall 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The agency shall also require all staff to comply with any applicable mandatory child abuse reporting laws.

The facility provided KCJJC Policy 15.07 PREA - Reporting Allegations and KCJJC Staff PREA Education and Training.

Policy 15.07 states that it is the policy of the Kane County Juvenile Justice Center (JJC) to ensure that there is a timely and comprehensive response to allegations of sexual abuse or sexual harassment of residents. This official response includes, but is not limited to, the following areas:

- Staff and agency reporting duties
- Agency protection duties
- Reporting to other confinement facilities
- Staff first responder duties
- Coordinated response
- Ability to protect residents from contact with abusers
- Protection from retaliation
- Post-allegation protective custody

The JJC shall require all staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred within the JJC or another facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation against a supervisor.

When a resident indicates that they were previously sexually abused, either during their intake or during the course of their confinement, the staff will obtain information from the resident as to whether the reported abuser is a family member, household member, or caretaker. If so, staff must contact DCFS at 1-800-25-ABUSE or online to file the report.

After the report is completed, the staff must follow up with a supervisor to ensure

that the date the report was made and the report number are entered into the JJC's CMS risk assessment (VSAB). Only managers are permitted to make edits/additions to the risk assessment tool.

JJC staff shall comply with mandatory child abuse reporting laws for the State of Illinois.

Staff interviewed all indicated they knew that they were mandatory reporters and could explain that this meant any suspicion or knowledge. It also includes anonymous or third-party reports.

During the intake process, residents are informed of the facility's duty to report and the limitations of confidentiality. Medical and Mental Health Staff meet with the residents upon arrival at the facility. Medical conducts a nurse's appraisal, and mental health conducts a suicide screening. During the intake process, residents are informed of their duties to report and sign an acknowledgment form.

KCJJC training includes reporting allegations and KCJJC staff and training mandates that all employees, volunteers, interns, and contractors shall immediately report to their supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.361 (c):

The PAQ requires, apart from reporting to designated supervisors or officials and designated State or local services agencies, staff shall be 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.

The facility provided Policy 15.07 and staff training.

Policy 15.07 indicates that JJC staff shall be prohibited from revealing any information related to a sexual abuse report other than to the extent necessary to make treatment, investigation, and other security decisions.

Fourteen random staff members were interviewed. Each of the people interviewed knew they were mandated reporters and that they reported to their shift supervisor and to no one else, except in cases of need, when they informed another person, such as a medical professional, on a need-to-know basis.

115.361 (d):

The PAQ requires (1) Medical and mental health practitioners shall be 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. (2) Such practitioners shall be required to inform residents at the initiation of services of their duty to report and the

limitations of confidentiality.

The medical and mental health staff interviewed stated that residents are informed at the initiation of services of the limitations of confidentiality and the staff members' duty to report. The clinical staff interviewed revealed they are mandated reporters. They also indicated informed consent would be documented for a resident 18 years old and over regarding reporting allegations of sexual abuse that did not occur in an institutional setting. The interviewed medical staff indicated that they conduct a medical appraisal as soon as they arrive at the center. During the appraisal, the residents are advised of their duty to report and are informed of the reporting process. If the resident is 18 years or older, the medical staff indicated that if they report sexual abuse or neglect that did not happen in a facility and did not happen prior to them turning 18, they would have to get another consent form to make a report.

Policy mandates that medical and mental health practitioners inform residents, at the initiation of services, of their duty to report and the limitations on confidentiality.

After the DCFS report is made, medical and mental health practitioners must follow up with a supervisor to ensure that the date the report was made and the report number are entered into the JJC's CMS risk assessment (VSAB). Only managers are permitted to make edits/additions to the risk assessment tool.

115.361 (e):

The PAQ requires 1) Upon receiving any allegation of sexual abuse, the facility head or his or her designee shall promptly report the allegation to the appropriate agency office and 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. (2) If the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians. (3) If a juvenile court retains jurisdiction over the alleged victim, the facility head or designee shall also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation.

The facility provided interviews with the PREA Coordinator, the Superintendent, and Policy 15.07

Policy 15.07 and staff are trained in the following;

Upon receiving an allegation of sexual abuse that occurred at the JJC or another facility, the Superintendent, Assistant Superintendent, or PREA Coordinator shall promptly report the allegation to the local law enforcement agency and to the alleged victim's parents or legal guardians within fortyeight (48) hours of receiving the allegation, unless the facility has official documentation showing the parents or legal guardians should not be notified. (PREA 115.361 (e))

1. If the alleged victim is under the guardianship of the Department of Children and

Family Services (DCFS), the report shall be made to the alleged victim's caseworker instead of the parent or guardian.

2. If the juvenile court retains jurisdiction over the alleged victim, the Superintendent, Assistant Superintendent, or PREA Coordinator shall also report the allegation to the juvenile's attorney or other legal representative or record within fourteen (14) days of receiving the allegation.

3. 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. If staff first notify a supervisor of the allegation, the supervisor will immediately notify the Superintendent, Assistant Superintendent, and PREA Coordinator.

4. The PREA Coordinator, PREA Compliance Supervisor, and designated PREA investigators will initiate an administrative investigation for all such reports.

5. The PREA Coordinator shall complete either a PREA Internal Investigation Report or Critical Incident Report, as determined by the nature of the allegation, and submit the report to the 16th Judicial Circuit Court Services Executive Director and the Superintendent.

115.361 (f):

The PAQ requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The facility provided Policy 15.07 and staff training:

Staff training and policy mandates that all employees, volunteers, interns, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility, retaliation against residents or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation to the shift supervisor.

Policy 15.07 mandates that JJC shall refer all allegations of potentially criminal behavior involving sexual abuse or sexual harassment, between staff and resident, non-employee and resident, or resident and resident, to the Kane County Sheriff's Office to conduct a criminal investigation. This includes third-party and anonymous reports of sexual abuse. All allegations are also forwarded to the Center's PREA coordinator.

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Evidence relied upon in making the compliance determination

JJC PREA Policy 15.07

PAQ

115.362 (a)

The PAQ requires that when an agency learns that a resident is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the resident.

The center provided Policy 15.07, When JJC learns that a resident is subject to a substantial risk of imminent sexual abuse the staff, supervisor and/or shift manager shall immediately review the POD, unit, and room assignment of the resident and/or develop and implement a written plan of action, whichever is appropriate to protect the resident.

The Agency Head, the PREA coordinator, and the facility administrator all indicated that staff have a duty to immediately provide protective measures to protect a resident from sexual abuse or perception or fear of being sexually abused.

The agency head indicated that all staff are required to take immediate action to protect residents who make allegations, and to respond to anonymous allegations.

The facility superintendent indicated the abuser would be move from the unit or if it is unknown then the victim would be moved to another unit. If a staff was involved, they would be placed on no child contact status. This would be immediately.

Five of the random staff interviewed indicated they would move the youth to a safe location and notify the supervisor

Five said they would take the child to the shift supervisor, explain his or her situation, and act on the direction of the supervisor. They would not let the child out of their sight.

One said they would move the youth to another housing unit and immediately notify the shift supervisor.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews: In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was 0. If the agency or facility made such determinations in the past 12 months, the average time to action was immediately. The longest time passed (in hours or days) before taking action was 0.

	<p>Compliance was determined by review of policies and interviews with direct care staff, non-direct care staff, and the facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>KCJJC Policy 15.07 PREA</p> <p>Interviews</p> <p>Facility Administrator</p> <p>Email chain</p> <p>O. Flores Outside Agency Report.pdf</p> <p>J. Peeples Outside Agency Report.pdf</p> <p>T. Steagall Outside Agency Report.pdf</p> <p>McClinton, M. - JJC Previous Resident PREA Abuse Report Form.pdf</p> <p>Maurice McClinton PREA Disclosure.pdf</p> <p>PREA 026 PREVIOUS RESIDENT ABUSE FORM.pdf</p> <p>The facility provides policy KCJJC Policy 15.07 -Upon receiving an allegation that a juvenile was sexually abused while confined at another facility, the JJC Executive Director shall notify the administrator of the facility where the alleged abuse occurred and shall also notify the Department of Human Services.</p> <p>Such notification shall be provided as soon as possible, but no later than 72hours after receiving the allegation. JJC shall document that it has provided such notification and that a copy has been forwarded to the PREA Coordinator.</p> <p>It is the responsibility of the facility director who receives the notification to ensure that the allegation is investigated.</p> <p>Based on the PAQ, in the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 1</p> <p>The center provided an email and phone call documentation that the director of</p>

	<p>KCJJC contacted the sending institution by email and phone within 72 hours.</p> <p>During the past 12 months, there were 4 allegations received that a resident was abused while confined at this facility.</p> <p>All allegations were forwarded to Kane County Sheriff's Office Special Investigative Unit.</p> <p>The agency head indicated in the interview that the receiving center must immediately notify the sending center.</p> <p>The facility administrator indicated that the administrator must make the notification, unless the administrator is unavailable. In that case, the acting facility administrator will make the notification.</p> <p>Based on a review of the agency's Policies and procedures, observations, and information obtained through staff interviews and documentation reviews, the facility has demonstrated compliance with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.364</b>	<b>Staff first responder duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination</p> <p>JJC PREA Policy 15.07.pdf</p> <p>First Responder Duties Flow Chart.pdf</p> <p>First Responder Checklist.pdf</p> <p>JJC PREA Refresher #9 - First Responder Duties.docx</p> <p>JJC PREA Refresher #10 - Completing an Incident Report.docx</p> <p>2025 Staff Training Outline.docx</p> <p>Blank PREA ADMINISTRATIVE INTERNAL INVESTIGATION FORM (003).docx</p> <p>13.13 Sexual Abuse Allegations-DCFS Mandated Reporting.doc</p> <p>KCSO MOU.pdf</p> <p>Staff training</p>

Volunteer and Contractor Training

Random Staff interviews

First Responder non direct care interview

115.364 (a):

The PAQ requires Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Based on the PAQ:

In the past 12 months, the number of allegations that a resident was sexually abused: 6

Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser:0

In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence:0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence:0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested 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:0

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, 0defecating, smoking, drinking, or eating:0

The facility provided Policy 15.07 and staff/contractor training.

KCJJC Policy 15.07 states upon learning of an allegation that a resident was sexually abused, the first staff member to respond shall be required to:

1. Separate the alleged victim and abuser
2. Immediately notify the Supervisor and PREA Coordinator
3. Preserve and protect any crime scene in accordance with policy 13.13 until the Kane County Sheriff's Office (KCSO) Investigator or Deputy arrives to take further action
4. Request that the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, drinking or eating
  - a. Alleged victims shall be taken to the Medical Unit. No treatment, with the exception of injuries that would cause deterioration of the victim's medical condition, will be given within the JJC in the event of a sexual abuse.
  - b. In the event the alleged abuser is a resident, the staff member shall have the resident escorted to a contact visitation room until further action is required. The resident will remain under direct supervision of staff to ensure they do not destroy potential evidence.
  - c. If the abuser is a staff member, volunteer, or contractor, staff shall notify the supervisor so they can ensure evidence is not destroyed. The supervisor shall ensure that the staff member, volunteer or contractor alleged abuser is also held in a contact visitation room under the direct supervision of a supervisor.

The PREA Coordinator shall assume responsibility for the handling of all sexual misconduct allegations including referrals to medical or mental health services and refer all potentially criminal behavior related to sexual abuse and sexual harassment to the Kane County Sheriff's office and administrative investigators.

Allegations of sexual misconduct shall be treated with discretion and, to the extent permitted by law, confidentiality. Individuals who fail to keep allegations of sexual misconduct confidential are subject to discipline.

Fourteen random staff members were interviewed. Each of the staff members was able to articulate their responses if a resident made an allegation of sexual abuse.

One teacher was interviewed, and she was able to articulate that she would take the youth to the closest staff member and ask them not to do anything that would destroy evidence, such as washing, brushing teeth, urinating, or changing clothing.

115.364 (b):

The PAQ requires that, if the first staff responder is not a security staff member, the responder must request that the alleged victim not take any action that could

	<p>destroy physical evidence and then notify security staff.</p> <p>Based on the PAQ: Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder:0</p> <p>During the last 12 months, there were 6 allegations of sexual abuse made by a resident at KCJJC. A review of the allegation determined that the center was utilizing a misunderstanding of the allegation of sexual abuse. In most cases, they were not PREA-related incidents. The center investigation was reviewed, and they had made a finding of unfounded rather than non-PREA.</p> <p>Medical and mental health staff indicated they would notify the closest direct care provider and the resident's staff until the facility administrator or a Captain arrived to take over the scene. They would provide essential medical and mental health care; however, they would advise the resident not to shower, change clothes, use the restroom, or do anything that would destroy the evidence.</p> <p>A random staff interview indicated that all staff were aware of their responsibilities: to protect the resident, secure the scene, notify the supervisor, and remain with the victim until properly relieved.</p> <p>During the tour of the center, the auditor asked the 5 direct care staff how long it would be before they responded to a youth allegation of being sexually abused. All indicated immediately.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Coordinated Response Plan</p> <p>First Responder:</p> <ul style="list-style-type: none"> <li>• If volunteer/intern/contractor: Alert JJC staff immediately and request victim does not destroy evidence.</li> <li>• If staff member: separate victim and alleged perpetrator. Secure the crime scene and alert a supervisor. Transport victim to Medical Unit and request that the victim does not destroy evidence and ensure the alleged abuser does not destroy evidence. Supervisor immediately notifies PREA Coordinator.</li> </ul> <p>Victim Process:</p>

- Victim will be taken to the Medical Unit.
- If the victim consents, the JJC Nurse or supervisor will contact Northwestern Medicine Delnor Hospital to request a Sexual Abuse Nurse Examiner (SANE) and inform them of the JJC's impending arrival.
- Delnor Hospital will contact the Community Crisis Center (CCC) and have a crisis advocate report to the hospital. This will take place upon the victim's arrival at the hospital. A qualified JJC staff member will be made available as a crisis advocate in the event that Delnor is not able to secure the services of CCC.
- If the alleged victim does not consent to a SANE exam, rape crisis counseling will be offered at the JJC. If the victim agrees to counseling, the CCC will be contacted by the PREA Coordinator or mental health staff, and counseling will be arranged.
- JJC Mental Health Coordinator/mental health clinician and medical staff will be informed.

#### Alleged Abuser

- If the alleged abuser is a resident, they will be separated from the alleged victim and placed in a contact visitation room.
- The alleged abuser may be transported to Northwestern Medicine Delnor Hospital Emergency Department for exam and evidence collection if directed by Kane County Sheriff's Officer (KCSO) Investigators.
- If the alleged abuser is a staff, contractor/volunteer, they will be separated from all residents and transported to a contact visitation room where they will remain under management supervision until the KCSO arrives to conduct subsequent investigative steps.

#### Potential Crime Scene Process:

- The entire area will be secured; no one will be allowed in the crime scene area until the KCSO Investigator or Deputy arrives to take command of the criminal investigation.
- All individuals in the area of the crime scene at time of the incident will be documented.
- Any staff who attempts to gain access to the crime scene area will be instructed to leave and this will be documented in an Incident Report.

#### investigative Process:

- The PREA Coordinator or their designee will contact the KCSO dispatch and request for a Deputy to respond to the JJC for a sexual assault investigation and secure the crime scene.

	<ul style="list-style-type: none"> <li>• A Deputy will arrive at the JJC when available and will take command of the criminal investigation.</li> <li>• The KCSO Special Victims Unit will be assigned as the JJC's primary point of contact for the criminal investigation</li> </ul>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>Contract with Teamster 360</p> <p>PAQ</p> <p>Interview with the agency head</p> <p>In interviews with the Facility agency head, it was indicated that the judicial agency does have a collective bargaining agreement at this time. All of our contracts for services include a provision that permits the agency to remove alleged staff sexual abusers from contact with any resident.</p> <p>The agency provided a statement of fact in every case where the alleged abuser is an employee, contractor or volunteer there will be no contact between the alleged abuser and the alleged victim pending the outcome of an investigation. Separation orders (e.g., safety plans) requiring “no contact” will be documented by facility management.</p> <p>Policy 15.07 indicates KCJJC will not renew any collective bargaining agreement or other agreement that limits a facility’s ability to remove alleged Employee sexual abusers from contact with any resident pending the outcome of an investigation or of the determination of whether and to what extent discipline is warranted.</p> <p>Compliance was determined by the agency head, PREA coordinator and facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>

<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence relied upon in making the compliance determination

JJC PREA Policy 15.07.pdf

2023 Retaliation Monitoring.pdf

2024 Retaliation Monitoring.pdf

2025 Retaliation Monitoring .pdf

Blank Retaliation Monitoring Form .pdf

J.S. Retaliation Monitoring.pdf

JS-Walls Retaliation Interview.pdf

Radom Retaliation Logs

Interview with

Agency Head

Facility Director

PREA coordinator

Retaliation Monitor

115.367 (a):

The PAQ requires the agency shall establish a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other employees

residents or staff and shall designate which staff members or departments are charged with monitoring retaliation.

The facility provided the KCJJC Policy 15.07 - Agency Protection Against Retaliation, related forms, and a staff member in a collateral duty to monitor for retaliation.

KCJJC Policy 15.07 establishes procedures for the protection of residents against retaliation and staff for reports of sexual abuse or harassment or cooperation with investigations. You should immediately report allegations of retaliation to the site supervisor or designee. If the supervisor is believed to be involved in retaliation, the employee shall notify the supervisor or the next appropriate supervisory level. For 90 calendar days, or longer based on continuing need, following a report of sexual abuse, the PREA retaliation monitor (Social Worker) shall monitor the conduct or treatment of any individual, youth, or employee involved in the reported incident and shall act promptly to remedy any such retaliation. Monitoring steps include reviewing group or facility assignments, reviewing youth progress reports,

conducting periodic status checks with the youth, and performing performance reviews or reassigning employees involved in the initial report or investigation. During the last 12 months, there was no retaliation for reporting allegations of sexual abuse or sexual harassment.

KCJJC has developed

a form for all centers managed by the corporation to document retaliation monitoring. During the last 12 months, there have been 6 allegations of sexual allegation of sexual abuse that were monitored for retaliation.

At Kane County Juvenile Justice Services Center, a PREA Team Member monitors for retaliation. In an interview with the Retaliation Monitor, she explained her role was to meet with the resident who made a report, allegation, or was a witness to a sexual abuse incident. He indicated that he would meet with the resident as soon as the report was completed.

The retaliation monitor indicated she would meet with staff and residents to explain the retaliation monitoring process.

115.367 (b):

The PAQ requires the agency shall employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The facility shall employ multiple protection measures, such as

housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The agency head interviewed indicated that the agency would move the resident who made the allegation or the resident who was the abuser to another center, or housing unit, or arrange for them to meet with the Emotional Support program. If a member of staff were involved, they would be either placed on no-contact status or placed on administrative leave pending the outcome of the investigation.

The facility administrator stated that she would meet with the youth as soon as the incident was reported, ask about their safety concerns, and make immediate accommodations as needed to protect residents and staff.

The retaliation monitor indicated in the interview that she has the authority to move the resident to another living unit and would have to coordinate with the facility administrator to move the resident to another center.

Policy 15.07 indicates that youth, staff, contractor(s), or volunteer(s) who have

reported sexual misconduct shall be protected against retaliation. Accommodation will include changes to housing and the removal of alleged staff or youth from contact with victims. Emotional support services will be available to youth or staff who fear retaliation for reporting or cooperating with investigations.

The retaliation monitors and facility administrator indicated they would provide resident housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services.

115.367 (c):

The PAQ requires that, for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct or treatment of residents or staff who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include resident disciplinary reports, housing or program changes, and negative performance reviews or staff reassignments. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The facility provided Policy 15.07, which requires the facility to monitor residents for the treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include resident disciplinary reports, housing or program changes, and negative performance reviews or staff reassignments. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

KCJC Policy 15.07 requires monitoring of items identified in this standard. The Retaliation Monitor explained during the interview how he would discharge those duties, including monitoring the items identified in the standard, and whether a resident filed a grievance alleging sexual

abuse or sexual harassment. Retaliation monitoring will occur for 90 days to identify any changes that may indicate retaliation by residents or staff, and the organization will act promptly to remedy any such retaliation, in accordance with policy. The monitoring will continue beyond ninety (90) days if the initial monitoring indicates a continuing need. There have been no incidents of retaliation during the 12 months preceding the audit.

115.367 (d):

The PAQ requires that, in the case of residents, such monitoring also include periodic status checks.

Policy 15.07 states that for residents, such monitoring shall also include periodic

status checks. The Retaliation Monitor indicated status checks would be initiated with staff and residents. In interviews with the facility administrator and retaliation monitors, both indicated that they see the youth at the center throughout the week, and they conduct status checks with all youth when they are in the youth's area. They indicated that they are required to document monitoring weekly.

The Retaliation log would be used to document status checks and contacts with residents.

The auditor requested retaliation logs and reviewed three retaliation documents. All were at least once a week, at different times of day and during different activities.

115.367 (e):

The PAQ requires that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Based on the PAQ, one incident of retaliation has been noted. A review of the retaliation found that staff acted appropriately in interviewing the resident who was spreading information about the monitored youth.

The facility provided Policy 15.07 and interviews with the agency head and facility administrator.

Policy 15.01 states that if any other individual who cooperates with an investigation expresses fear of retaliation, the facility shall take appropriate measures to protect that individual from retaliation. The policy states that if any other individual who cooperates with an investigation reports retaliation by another resident or staff member.

The agency head indicated the agency would take appropriate measures to protect that individual against retaliation.

The assistant facility administrator indicated that he would visit the resident immediately upon receipt of any allegation from residents or third parties and discuss his role in monitoring for retaliation.

The facility administrator indicated he would monitor staff who report and/or cooperate with any investigations. The retaliation monitor interviewed indicated they would meet with the resident every week to ensure there is no retaliation for reporting sexual abuse or sexual harassment.

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

<b>115.368</b>	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion**

Evidence relied upon in making the compliance determination

Facility PREA Response Plan

JJC PREA Policy 15.07.pdf

Interviews

Facility Administrator

Medical and Mental Health Staff

115.368 (a):

The PAQ requires that any use of segregated housing to protect a resident who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.342.

Based on the PAQ, the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.

The number of residents who are alleged to have suffered sexual abuse and who were placed in isolation in the past 12 months:0

The number of residents who are alleged to have suffered sexual abuse and who were placed in isolation and denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months:0

The average period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization in the past 12 months:0

From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH: 0

A statement of the basis for the facility's concern for the residents' safety, and the reason or reasons why alternative means of separation cannot be arranged: 0

JJC Policy 15.07: Residents who have been victims of sexual abuse shall not be removed from programming with the general population unless approved by the PREA Coordinator. The PREA Compliance Supervisor will arrange alternative measures to keep residents safe.

The use of isolation is prohibited at JJC.

The facility indicated no residents have been segregated for allegations of sexual abuse or a resident's fear of being sexually abused in the past 12 months.

	<p>The facility's administrator interview confirmed compliance with this standard. According to the facility administrator, isolation or segregated housing has not been used to protect a resident who alleged sexual abuse. The center would provide one-on-one wraparound services, transfer the youth to another center, place the youth on home confinement, and, if available, remove the threat. We would not use isolation.</p> <p>The medical and mental health staff stated they are not aware of an incident regarding sexual abuse or sexual harassment in which a resident was segregated. The clinical staff confirmed that in such a case, the resident would be visited at least daily.</p> <p>During the tour of the center, it was noted that there are no isolated rooms. The facility has male and female wings, each with one- and two-person dry rooms.</p> <p>The agency coordinator interviewed indicated that the center would not house a youth in isolation for 30 days under any circumstances. The youth would be moved to another center, placed under one-on-one supervision, or placed in alternative housing.</p> <p>Compliance was determined through a review of policies and interviews with the facility administrator, facility coordinator,</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.371</b>	<b>Criminal and administrative agency investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>PREA Investigation Flow Chart.pdf</p> <p>Delnor MOU.pdf</p> <p>KCSO MOU.pdf</p> <p>Blank PREA ADMINISTRATIVE INTERNAL INVESTIGATION FORM (003).doc</p> <p>Investigation procedures</p> <p>Recent allegation of sexual abuse worksheets</p> <p>Interviews with two trained investigators</p> <p>Facility Administrator</p> <p>PREA Coordinator</p>

115.371 (a): The PAQ requires that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

The facility provided KCJJC Policy 15.8, which establishes the agency policy that allegations of sexual abuse and sexual harassment shall be investigated promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.

Upon receipt of a report alleging sexual misconduct, sexual abuse, sexual harassment, or retaliation, the PREA Coordinator shall review the report promptly, thoroughly, and objectively including third-party and anonymous reports-and shall refer all potentially criminal behavior related to sexual abuse, sexual harassment, or retaliation to the Kane County Sheriff's Office Special Victims Unit (SVU) for criminal and/or administrative investigation. Trained KCJJC investigates allegations that are not criminal in nature.

Investigative staff indicated that investigations should be prompt, thorough, and objective for all allegations, including third-party allegations.

115.371 (b):

The PAQ requires that, where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations involving juvenile victims pursuant to § 115.334.

The facility provided Policy 15.08, which states that all sexual abuse investigations are sent to the KCSO Special Victim Unit. All administrative investigations are referred to a trained KCJJC investigator.

The investigative staff indicated that they had received specialized PREA investigator training covering evidence preservation, interviewing juveniles, investigative documentation, and coordination with law enforcement and medical staff.

15.371 (c):

The PAQ requires that Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

The facility provided Policy 15.08 PREA Investigation, staff training, and facility response plan.

Policy 15.08 states If not already done, request that victim(s) not take any actions that could destroy physical evidence until either after a SANE examination is conducted, or the victim decides not to have evidence collected. Inform the victim

that they have the right to decide if they wish to have a SANE exam, and to have a victim advocate from the Community Crisis Center accompany them to the hospital to be present for the SANE exam. The victim advocate from the Community Crisis Center may be present during interviews with the KCSO with the victim's permission. Seek the input of a SANE nurse at Delnor Hospital if there is a question as to whether a medical SANE examination is appropriate for a specific case. Coordinate with KCSO SVU investigators and SANE nurses at Delnor Hospital to facilitate collection, documentation, preservation, and storage of forensic evidence on the victim, while maintaining the chain of custody, until the resident victim is transported to Delnor Hospital;

Staff who received the training indicated allegations that are determined to be criminal, and then we would contact local law enforcement and assist in any way they need. If not criminal, then we start with the case plan and go from there. We gather all evidence, interview all residents and staff, and utilize the video; any bystanders would be interviewed. We then determine whether it meets the preponderance-of-the-evidence protocol and make a final determination. We then move to the next step: determining whether staff action or inaction contributed to the incident. This includes looking at earlier. The investigation begins with a case plan that outlines all areas to be investigated, including videos, telephone calls, interviews, document collection, and any other evidence to be used. videos to see if there was any indication that this could have been prevented.

Direct evidence: DNA, video, SANE results, Telephone calls, and medical findings. Direct witness statements. That means they were there; it is documented that they were there, and this is what they saw.

The other investigator indicated that they should separate the victim and aggressor, ensure safety, preserve evidence, notify the supervisor and PREA coordinator, and secure the scene.

Ensures that investigations are rigorous and fair and lead to appropriate findings. All allegations receive a prompt, thorough, and objective investigation. investigators must gather evidence, interview witnesses, assess the credibility of everyone involved, and recognize that no case should be terminated solely because the alleged victim recants.

Physical evidence, DNA evidence (SANE nurse, or medical professional), surveillance footage, interviews (SVU if criminal), documentation, prior complaints

115.371 (d):

The PAQ requires the agency not to terminate an investigation solely because the source of the allegation recants the allegation.

JJC Policy 15.08 requires the KCSO Special Victims Unit to investigate all potentially criminal behavior related to sexual abuse and sexual harassment. It shall not terminate an investigation solely because the source of the allegation recants, or because the alleged aggressor or victim is no longer employed or housed at JJC.

Investigative staff indicated that investigations continue even if the victim recants.

115.371 (e):

The PAQ requires that, when the quality of the evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors on whether such interviews may pose an obstacle to subsequent criminal prosecution.

The local Special Victims Unit conducts criminal investigations and would refer cases to the appropriate jurisdiction for prosecution. Completed reports shall be retained in the Office of the SVU in accordance with the state retention schedule.

Investigative staff interviewed indicated that investigators must coordinate with law enforcement or prosecutors before conducting compelled staff interviews to avoid compromising a criminal case. As an administrative investigation, we would not conduct compelled interviews.

115.371 (f):

The PAQ requires that the credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not determined by the person's status as a resident or staff member. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Investigative staff interviewed indicated that credibility cannot be determined solely by status (staff vs resident). You must review the comparison statements, review surveillance, and evaluate the consistency of the evidence. Residents may not be required to take a polygraph or truth-telling test as a condition for investigation.

115.371 (g):

The PAQ requires administrative investigations: (1) shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The facility provided Policy 15.08, which includes that the Investigator shall conduct all administrative investigations related to sexual abuse and sexual harassment in accordance with this standard, including:

- (a) An attempt to determine whether staff actions or failure to act contributed to the abuse.
- (b) Documentation and written reports shall include:
  - (i) A description of the physical and testimonial evidence.
  - (ii) The reasoning behind credibility assessments.

(iii) Investigative facts and findings. The investigator indicated that we conduct a thorough and complete administrative investigation to determine whether staff action or inaction contributed to the abuse. We document staff-to-youth ratios, staff actions based on video and electronic safety checks, policy violations, and investigations into violations, such as compelling youth to write a statement.

Investigative staff indicated that during an administrative PREA investigation, investigators must evaluate whether staff actions or failures to act contributed to the incident. Investigators examine staffing patterns and assignments at the time of the incident to determine whether appropriate supervision was provided if staff were present and performing their assigned duties. Whether staff followed the required procedures.

Administrative investigators compare staff actions with agency policies and PREA standards. This process helps ensure accountability and identify necessary corrective actions to prevent future incidents.

A PREA administrative investigative report should include a clear description of the allegation. Documentation of actions taken after the allegation was reported. A description of all evidence reviewed during the investigation. Documentation of all interviews. The final determination is based on the preponderance of the evidence standard. Documentation that the resident was informed of the outcome of the investigation in accordance with.

115.371 (h):

The PAQ requires that criminal investigations be documented in a written report that includes a thorough description of physical, testimonial, and documentary evidence and, where feasible, attaches copies of all documentary evidence.

KCJJC Policy 15.08 requires the Kane County Police Department Special Victims Unit to investigate all potentially criminal behavior related to sexual abuse and sexual harassment. It shall not terminate an investigation solely because the source of the allegation recants the allegation or the alleged aggressor or victim is no longer employed or housed at JJC. The KCSO SVU investigators shall gather and preserve evidence.'

Investigative staff indicated they should include evidence documentation and witness statements.

115.371 (i):

The PAQ requires that Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later:1

KCJJC Policy 15.08 requires the KCSO Special Victims Unit to investigate all

potentially criminal behavior related to sexual abuse and sexual harassment. It shall not terminate an investigation solely because the source of the allegation recants the allegation or the alleged aggressor or victim is no longer employed or housed at KCJJC. The SVU investigators shall gather and preserve direct and circumstantial evidence, including any available electronic monitoring data. They shall interview alleged victims, suspected aggressors, and witnesses, along with any prior complaints and reports of sexual abuse involving the suspected aggressor. Criminal investigations shall include:

(a) Documentation in written reports that contain:

- (i) A description of the physical, testimonial, and document any evidence.
- (ii) Copies attached of documented evidence, where feasible.

All investigations that determine that a criminal act took place will be forwarded to the local prosecutor for prosecution.

Investigative staff indicated they do not conduct criminal investigations.

115.371 (j):

The PAQ requires the agency to retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless, for a juvenile resident, applicable law requires a shorter period of retention.

The facility provided Policy 15.08 investigation, which states the agency shall retain all written reports referenced in paragraphs (g) and (h) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless a juvenile resident and applicable law committed the abuse requires a shorter period of retention.

115.371 (k):

The PAQ requires that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

The KCSO Victims Unit shall investigate all potentially criminal behavior related to sexual abuse and sexual harassment. It shall not terminate an investigation solely because the source of the allegation recants, or because the alleged aggressor or victim is no longer employed or housed at KCJJC.

Investigative staff indicated that investigations continue even if staff leave employment.

115.371 (m):

The PAQ requires that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed

	<p>about the progress of the investigation.</p> <p>When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. As part of the responsive planning, staff are trained to protect the crime scene and to cooperate with investigative units.</p> <p>The investigative staff indicated they would fully cooperate with the investigator, share evidence, and provide supporting documentation.</p> <p>There has been one criminal allegation of sexual abuse referred for investigation and prosecution during the last 12 months.</p> <p>In an interview with the facility administrator, the administrator stated that the center is part of the judicial branch of the Kane County metropolitan area and receives daily updates on ongoing investigations.</p> <p>The PREA coordinator interview indicated that the investigative agency provides her office with a copy of completed investigations.</p> <p>Compliance was determined by interviews with the two trained Investigators, the PREA coordinator, and the facility director.</p> <p>The center has trained 10 staff members to conduct administrative investigations in a juvenile setting. The training also included setting up files and maintaining all information required for criminal and administrative investigations.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.372</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>KCJJC Policy 15.08 - Investigations</p> <p>Interview with Investigators</p> <p>115.372 (a):</p> <p>The PAQ requires that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The facility provided Policy 15.01, which requires that the Kane County Juvenile</p>

	<p>Justice Center shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Two investigators were interviewed. Each confirmed that the preponderance-of-the-evidence finding is used to determine the outcome of the investigation.</p> <p>Compliance with the standard was determined by reviewing the Policy and by interviewing the agency's PREA coordinator and trained investigator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.373</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>KCJJC Policy 15.08 -Investigations - Reporting to Youth</p> <p>PREA Coordinator Interview</p> <p>Reporting to residents</p> <p>115.373 (a):</p> <p>The PAQ requires the following: Following an investigation into a resident's allegation of sexual abuse suffered in an agency facility, the agency shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>At the conclusion of an investigation, a staff member designated by the facility administrator will inform the victim in writing of the allegation, including whether it has been substantiated, unsubstantiated, or unfounded.</p> <p>115.373 (b):</p> <p>The PAQ requires that, if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency to inform the resident.</p> <p>KCJJC Policy 15.08, Investigating PREA Allegations, requires that, if the facility did not conduct the investigation, it request the relevant information from the investigating agency to inform the individual.</p> <p>KCJJC Policy 15.08, Investigating PREA Allegations, requires that, if the facility did</p>

not conduct the investigation, it request the relevant information from the investigating agency to inform the individual.

Based on the PAQ, 9 complete investigations required notification to residents.

115.373 (c):

The PAQ requires following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has been no substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in an agency facility in the past 12 months.

The facility provided Policy 15.08 investigation that indicates following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the resident's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

115.373 (d):

The PAQ requires Following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The facility provided Policy 15.01 which indicates following a resident's allegation that he or she has been sexually abused by another resident, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.373 (e):

The PAQ requires that all such notifications or attempted notifications shall be documented.

	<p>The policy requires that all such notifications or attempted notifications be documented. The PREA Coordinator has developed a form to notify residents of the outcome of investigations, which includes the resident's signature. During the last 12 months, one resident was notified of the outcome of an investigation completed by the facility.</p> <p>Based on a review of policy and interviews with the PREA compliance manager and the PREA coordinator, it was determined that the agency complies with this standard.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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115.376	Disciplinary sanctions for staff
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination</p> <p>KCJJC Policy 15.09 - Sanctions</p> <p>Madura &amp; Turnquist PREA Administrative Investigation.docx</p> <p>Madura Admin Leave.pdf</p> <p>Turnquist Admin Leave.pdf</p> <p>Madura Termination.pdf</p> <p>Turnquist Termination.pdf</p> <p>PAQ</p> <p>Interview with Facility Administrator</p> <p>115.376 (a)(b):</p> <p>The PAQ requires that staff be subjected to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies:2</p> <p>In the past 12 months, the number of staff from the facility who have been terminated (or resigned before termination) for violating agency sexual abuse or sexual harassment policies: 2</p>

Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

The facility provided Policy 15.09 Sanction, the employee handbook, and a statement of fact.

Policy 15.09 states that A. JJC staff shall be subject to disciplinary sanctions up to and including termination for violating JJC sexual abuse and sexual harassment policies.

Termination shall be the presumptive disciplinary sanction for JJC staff who have engaged in sexual abuse.

The PAQ requires Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse):2

The facility provided Policy 15.09, which indicates that disciplinary sanctions for violations of JJC policies relating to sexual abuse and sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstance of the acts committed, the JJC staff member's disciplinary history, and the sanctions imposed for comparable offenses by other JJC staff with similar histories.

115.376 (d):

The PAQ requires that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Policy 15.09 indicates that all terminations for violations of 16th Judicial Circuit Court Services or JJC sexual abuse or sexual harassment policies, or resignations by JJC staff who would have been terminated if not for their resignation, shall be reported to the Kane County Sheriff's Office (KCSO), unless the activity was clearly not criminal, and to relevant licensing bodies, if applicable.

According to an interview with the facility administrator, all staff members who are terminated or resign instead of termination due to violations of the sexual abuse and sexual harassment policy shall be reported to law enforcement. Staff who resign after being terminated are reported to local law enforcement unless the activities were not clearly criminal.

	<p>Compliance was determined through a review of the agency policy, interviews with the PREA coordinator and the facility administrator.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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115.377	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making the compliance determination</p> <p>KCJJC Policy 15.09 - Sanction</p> <p>Buelvas &amp; S. Wang PREA Investigation Report.docx</p> <p>01292026_Shana Wang Incident 9.29.25 Email.pdf</p> <p>2025 PREA Investigations Log.pdf</p> <p>115.377 (a)</p> <p>The PAQ requires that any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.0</p> <p>The facility provided Policy 15.09 and training for volunteers and contractors.</p> <p>KCJJC Policy 15.0 9 states that any contractor, volunteer, or intern who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to the KCSO, unless the activity was clearly not criminal, and to relevant licensing bodies, if applicable.</p> <p>The JJC shall take appropriate remedial measures and shall consider whether to prohibit further contact with residents in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Engaging in a romantic and/or sexual relationship may result in employment termination and/or termination of the contractual or volunteer status, and/or</p>

imposition of criminal charges. Volunteers or Contractors who engage in such activities will be immediately placed on a no-contact status and have no contact with residents.

115.377 (b)

The PAQ requires the facility to take appropriate remedial measures and consider whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

The facility provided Policy 15.09 and interviews with the facility administrator.

In interview with the facility administrator he indicated that he has the authority to take remedial measures to prohibit contractor or volunteer from entering the centers. In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility will take appropriate remedial measures, and consider whether to prohibit further contact with residents, however, would most likely prohibit them from further contact with residents.

Volunteer and contracting staff indicated that all PREA-related training includes the facility's policy on violations of PREA standards. Each indicated they were aware that the facility would take appropriate action, including reporting to law enforcement and the licensing board.

There have been 2 allegations of sexual abuse or sexual harassment involving contractors and volunteers during the last 12 months. Both incidents involved a teacher hugging a resident for jobs well done, such as passing their GED, or for other appropriate behavior that was not criminal in nature. Both were warned that such behavior is outside the boundaries of the center and that further action would lead to a one-day suspension.

Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.

115.378	Interventions and disciplinary sanctions for residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	KCJJC Policy 15.09 Sanction E.R. and J.A. PREA Investigation.pdf PAQ Interview with Facility Administrator

Random Residents

Mental Health staff

115.378 (a):

The PAQ requires that a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 1

In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility:0

The facility provided KCJJC Policy 15.01.

Policy 15.09 states that a resident may be subject to sanctions following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse or sexual harassment. (PREA 115.278(a)). In the event of either finding, the resident will be reviewed for appropriate sanctions/charges. The Kane County Juvenile Justice Services Center has a zero tolerance for sexual misconduct involving any juvenile. Any resident who violates this policy is subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative ruling that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.

According to the PAQ, there was 1 administrative finding of resident sexual abuse.

A review of these findings found that the findings were non-criminal sexual abuse. A male youth touched a female youth on the behind during a basketball game.

115.378 (b):

The PAQ requires that any disciplinary sanctions be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. In the event a disciplinary sanction results in the isolation of a resident, agencies shall not deny the resident daily large-muscle exercise or access to any legally required educational programming or special education services. Residents in isolation shall receive daily visits from a medical or mental health care clinician. Residents shall also have access to other programs and work opportunities to the extent possible.

The facility provided KCJJC Policy 15.09, which indicates A. Any sanctions shall be commensurate with the nature and circumstances of the sexual abuse or harassment committed, the resident's history, and the sanctions imposed for comparable offenses by other residents with similar histories.

Depending on the specifics of each case, sanctions may range from CBT consequences to criminal charges.

115.378 (c):

The PAQ requires the disciplinary process to consider whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed.

The facility provided KCJJC Policy 15.09, which states that the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to their behavior when determining the type of sanction, if any, to be imposed. KCJJC provides that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. Interviews with the Clinical Director and the facility administrator confirmed this.

115.378 (d):

The PAQ requires that the facility offer therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse.

Policy mandates that the JJC PREA Coordinator will refer residents who engage in sexual misconduct to the JJC Mental Health Coordinator or Clinicians. Participation in mental health services is not a condition for access to general programming, large-muscle exercise, and other services provided by the JJC (PREA). The facility shall consider whether to offer the offending resident the opportunity to participate in such interventions. The agency may require participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, but not as a condition of access to general programming or education.

In interviews with the facility administrator, PREA coordinator, and mental health staff, the facility offers counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse.

In an interview with the mental health staff, they indicated they would provide counseling and interventions designed to address the underlying reasons or motivations for the abuse.

115.378 (e):

The PAQ requires that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

The facility provided KCJJC Policy 15.09, which indicates the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

115.378 (f):

	<p>The PAQ requires, for disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>The facility provided KCJJC Policy 15.09, which states that, for disciplinary action, a report of sexual abuse made in good faith based on a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish sufficient evidence to substantiate the allegation. Investigating PREA Allegations states that a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.378 (g):</p> <p>The PAQ requires that an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>The facility provided KCJJC Policy 15.09, which indicates KCJJC prohibits all sexual activity between residents and may discipline residents for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.</p> <p>Residents interviewed indicated they were advised that they would be disciplined for any sexual abuse, sexual harassment, or sexual misconduct.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and no corrective action is required.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	Evidence relied upon in making a compliance determination
	KCJJC Policy 15.10 PREA – MH and Medical Screening
	2025 VSAB total History of Sexual Victimization.pdf
	Mental Health Follow-Up VSAB Prior Sexual Victimization.pdf
	Mental Health Follow-Up VSAB Prior Sexual Victimization.pdf
	2025 Alleged Perp follow-up.pdf

2025 VSAB Total Alleged Perp.pdf

Staff VSAB Screen Shot.docx

Supervisor VSAB Screen shot.pdf

JJC PREA Policy 15.10.pdf

Informed Consent Logs for Medical and Mental Health

Interview

Medical and Mental Health

Staff that conduct screening

Target Residents

Random Residents

115.381 (a)(b)

The PAQ required that 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, staff shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.

In the past 12 months, the percentage of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner: 100%

The PAQ requires that 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, staff shall ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.

Interviews with the Mental Health staff indicated that all youth are seen upon arrival at the center. If a youth is at risk, the mental health staff conduct an assessment and usually place the youth on the mental health caseload to be seen daily, weekly, or monthly, as needs dictate.

The center provided mental health intake assessment for residents with a history of victimization and those with a history of previously perpetrated sexual abuse.

The facility provided the KCJJC Policy 15.10, which indicates that if the resident's risk assessment indicates

Any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health personnel and other staff, as determined by the PREA Coordinator, to form service plans and

security and management decisions, including housing and

Staff shall ensure that any report of sexual abuse obtained during screening, that has not been previously reported, is immediately reported to the shift supervisor and local law enforcement.

Mental health staff were interviewed. One resident claims a history of sexual victimization at the center during the onsite audit. According to the PAQ, all residents who claimed a history of sexual victimization were seen by the mental health staff within 72 hours of arrival at the center.

In interviews with the resident, she indicated she was seen by mental health as soon as she arrived at the center.

All youth indicated they see medical and mental health when they go through intake at the center.

The center has brochures and postings educating residents on mental health services for victims of sexual abuse or exploitation. Staff at the center verified that the detention reaches out to allow residents to speak with the GCSAP emotional support staff.

115.381 (c):

The PAQ requires any information related to sexual victimization or abusiveness that occurred in an institutional setting that shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

The facility provided Policy 15.09, which requires any information related to sexual victimization or abuse that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to develop treatment plans and security and management decisions, including housing, bedding, education, and or as otherwise required by Federal, State, or Local law.

115.381 (d):

The PAQ requires medical and mental health practitioners to 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.

Interviews with the medical and mental health staff confirmed that, when a youth arrives at the facility, they are informed of their reporting duties. If the resident is 18 or older, the medical and mental health staff have them sign an informed consent before reporting prior sexual victimization that did not occur in an institutional setting.

	<p>Medical and mental health staff are required to notify residents at the initiation of services of their duty to report, limitations of confidentiality, and residents' informed consent from youth who are 18 years old or older before reporting information about the resident's prior sexual victimization that did not occur in an institutional setting. Residents who report prior incidents of perpetrating sexual abuse, either in an institution or in the community, are required to be offered a follow-up with a medical or mental health practitioner within 14 days of admission/screening.</p> <p>Policy mandates that medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18.</p> <p>Compliance was determined through a review of agency policy and interviews with medical and mental health staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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115.382	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Evidence relied upon in making a compliance determination (01/29/2026) JJC PREA Policy 15.10.pdf</p> <p>(01/29/2026) Sane Exam Victim Pamphlets.pdf</p> <p>(01/29/2026) Delnor MOU.pdf</p> <p>(01/29/2026) JJC PREA Policy 15.10.pdf</p> <p>01262026_JJC PREA Sexual Assault Disclosure</p> <p>SANE Examination</p> <p>Medical and Mental Health Interviews</p> <p>115.382 (a):</p> <p>Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment</p> <p>The facility provided Policy 15.10 and an interview with the Medical and Mental Health Staff</p>

Policy 15.10 states that residents will receive timely, unimpeded access to on-site and off-site emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners based on their professional judgment.

PREA Response Plan Following Resident Report mandate youth victims of sexual abuse receive timely and unimpeded access to onsite and offsite emergency medical treatment and crisis intervention services, the nature and scope as determined by the judgment of medical and mental health professionals. Interviews with medical and mental health staff confirmed that emergency medical care and crisis intervention services will be provided as required. Observations revealed that medical and mental health staff members maintain secondary materials that document services to residents, and these staff members are knowledgeable of what must occur in an incident of sexual abuse. It is documented through policies and understood by the medical and mental health staff that treatment services will be provided at no cost to the victim, whether or not the victim cooperates with the investigation. Residents have access to an outside victim advocacy agency through an MOU with CCC, including emotional support and accompaniment during forensic examinations and investigative interviews. Delnor Medical Center provides emergency and SANE services. A review of medical files shows that medical and mental health staff members maintain secondary materials and documentation of resident encounters.

There has been one SANE that was conducted on a youth who claimed she had sex with a 23-year-old man, and she had declined to have a SANE the night before she arrived at the center; however, she agreed to have a SANE during the intake process.

The facility houses male and female residents. The facility's PREA response plan and operational procedure requires evaluation and treatment, which shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in,

Medical and mental health services shall be provided to the victims in accordance with the community-level of care. Resident victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate. Treatment services shall be provided to the victim without financial cost and regardless of the victim's name, the abuser, or cooperation with any investigation of the incident.

The center has a pamphlet with corresponding information on SANE and victim advocate services.

115.382 (b):

The PAQ requires that, if no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

The facility provided Policy 15.10 and a coordinated response plan.

If no qualified medical or mental health practitioners are on duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to standard 115.362. They shall immediately notify the PREA Coordinator and the appropriate medical and mental health practitioners. A medical staff member is on call 24/7, as determined by the interview. Interviews with Delnor Medical Center indicated that on-call SANE staff are available 24/7 for forensic examinations. There is also a Victim Advocate on call 24/7 to support a resident who has been sexually assaulted. CCC also has a 24/7 on-call victim advocate.

115.382 (c)(d):

The PAQ requires that resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

The facility provided Policy 15.10 and an interview with medical and mental health staff.

Policy 15.10 indicates that resident victims of sexual abuse while detained shall be offered timely information and timely access to emergency contraception and sexually transmitted infections, in accordance with professionally accepted standards of care, where medically appropriate.

All medical and mental health services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. All residents receive infection prophylaxis upon arrival at the facility.

Interviews with the medical staff indicated that the SANE program would provide the necessary services. However, they would reinstate the services upon the resident's return to the center.

Medical staff interviews confirmed processes and services are in place for a victim to receive timely access to sexually transmitted infection prophylaxis, where medically appropriate. Additionally, follow-up services, as needed, will be provided by the facility's medical and mental health staff, according to interviews with clinical staff. According to the medical staff, all residents are educated on sexually transmitted infections as part of the intake process and offered medical services as required or requested.

The medical and mental health staff interviews revealed they are knowledgeable about actions to take regarding an incident of sexual abuse. It is documented through policy and understood by the medical and mental health staff that

	<p>treatment services will be provided at no cost to the victim.</p> <p>Based on the review of policies and interviews with medical and mental health staff at Delnor Medical Center and CCC, the center is compliant with this standard.</p> <p>Compliance was determined through a review of agency policy and interviews with medical and mental health staff.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required</p>
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<b>115.383</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>PAQ</p> <p>Evidence relied upon in making a compliance determination (01/29/2026) JJC PREA Policy 15.10.pdf.</p> <p>Sane Exam Victim Pamphlets.pdf</p> <p>Delnor MOU.pdf</p> <p>JJC PREA Policy 15.10.pdf</p> <p>JJC PREA Sexual Assault Disclosure</p> <p>SANE Examination</p> <p>Medical and Mental Health Interviews</p> <p>Interview with</p> <p>Medical Staff</p> <p>Mental Health Staff</p> <p>MOU with CCC</p> <p>115.383 (a):</p> <p>The PAQ requires the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p>

The facility provided KCJJC Policy 15.10, Medical and Mental Health Services, as well as information about Delmar Medical Center.

Policy 15.10 indicates that the facility shall offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The medical and mental health staff indicated in the interview that the facility would provide treatment, as prior victimization can be part of the treatment needed for recovering youth. The facility makes a referral to mental health for anyone who provides information on prior victimization or past predator behavior to comply with the standard.

CCC provides ongoing mental health counseling services for residents assigned from their geographic location and makes referrals to the Illinois Coalition against sexual victimization.

According to interviews with mental health and medical staff, when a resident is discharged for medical care, the center receives a discharge summary from the provider. Medical notifies the clinical director to continue services; otherwise, the physician will come to the center to review the discharge summary, examine the resident, and create an additional care plan. The mental health staff will notify the psychologist or psychiatrist if the resident is prescribed medication and will develop a treatment plan in consultation with these providers. The mental health staff indicated they would also contact the CCC for follow-up services with victims, including post-stay at the center.

115.383 (b):

The PAQ requires that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other centers, or their release from custody.

The facility provided the Facility PREA Response Plan Following Resident Report includes a provision that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other centers, or their release from custody. Interviews with the clinical staff and observations confirmed that ongoing medical and mental health care will be provided as appropriate and will include, but not be limited to, additional testing and medical services; medication management, if prescribed; individual counseling; trauma group; and referrals as needed. CCC would provide residents with support programs upon release from the center, or provide information and arrange a transfer to a certified victim advocacy program within the Women Organized against Rape

115.383 (c):

The PAQ requires that the facility provide such victims with medical and mental

health services consistent with the community level of care.

Based on interviews with the medical and mental health staff, the facility shall provide victims with medical and mental health services consistent with the community level of care. The medical staff indicated that the center has medical staff on duty or on call twenty-four hours a day and has a professional agreement with specialist medical providers. Mental health staff are on duty 12 hours a day and on call 24 hours a day. The center has an MOU with CCC to provide SANE, victim advocate, and emotional support staff 24 hours a day.

Youth receive an orientation with medical and mental health staff and a one-page CCC handout on the day they arrive at the center. During the center tour, the auditor asked the youth whether they could see the medical and mental health staff. All indicated they can sign up for sick call or advise staff that they need to see medical or mental health care, and the staff will notify the appropriate medical and mental health staff.

Youth received training on contacting the CCC and a handout on how to talk to staff for emotional support during the audit.

115.383 (d-e):

The PAQ requires that resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

As indicated by the nurse, resident victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results from the conduct described in paragraph (d), victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

In an interview with the medical staff, this information would be provided during the SANE and follow-up if the youth requested a test at any time during their stay at the center.

115.383 (f)

The PAQ requires that resident victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The facility provided Policy 15.10 and interviews with medical staff ensure that victims of sexual abuse will be provided tests for sexually transmitted infections as medically appropriate. Testing would be conducted at the local hospital, and follow-up services may be provided at the facility as needed. The center medical staff indicated that all residents are offered testing for STD upon arrival and would continue to provide that service as part of the aftercare following a SANE or SAFE

	<p>evaluation.</p> <p>115.383 (g)</p> <p>The PAQ requires that treatment services be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Policy 15.10 indicates that all treatment services will be provided at no cost to the victim.</p> <p>115.383 (h)</p> <p>The PAQ requires the facility to attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.</p> <p>Services will include, but not be limited to, individual, group, and family counseling. Additionally, an evaluation or reassessment will be conducted using the Vulnerability Assessment.</p> <p>Any resident who makes an allegation of past victimization may call the CCC, and program staff will visit the facility to meet with the resident and offer services upon the resident's release from the center. According to the MOU, the CCC will coordinate with the JJC PREA Coordinator to arrange subsequent follow-up meetings with JJC youth who have utilized the Hotline to request follow-up services or emotional support.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>J.P. and R.G. PREA Investigation Report.pdf</p> <p>02-19-24 J. Perez &amp; R. Guzman PREA Incident Review Report.docx</p> <p>J.P. and R.G. PREA Investigation Report.pdf</p> <p>A. Uriostegui Investigation Report.pdf</p> <p>115.386 (a)(b):</p>

The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 3

Such a review shall ordinarily occur within 30 days of the conclusion of the investigation

Based on the PAQ, there were three allegations of sexual abuse that originally were investigated. After review of the incident, it was determined that one was not sexual abuse but horseplaying. In one incident, a contracting teacher hugged a youth. It was originally determined to be non-PREA; however, after reviewing the definition, it was determined to be PREA and substantiated. The determination was recent, and the review team has not completed the review. One involved a male probation officer entering the showering area while a youth was still in the shower, and the shower curtain was closed, so he was not seen naked. This was determined to be a non-PREA as the male probation officer was looking for a youth to interview.

The facility provided PREA Policy 15.11 and an interview with the KCJJC PREA coordinator.

Policy 15.11 requires that the PREA Coordinator conduct a sexual misconduct incident review at the end of every sexual misconduct investigation or administrative review, including those where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Said review shall ordinarily be conducted within 30 days of the conclusion of the within 30 days of the conclusion of each investigation unless the finding is unfounded. The policy mandates team participation, including the PREA Coordinator, the facility's administrator, and medical and mental health staff

The interview with the PREA Coordinator and a review of Incident Review Team minutes from 2024 the form used to document the incident review team's findings indicate the team:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse considers 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

115.386 (c):

The PAQ requires the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.

The policy mandates team participation, including the PREA Coordinator, the facility administrator, Shift Supervisor and medical and mental health staff.

115.386 (d):

The PAQ requires the review team to: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider the investigation. The review team shall include the PREA Facility Compliance Manager, Department program area staff, and upper-level management, with input from line supervisors, including medical and mental health officials. The OIG may participate when the OIG investigates the incident. If applicable, information regarding administrative investigations resulting from a sexual misconduct incident shall be included in such reviews, including the reasoning behind the credibility assessments.

6. The review team shall:

- a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual misconduct;
- b. Consider whether the incident or allegation was motivated by race, sex, ethnicity, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility.
- c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts;
- e. Assess whether monitoring technology shall be deployed or augmented to supplement supervision by staff; and
- f. Prepare a report of its findings, including but not necessarily limited to items a. through e. above, and any recommendations for improvement and submit such report to the Executive Director.

7. Recommendations for improvement from the report shall be implemented, or justification provided for not implementing said recommendations.

The facility provided a copy of an incident review form. The form included the following: 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse. (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or, gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility

	<p>where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Compliance Manager.</p> <p>A member of the incident review team (captain) confirmed that all areas identified above are reviewed during incident completion and review.</p> <p>The agency PREA coordinator indicated that she schedules the review team meetings.</p> <p>115.386 (e):</p> <p>The PAQ requires the facility to implement the recommendations for improvement or to document its reasons for not doing so.</p> <p>The policy outlines the standard's requirements for the areas to be assessed by the incident review team.</p> <p>The interview with the Facility Administrator and review of documentation confirmed that the incident review team meeting is documented, including recommendations, and that the document was provided to the Facility Administrator.</p> <p>The interview with the Incident Review Team Member and review of the Incident Review form confirmed that the facility prepared a report of its findings and recommendations for improvement during the sexual abuse incident review.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required.</p>
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<b>115.387</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Evidence relied upon in making the compliance determination.
	PREA 2024 Annual Report
	PREA 2023 Annual Report
	PREA 2022 Annual Report

Policy 15.11 Data Collection and Incident Review

115.387 (a)(b):-

The PAQ requires the agency shall collect accurate, uniform data for every allegation of sexual abuse at

The agency shall aggregate the incident-based sexual abuse data at least annually. The facility provided Policy 15.11 and the PREA FY 22, 23, and 24 Annual Report.

A review of reports confirms that KCJJC collects incident-based, uniform data regarding allegations of sexual abuse at the center under its direct control, including contractors, using a standardized instrument and specific guidelines. The format used for KCJJC centers captures the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice (DOJ). KCJJC maintains and collects various types of identified data and related documents regarding sexual abuse incidents. The facility collects and maintains data in accordance with directives by KCJJC. KCJJC aggregates the sexual abuse data, which culminates in an annual report. The agency provides DOJ with data as requested.

115.387 (c):

The PAQ requires that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

The format used for the KCJJC center captures the information required to complete the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice (DOJ)

115.387 (d):

The PAQ requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

The facility maintains and collects various types of PREA-related data and related documents. The facility collects and maintains data in accordance with Policy 15.01.

115.387 (e):

The PAQ requires the agency also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

The facility Policy 15.11 requires the department to collect uniform data. The center provided that it does not contract for the housing of youth.

115.387 (f):

	<p>The PAQ requires, upon request, that the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30</p> <p>KCJJC policy mandates that upon request, JJC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. A request was made for 2023 and 2024.</p> <p>Based on this analysis, the facility is substantially compliant with this provision and corrective action is not required</p>
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<b>115.388</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>KCJJC Policy 15.11 - Data Collection</p> <p>PREA FY 25 Annual Report</p> <p>PREA FY 24 Annual Report</p> <p>PREA Coordinator</p> <p>JJC PREA Compliance Website.pdf</p> <p>Agency Head</p> <p>115.388 (a)(b):</p> <p>The PAQ requires The agency shall 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: (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</p> <p>Such a report shall include a comparison of the current year's data and corrective actions with those from prior years. It shall provide an assessment of the agency's progress in addressing sexual abuse.</p> <p>Annual PREA Report for fiscal year 24-25 and JJC Policy 15.01 - Data Collection recognizes the purpose of conducting annual reports and annual PREA assessments are to review data collected and aggregated pursuant to § 115.387 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas to assess and improve the effectiveness of its sexual abuse prevention, detection, and</p>

response policies, practices, and training, including by taking corrective action on an ongoing basis. Further 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.

The annual report includes data collected in 2024 and 2025. The JJC has a zero-tolerance policy for sexual abuse and sexual harassment, which has led to a healthy reporting culture where staff and youth know that reporting sexual abuse and sexual harassment will be taken seriously and investigated thoroughly.

The center website is <http://courtservices.countyofkane.org/pages/JJC/PREA-Compliance.aspx>

The Agency Head indicated that the agency has a PREA coordinator who receives calls and copies of allegations and tracks investigations, including administrative investigations.

I review the agency's leadership review, approve the after-action plan, and sign off on the final report.

The PREA Coordinator indicated during the interview that the annual reports are available on the JJC PREA webpage. Youth and staff identifying information is not included in the annual report.

115.388 (c):

The PAQ requires that the agency's report be 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.

The annual report is reviewed by the PREA coordinator, his supervisor, and agency leadership staff, and is signed by the Agency Head. It is then uploaded to the Kane County Juvenile Justice Center website.

The review of the PREA policy and website determined compliance.

115.388 (d):

The PAQ requires that the agency may redact specific material from reports when publication would present a clear and specific threat to the safety and security of a facility, but the agency must indicate the nature of the material redacted.

JJC Policy 15.11 states that all information posted on the website will not include personal identifiers. The annual report has been reviewed and is available to the public on the facility's website. There are no personal identifiers in the annual report.

Based on an interview with the PREA coordinator, the youth and staff identifying information is not included in the annual report.

	<p>The center compared data from 2020 through 2025 as part of its annual assessment. This information was captured on the Center's website.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Evidence relied upon in making the compliance determination</p> <p>Policy 15.11</p> <p>115.389 (a)(b):</p> <p>The PAQ requires the agency to ensure that data collected pursuant to § 115.387 is securely retained.</p> <p>The agency shall make all aggregated sexual abuse data from centers under its direct control and private centers 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.</p> <p>The agency provided Policy 15.11, the website, and an interview with the PREA Coordinator.</p> <p>The center does not contract with any entities to house youth.</p> <p>Policy 15.11 requires the collection of data for every allegation of sexual misconduct that occurs at JJC and its contracted residential center. A review of the annual report confirmed that it contains no personal identifiers and that it was posted on the website as required. Related documentation in the facility was securely stored.</p> <p>The PREA Coordinator indicated that the data collected was maintained in hard files and a computer program. The hard files are maintained in a secure cabinet located in the PREA coordinator's office, and the computer portal is secured with a password and required permissions.</p> <p>The Center website is <a href="http://courtservices.countyofkane.org/pages/JJC/PREA-Compliance">http://courtservices.countyofkane.org/pages/JJC/PREA-Compliance</a>.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not required.</p>

115.401	Frequency and scope of audits
	<p data-bbox="280 188 1015 224"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 340 1158 376">Evidence relied upon in making the compliance determination</p> <p data-bbox="280 412 475 448">KCJJC Website</p> <p data-bbox="280 483 517 519">PREA audit 2017</p> <p data-bbox="280 555 517 591">PREA audit 2020</p> <p data-bbox="280 627 517 663">PREA audit 2023</p> <p data-bbox="280 698 497 734">115.401 (a)(b):</p> <p data-bbox="280 770 1477 887">The PAQ requires that, during the three years beginning on August 20, 2013, and every three years thereafter, the agency ensure that each facility operated by the agency or by a private organization on behalf of the agency is audited at least once.</p> <p data-bbox="280 922 1477 1003">The agency shall ensure that at least one-third of each facility type operated by the agency or by a private organization on the agency's behalf is audited.</p> <p data-bbox="280 1039 1445 1155">The center was audited in 2017 and 2020 and 2023. This is the fourth audit of the center. Review of the past audits found the center has history of meeting or exceeding most of the PREA standards.</p> <p data-bbox="280 1263 456 1299">115.401 (h):</p> <p data-bbox="280 1335 1382 1415">The PAQ requires that the auditor have access to and observe all areas of the audited center.</p> <p data-bbox="280 1451 1477 1648">During the audit, I was allowed access to all areas of the Facility. I was permitted to visit areas throughout the facility during the official tour and to conduct additional visits to various areas while interviewing and observing camera locations. There were no limitations on interviewing staff or residents, and no obstacles in conducting tours during waking and sleeping hours.</p> <p data-bbox="280 1684 450 1720">115.401 (i):</p> <p data-bbox="280 1756 1477 1836">The PAQ requires that the auditor be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="280 1872 1477 2078">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. I requested personnel files, resident files, training records, investigation files, logbooks, and pertinent forms utilized to carry out the requirements of the audit process. Each document was provided on a timely</p>

	<p>basis.</p> <p>115.401 (m):</p> <p>The PAQ requires that the auditor be permitted to conduct private interviews with residents.</p> <p>I interviewed on-duty staff for the first 24 hours of the audit and a random sample of residents during the on-site audit. Interviews were conducted in a private area of the facility.</p> <p>115.401 (n):</p> <p>The PAQ requires that Residents shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>Residents were permitted to send confidential correspondence to the auditor in the same manner as legal mail, 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 displayed throughout the facility with the name and address of the PREA auditor. The auditor did not receive any correspondence from residents. The information was posted on December 19, 2025. The auditor interviewed the PREA Coordinator and asked whether residents were permitted to send mail to the auditor through the same channels as the legal mail system. She indicated they were and explained that, as a resident, you place the mail in the information box, and the staff will affix a stamp and mail it. He indicated that unless requested by the court or community case manager, the center does not read mail. They just put a stamp on it and send it. The PREA Coordinator indicated that he or the Facility</p> <p>Administrator checks the mailbox, PREA Box, and Grievance Box at least twice a day during the week and at least once a day on weekends.</p> <p>Compliance was determined by reviewing three prior audits, an email providing the dates of audit postings, and interviews with the Facility Administrator, PREA Coordinator, and Agency Head designee.</p> <p>Based on this analysis, the facility is substantially compliant with this provision, and corrective action is not necessary.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The 2023 PREA final audit report was posted on the Agency webpage, as required

	<p>by 115.403(f). The auditor was able to review the prior audit through the webpage which included 2020 and 2017 audits.</p>
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<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	na
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

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

	functions of the facility? (N/A for non-secure facilities )	
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes
<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches?	yes
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit?	yes
	In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	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. )	
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory	yes

	interviews?	
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is responsible for investigating allegations of sexual abuse.)	yes
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>	

<b>(c)</b>		
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
<b>115.331 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
<b>115.331 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.333 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.333 (c)</b>	<b>Resident education</b>	

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

<b>(b)</b>		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.341</b>	<b>Obtaining information from residents</b>	

<b>(a)</b>		
	Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident?	yes
	Does the agency also obtain this information periodically throughout a resident's confinement?	yes
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.341 (c)</b>	<b>Obtaining information from residents</b>	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Prior sexual victimization or abusiveness?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes

	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
<b>115.342 (b)</b>	<b>Placement of residents</b>	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes
<b>115.342 (c)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (d)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342</b>	<b>Placement of residents</b>	

<b>(f)</b>		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	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
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.351 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.351 (b)</b>	<b>Resident reporting</b>	

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

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

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

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	

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

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

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

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

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes

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

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal	yes

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

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

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

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

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

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

<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382</b>	<b>Access to emergency medical and mental health services</b>	

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

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

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

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

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

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