

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Interim Audit Report: April 6, 2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: August 2, 2020

Auditor Information

Name: Jessica Durbin **Email:** jdcorrectionsconsulting@gmail.com

Company Name: Durbin Corrections Consulting, LLC

Mailing Address: 602 N. Runkle Street **City, State, Zip:** Hanna City, IL 61536

Telephone: 309-648-6030 **Date of Facility Visit:** February 24-26, 2020

Agency Information

Name of Agency: Kane County Court Services, 16th Judicial Circuit

Governing Authority or Parent Agency (If Applicable)

37 W 777 ST. 38 Suite 150 **City, State, Zip:** St. Charles, IL 60175

Mailing Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

The Agency Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Agency Website with PREA Information: Click or tap here to enter text.

Agency Chief Executive Officer

Name: Lisa Aust

Email: austlisa@16thcircuit.illinoiscourts.gov **Telephone:** 603-232-5805

Agency-Wide PREA Coordinator

Name: Pam Ely

Email: elypam@16thcircuit.illinoiscourts.gov **Telephone:** 630-762-2169

PREA Coordinator Reports to: Michael Davis, Superintendent **Number of Compliance Managers who report to the PREA Coordinator:** 0

Facility Information

Name of Facility: Kane County Juvenile Justice Center

Physical Address: 37 W 655 IL Route 38

City, State, Zip: St. Charles, IL 60175

Mailing Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Website with PREA Information: <http://courtservices.countyofkane.org/pages/Juvenile-Justice-Center>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Facility Administrator/Superintendent/Director

Name: Michael Davis

Email:
davismichael@16thcircuit.illinoiscourts.gov

Telephone: 630-406-7468

Facility PREA Compliance Manager

Name: See PREA Coordinator

Email: Click or tap here to enter text.

Telephone: Click or tap here to enter text.

Facility Health Service Administrator N/A

Name: Ashley Spilotro

Email:
spilotroashley@16thcircuit.illinoiscourts.gov

Telephone: 630-406-7231

Facility Characteristics

Designated Facility Capacity:

80

Current Population of Facility:	48
Average daily population for the past 12 months:	41
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	10-20
Average length of stay or time under supervision	13 days
Facility security levels/resident custody levels	Secure
Number of residents admitted to facility during the past 12 months	890
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	306
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	180
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	65
Number of staff hired by the facility during the past 12 months who may have contact with residents:	25
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	3
Number of volunteers who have contact with residents, currently authorized to enter the facility:	13

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
<p>Number of single resident cells, rooms, or other enclosures:</p>	80
<p>Number of multiple occupancy cells, rooms, or other enclosures:</p>	0
<p>Number of open bay/dorm housing units:</p>	0
<p>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</p>	0
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Are mental health services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>2</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i></p>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The PREA Audit of the Kane County Juvenile Justice Center was conducted February 24-26, 2020. The designated Auditor was Jessica M. Durbin of Hanna City, Illinois. Ms. Durbin was assisted on-site by a non-certified staff. This was a second cycle audit for the facility as they were previously audited in 2017. The facility received a letter from the previous auditor stating they are in compliance with the PREA juvenile standards but an interim or final report was not received by the facility.

The auditor wishes to extend her deepest appreciation to the staff of Kane County Juvenile Justice Center for their professionalism and wonderful display of hospitality. In particular, she would like to thank Kane County Director of Court Services, Lisa Aust, Superintendent Michael Davis, PREA Coordinator, Pam Ely and Assistant Superintendent Amy Sierra.

Pre-Audit preparation consisted of the submittal of the facility's Pre-Audit Questionnaire (PAQ) by the PREA Coordinator along with facility policies and documentation supporting compliance. The auditor reviewed the PAQ to note areas that needed further review, would be supported through interviews and that required the auditor to request additional documentation during the on-site portion of the audit. During the pre-audit phase, the PREA Coordinator and Auditor had regular contact via e-mail and telephone.

The PREA Coordinator posted the Notice of Audit signage throughout the facility and provided documentation to the auditor for verification. The auditor did not receive any postal mail prior to the on-site portion of the audit. Youth interviews confirmed they were aware of the posted signs and their opportunity to contact the auditor in a confidential manner if they chose to do so.

On February 24, 2020 an entrance meeting was held on-site at approximately 9:00am. Superintendent Michael Davis, Assistant Superintendent Amy Sierra, PREA Coordinator Pam Emily, the auditor and support staff were present for the meeting. The auditor reviewed the audit schedule, process and methodology with those in attendance. The auditor used this opportunity to request current staff and resident rosters in order to select staff and residents for interviews.

Upon completion of the entrance meeting, a comprehensive site review of the facility was conducted. The tour was led by the Superintendent, Assistant Superintendent and PREA Coordinator. The review was extensive and covered all areas of the facility, including areas in which residents do not have access to. Throughout the site review the auditor observed staff providing direct supervision and services to the youth. The auditor noted all doors were locked and secured and nearly the entire facility is monitored via a video monitoring system; including numerous closets and areas in which residents do not have access. The auditor also looked for blind spots and physical barriers to compliance with the PREA standards in which none were noted. During the tour, the auditor acknowledged the audit notice signage that the PREA Coordinator previously verified was posted six weeks prior. In addition to the audit notice postings, the auditor looked for evidence of methods of reporting. The facility adequately displayed signage that provides information on methods of reporting for the youth.

Nine youth interviews were completed on-site. Of the nine youth, one identified as being bisexual and one was mentally disabled. Youth were randomly selected on-site by using a population sheet provided by the

PREA Coordinator. All selected youth were available to be interviewed with the exception of one. Youth interviews provided support that residents were aware of their rights regarding PREA, understand how they can make a report and that they felt safe while in the facility. It should be noted as the auditor found it admirable that one youth reported they wish they could stay at the facility as it is the safest they ever felt.

Twelve random staff covering all provided shifts were interviewed. Interviewees were selected at random from a staff schedule provided by PREA Coordinator. All interviewed random staff were Youth Counselors. Fifteen interviews were conducted with specialized staff including the Director of Court Services, Superintendent, Assistant Superintendent, PREA Coordinator, Mental Health Clinicians, Facility Nurse, Human Resource staff and Supervisors. A number of those interviewed were interviewed for multiple roles regarding PREA such as investigations, unannounced rounds and training. The auditor and support staff completed additional interviews to include contractual staff and volunteers. Included in these interviews were three teachers and education superintendent, three volunteers, two food services staff and a maintenance staff.

While onsite the auditor reviewed several pieces of documentation to verify information provided in the PAQ. The auditor reviewed resident files, investigation files and training documents. The auditor asked the PREA Coordinator to provide additional documentation for a number of provisions such as matching logs and video footage of unannounced rounds. All information requested by the auditor was provided prior to the end of the on-site portion of the audit.

An exit meeting was held at approximately 3:00pm on February 26, 2020. In attendance were Superintendent Michael Davis, PREA Coordinator Pam Ely and Assistant Superintendent Amy Sierra. The auditor reviewed the standards the facility were in compliance with, areas the auditor felt the facility exceeded the standards and the areas in which the auditor noted deficiencies at that time. The auditor explained the post audit phase and discussed next steps.

Following the completion of the onsite portion of the audit, the auditor requested additional documentation in which was received in a timely manner.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Kane County Juvenile Justice Center (KJJC) provides secure detention services for both male and female juveniles ages 10-20 who are awaiting their disposition or who have been sentenced to the facility for a period of time. KJJC is a regional detention facility and currently has intergovernmental agreements with seven counties. The facility's rated capacity is 80 beds. While rated at 80 beds, the facility's average daily pop for the past twelve months is 41.

KJJC is composed of four living units, educational classrooms, a medical unit, indoor and outdoor recreational areas, intake and administration departments. Educational services are provided year round on-site through their accredited school that is overseen by the Regional Office of Education. Mental Health services are provided on-site by the facility's two mental health staff. Mental Health services are available seven days a week. Medical services are also available daily on-site.

The facility has a dynamic staff consisting of a Superintendent, Assistant Superintendent, PREA Coordinator, seven (7) Supervisors, fifty-one (51) Youth Counselors, two (2) Mental Health Clinicians,

Facility Health Services Administrator, three (3) additional nurses, as well a school Superintendent and three (3) teachers. The facility also has a number of volunteers who have regular contact with residents and staff.

The facility’s mission statement is to provide an educationally conducive environment which is secure, based on legal standards and community values. KJJC runs a cognitive behavioral training program which is an evidence-based model utilized to address and change youth’s behavior. The facility provides an array of programs to its youth including grief counseling, faith-based services, gardening, ceramics, book club, facility ran group programming and the use of a therapy dog.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 9

List of Standards Exceeded: 115.315, 115.317, 115.318 115.321, 115.331, 115.332, 115.342, 115.353, 115.381

Standards Met

Number of Standards Met: 33

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met: Click or tap here to enter text.

PREVENTION PLANNING

Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A. The Kane County Juvenile Justice Center meets the requirements for this standard. Facility policy 17.02 Prevention Planning states the facility mandates a zero tolerance toward all forms of sexual abuse and sexual harassment upon residents of the facility. The written policy outlines the facility's methods of prevention planning as well as detection. Facility Policy 17.03 Responsive Planning provides the facility's approach to responsive planning. Zero tolerance signage was observed by the auditor during the facility tour. Signs were present in the housing units, visitation area, lobby and various programming areas the residents have access to. Facility staff and youth consistently reported their understanding of the zero-tolerance policy as evidenced by interviews conducted by the auditor and support staff.
- B. The facility's PREA Coordinator position is an upper-level management position that directly reports to the facility Superintendent. Facility Policy 17.02 designates this position and its authority. The auditor reviewed the facility's organizational chart and job description to ensure compliance. Interview with the PREA Coordinator indicated that they have sufficient time to complete their duties and they did not feel that they have any barriers due to their position or level of authority.
- C. Kane County operates one facility, requiring a sole PREA Coordinator.

Standard 115.312: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.312 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.312 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility

- A. Kane County Juvenile Justice Center does not contract with other agencies for purposes of confinement of their youth.
- B. While the facility does not have contracts in place in regards to confinement of their youth, they do have a Cooperative Agreement that in the event of an emergency situation they would relocate detention services and court proceedings to two other counties. The COOP agreement is due to be renewed this year. Kane County Juvenile Justice Center incorporated language that requests the facility to adopt and comply with PREA Standards as well as allow them to monitor to ensure the contractor is complying with the PREA Standards.

Standard 115.313: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.313 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? Yes No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.313 (c)

- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.)
 Yes No NA
- 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 if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA

- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of “secure”.) Yes No NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? Yes No

115.313 (d)

- 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 No
- 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 No
- 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 No
- 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 No

115.313 (e)

- 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 No NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) Yes No NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A) The Kane County Juvenile Justice Center has an established staffing plan that considers all components as required by PREA Standards. The auditor reviewed the staffing plan during the pre-audit phase. On-site interviews verified that when discussing the staffing plan, the necessary components per the PREA Standards are discussed.

B) The Kane County Juvenile Justice Center currently does not comply with their staffing plan. While the facility remains in their stated ratios for the waking hours (1:8) they do not consistently remain in the ratios for sleeping hours (1:16). The facility Policy 17.02 Prevention Planning requires documentation of deviations from the staffing plan. At the time of the audit there were no reported incidents of deviation outside of the staffing ratios as stated in their plan. While it was indicated in interviews that the facility does not deviate outside of the staffing ratios and will hold staff over if necessary to maintain ratios, due to the facility not remaining within the 1:16 ratio during sleeping hours on all staffing units, they are not in compliance at this time.

C) The Kane County Juvenile Justice Center maintains a 1:8 ratio during waking hours. The facility's staffing plan and Policy 17.02 Prevention Planning dictate the staffing ratio. A review of facility scheduling, observation of programming and staff interviews verified that they facility remains within the 1:8 ratio during waking hours. The facility policy and staffing plan also requires a 1:16 ratio during sleeping hours. Although the facility has staffing in the building that when divided by 16 residents appears to be in ratio, that is not the intent of the standard. The facility has four housing units, a control room and needs a staff available for intakes or other duties throughout the evening hours. Through an observation of practices on third shift, it was noted that one staff will conduct resident checks on all four housing units and a staff is not required to remain on the housing unit. Interviews confirmed that staff could be off their assigned unit for up to an hour depending on staffing and the required reason of being off the unit. During the time that the staff is off of the unit there is no direct supervision of the youth housed there aside from the 30-minute checks completed by a staff rotating through units. A review of the staff schedules also verified that they could be out of compliance with the 1:16 ratio depending on the number of housing units and staff assignments such as a staff being assigned to complete intakes.

D) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states they will review their staffing plan annually at minimum by assessing, determining and documenting if adjustments are needed to the plan, staffing patterns, monitoring technology or resources available to adhere to the staffing plan. Interviews with Supervisors, the PREA Coordinator, Assistant Superintendent and Superintendent indicated that the staffing plan is discussed during supervisor meetings.

E) Kane County Juvenile Justice Policy 17.02 states that Supervisors or Senior Youth Counselors will conduct and document unannounced rounds at least once per shift. The policy also states the PREA Coordinator and either Superintendent or Assistant Superintendent shall conduct an unannounced round once per workday. Interviews with residents and staff verified that Supervisors and Administrative Staff are often in the housing units and in programming areas. Interviews with Supervisory and Administrative Staff indicated that they are completing unannounced rounds as required by policy and the PREA Standards. The auditor reviewed documentation of the rounds while on-site. The auditor requested documentation of rounds and video footage covering the timeframes of the documented rounds. This requested documentation verified rounds were completed when reported. Policy 17.02 Prevention Planning also states that staff shall not announce the presence of the PREA Coordinator or other personnel in the building.

Interviews with staff and supervisors indicated that staff do not alert their peers that a round is being completed.

Corrective Action:

Corrective Action:

Kane County Juvenile Justice Center must maintain a 1:16 ratio during sleeping hours. The facility shall staff each unit housed with residents with a staff that will maintain direct supervision with the exception of exigent circumstances which shall require documentation of the deviation. If the number of residents on a unit exceeds 16, another staff will be required to remain in ratio. The auditor and PREA Coordinator discussed examining the current facility schedule to see if modifications would allow for adequate staffing on third shift hours. Modifying the schedule was not a feasible option until the upcoming CBA negotiations. Shortly after, the facility received notice that they would receive additional funding through the Administrative Office of Illinois Courts(AOIC).

On June 23, 2020 Kane County was funded three additional positions through the AOIC for the purpose of meeting required PREA ratios. The PREA Coordinator provided the auditor with a copy of the letter indicating the funding of these positions. The PREA Coordinator and Auditor held a call in which the auditor requested an updated schedule and memorandum stating the new positions would be allotted to third shift hours.

On July 15, 2020, the PREA Coordinator provided the auditor with a memo from the Superintendent as well as an updated third shift schedule including the three additional staff members. The schedule allows for continuous supervision on all housing units. In addition, the PREA Coordinator provided documentation stating the duties of third shift staff. With the additional staff and newly implemented schedule, the facility is in compliance with Standard 115.313.

Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.315 (a)

- 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 No

115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? Yes No NA

115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? Yes No

- Does the facility document all cross-gender pat-down searches? Yes No

115.315 (d)

- Does the facility have policies 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 No
- Does the facility have 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? Yes No
- 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 No NA

115.315 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning and Policy 16.2 (a) Searches prohibits cross gender visual scans (strip searches) and body cavity searches. It was stated during administrative and staff interviews that at no time will the facility conduct a cross-gender strip search or cross-gender visual body cavity search. Interviews with medical staff confirmed that they have not performed searches, nor have they been asked to by staff members. The facility limits strip searches of all incoming residents. A Probable Cause form is completed which focuses on factors such as the presenting charge and suicide ideation. If the youth's probable cause assessment warrants a strip search than it is completed. The auditor was provided documentation of facility logs that show the number of strip searches completed and the reasoning for doing so.

B) The facility Policy 17.02 Prevention Planning prohibits all cross-gender pat down searches. Interviews with Administrative Staff indicate that cross-gender pat down searches shall not be conducted. Interviews with staff and residents verified that cross-gender pat down searches are not completed. The auditor was provided training curriculum that indicated staff were trained on how to complete searches. Training records for staff training regarding searches were provided to the auditor on-site.

C) The facility does not perform cross-gender searches therefore no documentation is available.

D) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states that staff will announce their presence and gender before entering areas where resident are likely to be showering, performing bodily functions or changing clothing. Youth have individual rooms and are out to shower on an individual basis, It was determined through staff and youth interviews that staff announce their presence and gender prior to entering these areas. Several youth stated that staff always announce their presence even if they are awake late in the evening hours. Youth reported no concerns with staff not providing them the ability to shower or change clothing without being viewed. The auditor witnessed staff announce their presence while on the housing unit. Policy 17.02 states when a staff member of the opposite sex must open a resident's door, another staff member must be present except in the case of a life threatening emergency. A supervisor must be notified of the emergency and an incident report will be documented to justify the need to open the door of the youth of opposite sex.

E) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning prohibits searches or physical examinations for the sole purpose of determining the youth's genital status. Interviews with administrative and medical staff verified that examinations or searches are not utilized to determine a youth's genital status.

F) Staff are trained on completing searches properly. Training includes the prohibition of all cross-gender searches. The auditor reviewed the training material and training records. Interviews with staff indicated that they have received training.

Standard 115.316: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.316 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- 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 No

- 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 No
- 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 No
- 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: Are blind or have low vision? Yes No

115.316 (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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.316 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A) Kane County Juvenile Justice Center Policy 17.02 Prevention planning states that the facility shall provide appropriate measures for residents with disabilities and limited English Proficiency. The facility has a contract in place to utilize The Language Line for interpretation purposes. The facility also provides signage, materials and the PREA video utilized at intake in Spanish. Kane County Juvenile Justice Center uses Purple Communications for residents who have hearing disabilities. Policy states if a resident is blind or has low vision, staff will read documents and ensure residents are understanding of information. Policy 17.02 states written materials such as signage, brochures and handbooks are provided in a format suitable for youth with disabilities. The auditor observed signage throughout the building that was age appropriate and Staff interviews indicated that they will read out loud and review materials with residents who appear to have difficulty reading.

B) Facility Policy 17.02 Prevention planning states the facility would make available interpreters who can interpret effectively, accurately and impartially. The facility also utilizes The Language Line. This auditor reviewed information regarding the Language Line during the pre-site audit phase.

C) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states the facility will not utilize resident interpreters or allow residents to provide assistance in an investigation of an allegation. Interviews with both residents and staff confirmed that youth are not asked to interpret for the facility at any time.

Standard 115.317: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.317 (a)

- 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 No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- 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 question immediately above? Yes No
- 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 No
- 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 No

- 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 question immediately above? Yes No

115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? Yes No

115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? Yes No
- 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 No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? Yes No

115.317 (e)

- 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 No

115.317 (f)

- 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 No

- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.317 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states they shall not hire or promote anyone who may have contact with residents who would identify with 115.317 (A, 1-3). During an interview with Human Resource staff it was verified that individuals hired had not identified with said criteria.

B) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states they shall consider any incident of sexual harassment during hiring, promoting or enlisting services of any contractor, employee or volunteer. Human Resource and Administrative staff verified that sexual harassment is an area addressed during the hiring process.

C) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states that criminal background check (LEADS) shall be completed by their Administrative Assistant (Human Resource staff). Policy states all applicants shall also receive clearance through the DCFS State Central Register/Child Abuse and Neglect Tracking System. Policy 17.02 states that the Superintendent or designee will make their best effort to contact all prior institutional employers of an application for information on substantiated allegations of sexual abuse or any resignation due to an investigation. During the on-site visit, the auditor requested information regarding employee background checks to ensure they were done prior to employment. Human Resource Staff provided a background check log that provides annual dates of background checks. The auditor reviewed a sampling of staff to ensure background checks were completed. Interview with Human Resource staff verified that this process is completed on all new hire.

D) Kane County Juvenile Justice Center Policy 17.02 states criminal background checks (LEADS) and child abuse registries (CANTS) shall be completed before enlisting the services of any contractor or volunteer who may have on-going contact with the youth. Human Resource Staff verified through an interview that the facility completes this process on all volunteers and contractual staff.

E) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states background checks and child abuse registry inquiries for all employees, contractors and volunteers shall be conducted annually by the Administrative Assistant at the time of the employee's anniversary. Human Resource staff provided background check log showing this information. It was evident through the interview with Human Resource staff that they complete background checks annually.

F) The facility imposes a continuing affirmative duty to disclose any sexual misconduct. Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states the Superintendent or designee shall ask applicates and employees who have direct contact with residents about previous misconduct as described in section (A) of said standard. Onarga requires notification within 24 hours of any police contact or arrest. Interviews with Administrative Staff verified that no such incident had occurred for the auditor to review at the time of the audit but that it is an expectation for all staff to disclose of any such incident.

G) Facility policy 17.02 Prevention Planning states any material omission or the provision of materially false information are grounds for termination. Interviews with Administrative and Human Resource Staff confirmed this policy statement. No incidents of such action were available for review at the time of the on-site portion of the audit.

H) At the request from another institutional employer, Kane County Juvenile Justice Center shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a prior employee per Kane County Juvenile Justice Policy 17.02 Prevention Planning.

Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.318 (a)

- 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.)

Yes No NA

115.318 (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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning states the facility shall consider the effect of the design, acquisition, expansions or modification in regard to the facility's ability to protect the youth from sexual abuse when acquiring a new facility or making substantial expansion to the existing physical plant. The facility has not made substantial changes to physical plant.
- B) Kane County Juvenile Justice Center Policy 17.02 Prevention Planning reports the Superintendent will consider how updates to the video monitoring system or facility technology may enhance the JJC's ability to protect residents from sexual abuse. Since August 20, 2012 the facility has updated and installed additional cameras as part of the existing video monitoring system. The administration team discussed the placement of the cameras in efforts to enhance resident safety and prevent opportunities if sexual abuse to occur. A number of the newly installed cameras were strategically placed in areas of concern for resident safety, such as closets off the main facility hallway.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.321 (a)

- 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 No NA

115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.321 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- 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 No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.321 (g)

- Auditor is not required to audit this provision.

115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A) Kane County Juvenile Justice Center Policy 17.03 Responsive Planning states that they utilize an age appropriate uniform evidence protocol that is adapted from the most recent edition of the U.S. Department of Justice's office of Violence Against Women publication: A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents.

B) The facility utilizes an appropriate protocol for youth. The auditor reviewed this information during the on-site portion of the audit with the PREA Coordinator.

C) Kane County Juvenile Justice Center Policy 17.03 Responsive Planning states all residents who have experienced sexual abuse in the past 7 days are offered access to forensic medical examinations off-site. An exam shall be performed at Edward-Elmhurst Memorial Hospital Emergency Room by a Sexual Assault Nurse Examiner (SANE). All services are provided at no cost to the resident. SANE's are on call through the hospital and should be available as needed. The auditor reviewed a MOU in place with the hospital as well as verified this information through interviews with Medical and Administrative staff. The facility has had zero completed forensic exams in the past twelve months.

D) Facility Policy 17.03 Responsive Planning that Kane County Juvenile Justice Center will call a rape crisis advocate provided by the Community Crisis Center. The auditor reviewed an MOU with the Community Crisis Center during the pre-audit phase. In the event a crisis advocate is not available the PREA Coordinator or Mental Health staff who are properly trained will accompany the youth at their request. The facility also has an MOU in place with the local YWCA for additional services.

E) Kane County Juvenile Justice Policy 17.03 Responsive Planning states the victim can request the advocate accompany and support them through the forensic examination process. Policy also states the youth is able to request his or her gender preference. The advocate may also provide emotional support, crisis intervention and referrals. This information was verified through interviews with Administrative Staff and the PREA Coordinator.

F) The Kane County Juvenile Justice Policy 17.03 Responsive Planning stated the Kane County Sheriff Department, or the Kane County Child Advocacy Center will investigate reports of sexual abuse and will be requested to follow the requirements of paragraphs A-C of Standard 115.321. The auditor reviewed a MOU with the Kane County Sheriff's Department during the pre-audit phase. Interviews with the PREA Coordinator and Administrative staff corroborated this process.

Standard 115.322: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.322 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.322 (b)

- Does the agency have a policy and practice 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.322 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) Yes No NA

115.322 (d)

- Auditor is not required to audit this provision.

115.322 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A) Kane County Juvenile Justice Center Policy 17.03 Responsive Planning stated an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Interviews with Administrative staff including the PREA Coordinator verified that all allegations are investigated. Interviews with random staff were consistent in which they stated allegations are taken seriously and investigated by PREA Coordinator.

B) Facility Policy 17.03 Responsive Planning stated the PREA Coordinator or Supervisor will ensure that all allegations of sexual abuse are referred to the Kane County Sheriff's Department or Child Advocacy Center for Investigation. The PREA Coordinator documents all referrals. It was evident through the interview with the PREA Coordinator and Administrative staff that it is normal procedure to refer allegations of sexual abuse to the Sheriff's Department. There were no documented allegations of sexual assault in the past twelve months but the PREA Coordinator shared with the auditor at their request, a previous incident that was referred to the Sheriff's Department while on-site. Interviews with random staff reported that the PREA Coordinator investigates in the building but the Sheriff's Department would be called depending on the allegation. The auditor reviewed the facility's website during the pre-audit phase in which their investigation policy is posted.

C) Interviews with Administrative Staff and Random Staff solidified that all criminal investigations shall be completed by the Sheriff's Department. Kane County Juvenile Justice Center Policy 17.03 Responsive Planning states there shall be an MOU with investigating agencies in which responsibilities of the JJC and the agency are clearly described. Kane County Juvenile Justice Center has a MOU in place with Kane County's Sheriff's department in which roles and responsibilities of each party are defined.

TRAINING AND EDUCATION

Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? Yes No

115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?
 Yes No
- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- 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 No

115.331 (c)

- Have all current employees who may have contact with residents received such training?
 Yes No
- 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 No
- 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 No

115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A) Kane County does an excellent job with their PREA training. The facility Policy 17.04 Training Education requires all employees to receive training on the requirements listed in PREA Standard 115.331(a) prior to

working with the residents. Employees are to get eight hours of PREA training during their new employee orientation and 4 hours annually as part of their annual refresher trainings. The PREA Coordinator provided the auditor with training curriculum during the pre-audit phase. Curriculum included training from the Moss Group, jeopardy games regarding PREA, and on-site training regarding facility policy and procedures. Interview with the PREA Coordinator and Training Supervisor indicate the facility provides ample PREA training during the new hire orientation as well as annually through their training program.

B) Kane County PREA Coordinator and Training Supervisor does a great job of tailoring their training to meet the needs of the youth in their facility. Majority of the reviewed training materials during the pre-audit and on-site portion of the audit was adapted to fit their facility needs.

C) Kane County Juvenile Justice Center provides annual PREA training and four refresher trainings throughout each year. Staff interviews verified that they receive training quarterly and then a more in-depth training annually. Staff consistently reported that in addition to the training program they frequently receive additional information regarding PREA through the PREA Coordinator.

D) Kane County Juvenile Justice Center Policy 17.04 Training and Education states the PREA Coordinator and Training Supervisor shall document through training logs and signature, that employees understand the training they have receive. The facility maintains training logs for all employees. The training documentation requires staff to sign off on each training topic they have received during that training session. The auditor reviewed training documents for the past year while on-site. Interviews with staff verified that they acknowledge the received training but signing off on training logs.

Standard 115.332: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.332 (a)

- 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 No

115.332 (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 No

115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.04 Training and Education states the PREA Coordinator shall ensure all volunteers and contractors who have contact with the residents receive training on their responsibilities. The PREA Coordinator does a wonderful job of creating and implementing training for facility volunteers and contractors. The auditor was provided information regarding training for volunteers and contractors during the pre-audit phase. Interviews with volunteers and contractual staff confirmed that they received PREA Training prior to beginning their services with the facility. Those volunteers and contractual staff that have been with the facility for longer than a year stated they have received additional PREA training.
- B) Kane County Juvenile Justice Center Policy 17.04 Training and Education states the training the volunteer or contractual staff receives is based on services they provide and the level of contact they have with residents. At minimum, they will be provided knowledge of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and information on how to report such incidents. The PREA Coordinator has created trainings for volunteers and contractors based on their level of contact such as separate trainings for interns, teachers and program volunteers. The auditor reviewed training materials and curriculum during the pre-audit phase.
- C) Facility Policy 17.04 Training and Education states the PREA Coordinator and Training Supervisor shall maintain documentation confirming that volunteers and contractors understand the training they have received. The auditor reviewed training logs for volunteers and contractors during the on-site portion of the audit. Interviews with volunteers confirmed that they must sign a training log once they complete a training.

Standard 115.333: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- Is this information presented in an age-appropriate fashion? Yes No

115.333 (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 No
- 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 No
- 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 No

115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?
 Yes No
- 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 No

115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? Yes No

115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?
 Yes No

115.333 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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A) Kane County Juvenile Justice Center Policy 17.04 Training and Education states residents shall receive information regarding the facility's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment during the intake process. Interviews with youth confirmed they are receiving a handbook and brochure that provides information regarding PREA. Interviews with staff who conduct intakes also corroborated this process.

B) Facility Policy 17.04 Training and Education states that residents view a video at intake that is comprehensive and provides information regarding emotional support services available, their right to be free from sexual abuse, sexual harassment and retaliation. The Auditor had the opportunity to observe an intake and watched the video with the youth during the intake process. The video is age appropriate and provides necessary information. The intake staff did a great job of following up with site specific information for the youth. The resident was given a handout with PREA information and took a quiz on PREA after reviewing the handout and watching the video. Interviews with resident and staff confirm that youth review the video at intake as well as take a PREA quiz and review a PREA brochure.

C.) Kane County does not have agency transfers so there is not requirement to provide transfer education. .

D) Facility Policy 17.04 Training and Education stated information is provided in formats accessible to all residents including those who are limited English proficient., have limited reading skills, deaf or otherwise disabled. Interviews with staff consistently reported that they would review information with a resident who was disabled and unable to do so on their own. The facility also utilizes Purple Communications if needed for residents who are deaf or hard of hearing. Materials are available in Spanish and English. Interview with the PREA Coordinator verified that residents would receive information in a manner that is suitable for them and their limitations or disabilities.

E) Facility Policy 17.04 Training and Education requires documentation of resident participation in PREA Education sessions. Residents sign a PREA Acknowledgement form at intake once they have completed a video, test and received a brochure. Staff are to scan that form into the facility's computer system, CAPITA. The resident's completed test after they have went through orientation is also scanned into CAPITA. Interviews with staff who complete intakes verified this process. This auditor reviewed the intake process while on-site and the staff completed all components of the orientation and documented accordingly.

F) The facility has ample signage posted throughout the programming and housing areas. Interviews with youth confirmed that they are aware of the signs and know they can access services through the information provided on some of the signage.

Standard 115.334: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.334 (a)

- 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 No NA

115.334 (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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.334 (c)

- 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 No NA

115.334 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Policy 17.04 Training and Education states that investigators will not conduct sexual abuse investigations but do complete investigations for sexual harassment. The facility has two Administrative investigators for sexual harassment allegations, PREA Coordinator and Assistant Superintendent. Through interviews with both investigators it was confirmed that they only gain initial information needed to refer the investigation to local Sheriff's Department for an alleged sexual abuse incident.
- B) Facility investigators have received specialized training meeting the requirements of the standard. Both investigators attended an Illinois Statewide training provided by the Administrative Office of Illinois Courts. In addition to the attended training, the Facility PREA Coordinator was a child sexual abuse investigator for over twenty years prior to her appointment as the PREA Coordinator. The PREA Coordinator provided training onsite for both investigations utilizing the Moss Group Investigators Training provided on the PRC. Interviews with the PREA Coordinator and the Assistant Superintendent verified that they have received specialized training on investigations and are feel confident in their role of investigating incidents. The auditor reviewed the training material during the pre-audit phase to ensure it meets the requirements, in which it does.
- C) Kane County Juvenile Justice Policy 17.04 Training and Education states that documentation of training will be maintained. The PREA Coordinator maintains training logs of all PREA related training for the facility. The auditor reviewed training logs for specialized investigations training while on-site.

Standard 115.335: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.335 (a)

- 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 No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to 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 No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) Yes No NA

115.335 (c)

- 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 No NA

115.335 (d)

- 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 No NA
- Do medical and mental health care practitioners contracted by or 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.04 Training and Education requires all full time and part time medical and mental health practitioner who regularly work in the facility receive training by the PREA Coordinator that covers how to detect and assess signs of sexual abuse and harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims, and how to report allegations. Interview with medical staff and mental health staff confirmed that PREA training on the required topics was received. It was reported in addition to the facility training, the oversight agency for the medical staff requires training on PREA as well.
- B) Medical staff at the facility do not complete forensic exams.
- C) Facility Policy 17.04 Training and Education states the PREA Coordinator shall keep record of PREA training for medical and mental health staff. The PREA Coordinator confirmed that training records are kept, and the auditor reviewed the training logs while on-site.
- D) Facility Policy 17.04 Training and Education requires full time medical and mental health care practitioners to receive training mandated for employees in 115.331 annually. Part time staff receive training mandated for volunteers. Interviews with medical and mental health staff verify that they have received training that is mandated for employees. The PREA Coordinator provided training logs to confirm.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.341 (a)

- 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 No
- Does the agency also obtain this information periodically throughout a resident's confinement? Yes No

115.341 (b)

- Are all PREA screening assessments conducted using an objective screening instrument? Yes No

115.341 (c)

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (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? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? Yes No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? Yes No

115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? Yes No
- Is this information ascertained during classification assessments? Yes No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? Yes No

115.341 (e)

- 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 No

Auditor Overall Compliance Determination

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- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states all residents shall receive a risk assessment screening during their intake. The assessment is completed and reviewed by Mental Health within seventy-two (72) hours. The auditor reviewed policy during the pre-audit phase and reviewed screening instruments while on-site. Policy states reassessments will be completed every 90 days or prior if warranted. Reassessments are completed by the PREA Coordinator or designee. The auditor reviewed reassessments on-site using the facility's information management system online. The auditor reviewed all residents who have been in the facility longer than 90 days and all had received a reassessment. Interviews with staff who complete intakes confirmed all residents have an assessment completed during the intake process. Interviews with mental health staff verified that they are reviewed within 72 hours and reassessments take place if the resident as needed or if the resident is in their care for 90 days or longer. Interview with the PREA Coordinator confirmed reassessment are completed when deemed necessary or when a resident has been detained for 90 days.
- B) The facility utilizes an objective screening instrument. The instrument was created specifically for Kane County's use through a consultant who aided the facility with PREA Compliance prior to their first cycle audit.
- C) Kane County Juvenile Justice Center Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states the completed assessment shall obtain relevant information in section C(1-11) of this standard. Interviews with staff who conduct intake, mental health staff who complete reviews as well as the PREA Coordinator who makes housing decisions verified that all necessary components are included in the instrument. The auditor reviewed completed instruments while on-site and determined the objective screening tool contains all necessary elements.
- D) Kane County Juvenile Justice Center Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states information shall be obtained through conversations with the residents during their intake process through the use of screening instrument, medical and mental health screenings, and other relevant documentation. The auditor was able to observe an intake during the on-site portion of the audit in which an assessment was completed on the youth at intake. The staff did an excellent job completing the assessment in a respectful and welcoming manner. Interviews with staff completing intakes confirmed they receive this information through conversation with the youth while conducting the assessment as well as other areas of the intake such as medical and mental health questionnaires. Interviews with the youth confirmed that they received an assessment upon admission into the facility.
- E) Kane County Juvenile Justice Center Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states the facility shall implement appropriate controls on the risk assessments in order to ensure sensitive information is not exploited. The facility's information management system only allows for administrators and supervisory staff to view the instrument once intake is completed. Policy also states staff are not allowed to share risk assessment information with residents or other staff. Interviews with Administrative Staff, PREA Coordinator and staff who complete intakes verified this information.

Standard 115.342: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.342 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.342 (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? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?
 Yes No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?
 Yes No

115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?
 Yes No

115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility’s concern for the resident’s safety? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) Yes No NA

115.342 (i)

- 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? (N/A if the facility *never* places residents in isolation for any reason.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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- A) Kane County Juvenile Justice Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states information obtained in the risk assessment shall be used to make housing, programming and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. The objective tool provides each resident with a score that places them in a low or high-risk range. Residents who score high risk are evaluated for housing and programming by the PREA Coordinator or Supervisor with recommendations from mental health and medical as needed. Interview with the PREA Coordinator, Administrative Staff and staff completing intakes confirmed this process takes place. The auditor reviewed screening instruments while on-site that verified this information.
- B) Kane County Juvenile Justice Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states residents shall only be placed in isolation as a last resort when less restrictive measures are inadequate to keep the resident or other residents safe. Policy states if a resident is isolated, it must be approved by the Assistant Superintendent or PREA Coordinator and a supervisor shall document the basis of concern for resident safety and why no alternative means

can be arranged. Residents who are in isolation, receive daily education and large muscle activity. If any privileges are denied, a supervisor must document why. Medical and Mental Health also must visit the resident daily.

- C) Kane County Juvenile Justice Center Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness and Policy 15.24 Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Youth states LBGTQI youth are not assigned housing based solely upon their identification or status. Policy states a resident's identity as LBGTQI shall not be considered an indicator for likelihood of being sexually abusive. Interviews completed with staff who complete intakes, PREA Coordinator and Administration staff corroborated the facility policy.
- D) Per Facility Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness, housing assignments for LBGTQI youth are considered on a case by case basis which ensures the resident's health and safety and does not cause security problems. Interviews with staff who complete intakes, PREA Coordinator and Administration staff verified that these decisions are on a case by case scenario. The facility utilizes a LBGTQI Accommodation form. The auditor reviewed this form during the pre-audit phase as well as while on-site. The form asks the resident their identity and orientation, pronoun preference, search preference and housing preference. Interview with the youth who identified as bi-sexual confirmed they utilize this information when making decisions.
- E) Facility Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states that housing and programming assignments for transgender or intersex residents will be reassessed every 90 days by the PREA Coordinator. Policy also states if warranted, an assessment may be completed prior to the 90-day review. Interview with the PREA Coordinator confirmed this practice.
- F) Facility Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states LBGTQI residents own views with respect to their own safety shall be given serious consideration. Interviews with staff who complete intakes, PREA Coordinator and resident who previously identified as bisexual affirm the facility provides the youth an opportunity to express their view regarding their safety through the use of the LBGTQI Accommodation form as well as through conversation with PREA Coordinator and Mental Health if necessary.
- G) Kane County Juvenile Detention Center Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness reports residents who identify as transgender or intersex shall be given the opportunity to shower separately from other residents. In the event a transgender or intersex resident request to shower separately, they shall be taken to the ATR shower area to complete their shower process. Staff interviews confirmed that residents would be taken to the intake area (ATR) to shower if they requested to not shower on their unit.
- H) Kane County Juvenile Detention Center Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness requires Supervisors to document a reason for resident isolation as well as why no alternative means of separation can be arranged. There were no incidents of this occurring at the time of the on-site audit to review but interviews with Administrative Staff, PREA Coordinator and Supervisors verified that documentation is needed.
- I) Kane County Juvenile Detention Center Policy 17.05 Screening for Risk of Sexual Victimization and Abusiveness states if a resident is isolated as a last resort, a review will be completed every three days by either the Assistant Superintendent or PREA Coordinator to determine whether there is a continuing need for separation from general population. The PREA Coordinator confirmed that this would take place if they needed to isolate a youth during their interview.

REPORTING

Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- 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 No

115.351 (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 No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No
- 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? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) Yes No NA

115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? Yes No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center provides multiple internal methods of reporting sexual abuse and harassment. Facility Policy 17.06 Reporting Sexual Abuse and Sexual Harassment states residents can report internally by using the facility grievance system, reporting to a staff member, volunteer, contractor or teacher, through a request form to see medical or mental health or submitting a report to PREA Coordinator or PREA Coordinator. Residents are able to utilize the same methods to report retaliation or staff neglect. The auditor reviewed policy and Resident Handbook that provides reporting information during pre-audit phase. Resident interviews indicated the youth are well informed on the methods of reporting internally. Youth consistently were able to share multiple means of reporting. Many youth reported they would tell a staff member because the staff care. Youth interviews made evident that the facility has a welcoming and reporting culture.
- B) Kane County Juvenile Justice Center provides youth with external methods of reported. As stated in Policy 17.06 Reporting Sexual Abuse and Sexual Harassment, residents utilize a dedicated phone located in the medical area that dials out to the Community Crisis Center, which hosts a 24-hour hotline. A resident can also utilize the phones on the housing unit or in medical to call the Kane County Sheriff's Department, DCFS hotline or the Community Crisis Hotline. Signs are located in the housing units that provide the numbers for all three means of reporting. Postal Mail addresses are also provided for the Community Crisis Center and Kane County Sheriff's Department. The facility also posts reporting information on their website and in the lobby. Residents are allowed to remain anonymous if they wish to do so. Interviews with staff and residents confirmed that the youth are aware and able to access these means of reporting.
- C) Facility Policy 17.06 Reporting Sexual Abuse and Sexual Harassment states that staff shall accept reports made verbally, in writing, anonymously and from third parties. Staff are to document any verbal report in an incident prior to the end of their shift. Interviews with staff corroborated that they are to take reports from residents, or outside individuals in a written or

verbal manner. Staff consistently stated they must document alleged incidents prior to the end of their shift.

- D) According to Facility Policy 17.06 Reporting Sexual Abuse and Sexual Harassment, staff shall provide residents with access to tools necessary to make a written report. Resident interviews indicated no issues or barriers to obtaining writing materials to make a report if needed. Youth consistently stated they would probably just tell a staff because they trusted them but could do so in writing if they wanted. Interviews with staff confirmed that residents have access to tools

Standard 115.352: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.352 (a)

- 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 No

115.352 (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 No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.352 (c)

- 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 No NA
- 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 No NA

115.352 (d)

- 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 No NA

- 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 No NA
- 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 No NA

115.352 (e)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (f)

- 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 No NA
- 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 No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.352 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- B) Kane County Juvenile Justice Center Policy 17.06 Reporting Sexual Abuse and Sexual Harassment and Facility Grievance Policy 9.5 states that the facility does not impose a time limit as to when a resident may submit a grievance regarding an allegation of sexual abuse. Policy states residents are not required to use an informal grievance process in regards to an alleged incident of sexual abuse. PREA Coordinator and Administration Staff interviews confirmed that there is no time limit and that

- residents are not asked to handle grievances regarding sexual abuse in an informal manner first.
- C) Kane County Juvenile Justice Center Policy 17.06 Reporting Sexual Abuse and Sexual Harassment states a resident who alleges sexual abuse may submit a grievance without doing so to a staff member who is the subject of the compliance and the grievance shall not be referred to a staff member who is a the subject of the compliant. The resident can submit the form confidentially through locked boxes on the housing units. The auditor observed the locked boxes during the facility tour. Interview with administrative and facility staff made it evident that a resident would not be required to submit a grievance regarding sexual abuse to a staff member that the report is about.
 - D) Kane County Juvenile Justice Center Policy 17.06 Reporting Sexual Abuse and Sexual Harassment states that emergency grievances shall be responded to within forty-eight (48) hours and a final decision shall be issued within five (5) business calendar days. Policy states due to an investigation a final decision on a grievance related to sexual abuse may take longer than five days, a decision shall not exceed ninety (90) days from the filing of the grievance. A 70-day extension may be necessary in which the facility will notify the resident in writing. Initial response and final decision will document whether the resident is at substantial risk of imminent sexual abuse and actions taken in response. Interview with the PREA Coordinator, Supervisors and Administrative Staff confirmed the grievance process.
 - E) Facility Policy 17.06 06 Reporting Sexual Abuse and Sexual Harassment states third parties shall be permitted to assist residents in filing grievances related to sexual abuse and sexual harassment. Third parties shall also be permitted to file such request on behalf of a resident. Parents and legal guardians 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. Interviews with the PREA Coordinator and Administrative Staff confirmed third parties are allowed to file a grievance for a resident and that they would accept the grievance regardless if the resident wanted it filed or not.
 - F) Kane County Juvenile Justice Center Policy 17.06 Reporting Sexual Abuse and Sexual Harassment provides an emergency grievance process. Emergency grievances are to be reviewed and provided an initial response within forty-eight (48) hours. Final notices for emergency grievances are to be delivered within 5 calendar days. Documentation is required for initial responses and final decisions. The auditor reviewed policy during the pre-audit phase. Interviews with PREA Coordinator and Administrative Staff on-site confirmed emergency grievance process. Youth interviews made it evident that they are aware they can utilize grievances and that it can be an emergency grievance but noting it on the grievance form if related to sexual abuse.
 - G) Kane County Juvenile Justice Center Policy 17.06 Reporting Sexual Abuse and Sexual Harassment states any resident who files frivolous or fabricated grievances alleging sexual abuse or harassment may be subject to discipline if written in bad faith. Interview with the PREA Coordinator indicated that they have no incidents of disciplining a youth due to a grievance but that they would only do so if it was filed in bad faith.

Standard 115.353: Resident access to outside confidential support services and legal representation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.353 (a)

- 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 assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.353 (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 No

115.353 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

115.353 (d)

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? Yes No
- Does the facility provide residents with reasonable access to parents or legal guardians? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.06 Reporting Sexual Abuse and Sexual Harassment states residents are to be provide access to outside victim advocates for emotional support related to sexual abuse through the Community Crisis Center. Residents have access to these services through postal mail and the hotline phone. The auditor observed signage providing the agency’s address and phone number in programming and housing areas during the facility tour. During the pre-audit phase, the auditor reviewed the MOU with the Community Crisis Center to ensure it included victim advocates and emotional support in which it does. In addition to advocate and emotional support services provided by the Community Crisis Center the facility has linked with the local YWCA for an additional service when available and has an MOU with the Fox Valley Hands of Hope program to provide grief counseling for residents.
- B) Policy17.06 Reporting Sexual Abuse and Sexual Harassment states residents are informed to what extent this communication will be monitored and the extent to which the reports of abuse will be forwarded to authorities. This information is provided to residents through the Resident Handbook and during their orientation of PREA at intake. Resident interviews confirmed they are aware they can access these services and many residents stated the PREA Coordinator discusses this information on the unit with them.
- C) The facility has an MOU with Community Crisis Center and Fox Valley Hands of Hope Program. The auditor reviewed both MOU’s during the pre-audit phase and discussed services with the PREA Coordinator during the on-site audit.
- D) Policy17.06 Reporting Sexual Abuse and Sexual Harassment states resident shall have reasonable and confidential access to their attorneys or parents/legal guardians by using the visitation area. Residents are allowed daily phone calls. Per policy 17.06, calls to their attorney and parents/legal guardians are not audibly monitored. Resident interviews made it evident that they have access to attorney’s and parents. Residents reported they are able to call their attorney if needed and can make phone calls home daily.

Standard 115.354: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.06 Reporting Sexual Abuse and Sexual Harassment states the facility provides a number of methods of third party reporting. Information on how to report an alleged incident is provided on the agency's website. The auditor reviewed the website during the pre-audit phase in which it was noted the information is provided. Third parties can also contact the DCFS hotline or utilize a grievance form and box located in the lobby. During the facility tour, the auditor observed signage on how to report in these manners in the lobby as well as the grievance forms and box.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? Yes No

115.361 (c)

- 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 No

115.361 (d)

- 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 No
- 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 No

115.361 (e)

- 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 No

- 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 No

- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? Yes No

- 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 No

115.361 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A) Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report states staff are required to immediately report any knowledge, suspicion or information they receive regarding an incident of sexual abuse or harassment, retaliation or staff neglect that may have contributed to an incident to a supervisor. Staff interviews verified that they are required to report any knowledge or suspicion of information to their immediate supervisor.

B) Kane County Juvenile Justice Center Policy 15.16 Sexual and/or Physical Abuse Allegations DCFS Mandated Reporting requires staff to be knowledgeable and committed to the Abused and Neglected Child Reporting Act. All facility employees are mandated by their employment to report any indication or allegation of sexual abuse, physical abuse or neglect. Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report states staff shall comply with mandatory child abuse reporting laws for the State of Illinois. Training records for mandated reporter training were available to

the auditor while on-site. Staff interviews confirmed that they are aware they are mandated reporters and required to report any incident or indication of abuse, neglect or harassment.

C) Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report prohibits staff from revealing information related to a sexual abuse report other than to the extent necessary in order to make treatment, investigation and other security decisions. Interviews with staff made it evident that they are aware they should only share information with those necessary to provide services and make decisions. Staff consistently stated they are to tell a supervisor and PREA Coordinator this information.

D) Facility Policy 17.07 Official response Following a Report requires Medical and Mental Health staff to report sexual abuse or sexual harassment to a supervisor and PREA Coordinator as well as complying with the mandatory child abuse report laws. Policy states Medical and Mental Health shall inform residents at the imitation of services their duty to report and the limitations of confidentiality during their encounters. Interviews with Medical and Mental Health staff confirmed that they are to report any abuse to the management team. All interviewed Medical and Mental Health Staff reported they inform the residents of their duty to report when seeing the resident for the first time as well as at the time of the resident providing information that would warrant the need to report within the facility as well as to DCFS. Interview with the PREA Coordinator verified that they receive mandated reporter training and training provided by the PREA Coordinator.

E) Kane County Juvenile Justice Center Policy 17.07 Official Response Following a Report states 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 forty-eight (48) hours of receiving the allegation, unless official documentation states parents/guardians should not be notified. Policy states if the victim is under the guardianship of DCFS, the report will be made to the caseworker instead of the parent/guardian as well as the youth's attorney or legal representative if warranted. Interviews with Administrative Staff confirmed that official notifications would take place immediately and they have never reported outside of the forty-eight (48) hour timeframe.

F) All allegations of sexual abuse and harassment are to be reported to the Superintendent and Assistant Superintendent and PREA Coordinator per Policy 17.07: Official Response Following a Report. This includes third party and anonymous reports. Interviews with facility staff and Administrative staff made it evident that they employees are aware they should immediately report all allegations to their supervisor.

Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.362 (a)

- 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 No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report dictates protection duties for youth who are subject to a substantial risk of imminent sexual abuse. Policy states they shall take immediate action to protect the resident. Youth Counselors are to immediately notify a supervisor or Senior Youth Counselor in their absence. The PREA Coordinator is then notified by the supervisor or designee and the PREA Coordinator will provide further direction for the youth. Actions to eliminate risk of imminent harm are considered on a case by case scenario. Interview with the PREA Coordinator and Administrative staff indicated that actions typically taken are room assignment changes or unit changes. Interviews with Youth Counselor staff confirmed that if a resident is at risk of imminent sexual abuse they immediately take action and contact a supervisor.

Standard 115.363: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.363 (a)

- 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 No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? Yes No

115.363 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.363 (c)

- Does the agency document that it has provided such notification? Yes No

115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report states the facility Superintendent of Assistant Superintendent in his absence shall notify the head of a facility when a resident report an alleged abuse occurred at their facility. In addition to the facility, appropriate investigative agencies shall be notified. Interviews with the PREA Coordinator and Administrative Staff confirmed this process. While on-site the Assistant Superintendent stated they had to report an incident to another facility and provided documentation of the report to this auditor for review.
- B) Policy 17.07 states notification shall occur within seventy-two (72) hours of receiving the allegation. Interviews with Administrative Staff and PREA Coordinator confirmed notification occurs as soon as possible and always within 72 hours of the report. The provided incident of notification from the Assistant Superintendent was completed within 72 hours of receiving the report.
- C) Policy 17.07 states the Superintendent or designee will document the notification. Interviews confirmed documentation takes place. Interview with the PREA Coordinator confirmed they are provided the documentation and it is kept in a separate resident file for the alleged incident in a locked cabinet. The reviewed incident was emailed from the Assistant Superintendent and the PREA Coordinator had the hard copy in a file in their office following the process noted above. The communication within the provided incident of notification was excellent.

Standard 115.364: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.364 (a)

- 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 No

- 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 No
- 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 No
- 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 No

115.364 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report dictates the necessary steps for a first responder. The policy states first responder staff member is to separate the alleged victim and abuser, immediately notify Supervisor and PREA Coordinator and preserve and protect the crime scene. Policy also requires them to request both the victim and alleged offender to not take actions that could destroy physical evidence. The auditor reviewed policy during the pre-audit phase. Interviews with Youth Counselor Staff during the onsite visit confirmed staff are fully aware of their duties as a first responder. All interviewed staff reported all steps necessary if they were the first responder to an incident. Staff stated they review first responder duties in training often.

B) B) Policy 17.07 states if the first responder is not a security-staff member (such as a teacher or volunteer) the responder should request the alleged victim to not take action that could destroy evidence and immediately alert a supervisor. Interviews with non-security staff (including teaching staff, food staff and volunteers) made it evident that they are aware they are to immediately alert a staff and supervisor and to ask the victim to not destroy evidence. While interviewing school personnel they shared they once had to report to a Supervisor that a resident reported they were physically abused prior to coming into the facility, while it is not sexual in nature, they shared that they immediately reported to the supervisor and alerted DCFS through the hotline. They share such information to state they would utilize the same process for PREA related incidents.

Standard 115.365: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.365 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

A) Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report provides a written coordinated response for the facility. The auditor reviewed the coordinated response during the pre-audit phase. Interviews with facility investigators, medical, mental health and Administrative staff confirm the coordinated response plan is followed. The PREA Coordinator provided training records on the coordinated response plan in addition to first responder duties. The plan is well written and clearly defines the roles of those involved. The coordinated response plan provides an appropriate response by all facility staff in the event of a sexual abuse incident.

Standard 115.366: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.366 (a)

- 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 No

115.366 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report provides the facility the ability to remove alleged staff sexual abusers from contact with residents pending an investigation outcome and discipline decision if warranted. There is no conflict with the current Collective Bargaining agreement for the facility unionized staff. Disciplinary action in the agreement are consistent with PREA Standards 115.366, 115.372 and 115.376. Interview with the Director of Court Services and the facility Superintendent confirmed that the CBA is consistent with the PREA Standards.

Standard 115.367: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.367 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.367 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? Yes No

115.367 (c)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.367 (e)

- 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 No

115.367 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report requires the facility to protect all residents and staff from retaliation. The facility PREA Coordinator or designee is responsible for monitoring retaliation. A facility Supervisor manages retaliation monitoring with the oversight of the PREA Coordinator. A review of policy was completed during the pre-audit phase. Interview with the PREA Coordinator and Supervisor verified this process.
- B) Kane County Juvenile Justice Center Policy 17.07 Official Response Following a Report states the facility provides several protection measures such as housing assignment changes, removal of staff from contact with residents and emotional support services. Interviews with the PREA Coordinator and Supervisor that completes monitoring confirmed they have several protection

measures and will immediately make sure they have provided appropriate protection measures for the resident or staff.

- C) Facility will monitor for a minimum of 90 days from the report of an allegation of sexual abuse. Monitoring can exceed the 90 day if warranted. All components of this provision are monitored within 90-day timeframe. This is provided through policy and was verified through interviews with the PREA Coordinator and Supervisor responsible for retaliation. There were no incidents within the past 12 months to review.
- D) Policy 17.07 Official Response Following a Report states the PREA Coordinator shall have contact with residents who report sexual abuse on a weekly basis. Interviews with the PREA Coordinator and Supervisor completing retaliation confirmed they would both meet with said resident at least weekly.
- E) Any individual who cooperates with an investigation would receive protection as stated in Policy 17.07 Official Response Following a Report. Facility policy states staff, volunteers, contractors and residents are encouraged to report retaliation. Interviews with residents and Youth Counselors affirm that the facility as a reporting culture and they feel they could report any concerns they would have.

Standard 115.368: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.368 (a)

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.07 Official response Following a Report clearly defines the last resort use of isolation for a resident victim of sexual abuse. If the resident is

isolated due to no other alternative means available, the requirements of 115.342 shall be maintained per policy. Residents in isolation as a victim shall receive a review within two days to determine the need for continued separation. Such review shall take place by the PREA Coordinator. The facility had no incidents of isolation to review during the on-site phase of the audit. Interview with the PREA Coordinator confirmed the practice as stated in policy.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] Yes No NA

115.371 (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 No

115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? Yes No

115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.371 (f)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- 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 No

115.371 (g)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.371 (h)

- 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 No

115.371 (i)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.371 (j)

- 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 No

115.371 (k)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
 Yes No

115.371 (l)

- Auditor is not required to audit this provision.

115.371 (m)

- When an outside agency 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.08 Investigations clearly states all allegations of sexual abuse or harassment are promptly, thoroughly and objectively investigated by designated facility investigator or law enforcement personnel. The facility refers sexual abuse investigations to Kane County Sheriff's Department in which an MOU is in place and has been reviewed by the auditor during the pre-audit phase.
- B) Kane County Juvenile Justice Center has two facility investigators. Administrative Investigations regarding staff will also involve the Court Services Executive Director. While they refer allegations of sexual abuse to the Sheriff's Department, they have received specialized training to enhance their ability to respond appropriately to incidents prior to law enforcement taking over. The MOU in place with the Kane County Sheriff's Department encourages them to comply with the PREA Standards including specialized training.
- C) Kane County Sheriff's Department is responsible for evidence collection and interviews as they are the investigation agency. The MOU states the facility will fully cooperate with the investigation.
- D) Kane County Juvenile Justice Center Policy 17.08 Investigations states they conduct administrative investigations and shall not terminate an investigation solely because the source of the allegation recants. Interviews with staff that complete investigations confirmed they would not terminate based of the alleged victim recanting and they would continue their administrative investigation.
- E) Per the MOU and facility policy, interviews for sexual abuse would be completed by the Kane County Sheriff's Department.
- F) Kane County Juvenile Justice Center Policy 17.08 Investigations clearly states the credibility of an alleged victim, suspect or witness is assessed on individual basis and shall not be determined by the person's status as resident or staff. Interviews with investigation staff made this evident that credibility is determined on an individual basis.

- G) Kane County Juvenile Justice Center Policy 17.08 Investigations states all administrative investigations shall include an effort to determine whether staff actions or failures to act were a contributing factor to the incident. In a written report the investigators evidence and reasoning behind credibility assessment and investigate facts and findings. Interviews with the investigating staff verified that they review such information and document all required components.
- H) Criminal investigations are conducted by the Kane County Sheriff's Department, the MOU with the agency states the Sheriff's department shall provide a written report to the facility information the administration of the outcome of the investigation. Interview with the PREA Coordinator stated they have had good communication with the Sheriff's Department.
- I) All allegations that appear to be criminal are handled by the Kane County Sheriff's Department and referred for prosecution as directed by the assigned investigators from the Kane County Sheriff's Department.
- J) The facility obtains written reports for the required timeframe in the standard. The PREA Coordinator keeps these records in a locked cabinet.
- K) Kane County Juvenile Justice Center Policy 17.08 Investigations clearly states the departure of the alleged offender or victim from employment or control of the facility shall not provide a basis for terminating an investigation. Interviews with investigators and administrative staff confirmed investigations are not terminated due to residents or employees leaving prior to the conclusion of the investigation.
- M. The facility fully cooperates with the Kane County Sheriff's Department during an investigation. The Superintendent or designee is designated to correspond with the Sheriff's Department during an investigation. The facility had no substantiated allegations that were criminal or referred for prosecution.

Standard 115.372: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.372 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Kane County Juvenile Justice Center Policy 17.08 Investigations clearly defined the standard of proof necessary to substantiate an allegation of sexual harassment is a preponderance of the evidence. All investigating staff were aware of the standard of necessary proof during interviews.

Standard 115.373: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.373 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.373 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's 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 No NA

115.373 (c)

- 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 No
- 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 No
- 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 No
- 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 No

115.373 (d)

- 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 No
- 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 No

115.373 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.373 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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- A) Kane County Juvenile Justice Center Policy 17.08 states the PREA Coordinator will inform the resident the outcome of the investigation. Interview with the PREA Coordinator confirmed this process.
- B) The Superintendent or designee is required to request the relevant information from the Kane County Sheriff's Department in order to inform the resident.
- C) Kane County Juvenile Justice Center Policy 17.08 Investigations clearly stated if the alleged abuse was an employee, the PREA Coordinator or Superintendent shall inform the alleged victim of all the variables regarding the employee and investigation as stated in this standard.

The PREA Coordinator confirmed they would follow the provisions within the standard and policy of alerting the resident.

- D) Kane County Juvenile Justice Center Policy 17.08 states the facility shall inform the alleged victim at various points of the investigation and including if the alleged abuse is charged with an offense or convicted of an offense. The interview with the PREA Coordinator indicated they would be responsible for provided this information to the youth.
- E) The PREA Coordinator is responsible for documenting notified or attempts. This is noted in Policy 17.08 Investigations and was confirmed during the Interview with the PREA Coordinator.

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.376 (c)

- 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 No

115.376 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.09 Discipline states staff shall be subject to disciplinary sanctions up to and including termination for violating sexual abuse and sexual harassment policies. This is supported by Kane County's Sexual Misconduct and Sexual Harassment Policies. Interviews with Administrative staff confirmed that staff are subject to disciplinary action which could result in termination.
- B) Kane County Juvenile Justice Center Policy 17.09 Discipline states termination shall be the presumptive disciplinary sanction for Staff who have engages in sexual abuse.
- C) Policy 17.09 states disciplinary sanctions for violations for facility policies related to sexual abuse and harassment shall be commensurate with the nature and circumstances of the acts committed, staff member's history and sanctions imposed for comparable offenses.
- D) Policy 17.09 states all terminations for violations of facility sexual abuse or harassment policies or resignations by facility staff who would have been terminated if not for their resignation shall be reported to law enforcement agencies and to relevant licensing bodies. The facility had no incidents to review in regard to this standard.

Standard 115.377: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.09 Discipline clearly states any contractor or volunteer who engages in sexual abuse shall be prohibited from resident contact and reported to law enforcement agencies and relevant licensing bodies. No incidents had occurred to review while onsite. Interview with the Superintendent confirmed they would not have resident contact and no longer provided services for the facility.
- B) Kane County Juvenile Justice Center Policy 17.09 Discipline states the facility shall take appropriate remedial measures and shall consider whether to prohibit resident contact in the case of any other violation of sexual abuse or sexual harassment by a contractor or volunteer. No incidents had occurred to review while onsite. Interview with the Superintendent made it evident that the facility would make this consideration.

Standard 115.378: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.378 (a)

- 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 No

115.378 (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 No
- 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 No
- 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 No

- 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 No
- 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 No

115.378 (c)

- 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 No

115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? Yes No
- 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 No

115.378 (e)

- 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 No

115.378 (f)

- 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 No

115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- A) Kane County Juvenile Justice Center Policy 17.09 Discipline states a resident may be subject to disciplinary sanctions only pursuant to the facility's 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. Discipline is determined by the Superintendent.
- B) Policy 17.09 states discipline shall be commensurate with the nature and circumstances of the abuse or harassment committed, the resident's disciplinary history and the sanctions imposed for comparable offenses. Policy 17.09 dictates that if a resident is placed in isolation, the resident shall still receive educational programming and large muscle group exercise. If placed in isolation they will receive daily visits from medical and mental health personnel and have access to programming to the extent possible. No residents have been placed in isolation for the auditor to review. Interview with the Superintendent reported this process follow their policy for all residents placed in isolation and would be followed.
- C) Policy 17.09 The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to their behavior when determine if and what sanction should be imposed. The facility consults with mental health staff in this situation.
- D) Policy 17.09 calls for the PREA Coordinator to refer residents who engage in sexual misconduct to mental health staff. Participation in mental health services is not a condition to access general programming, large muscle activities or other facility services. Interviews with mental health staff confirm that they would provide counseling for residents regarding sexual abuse and sexual harassment if appropriate. They would not deny a resident service due to involvement in a PREA related incident. Participation with mental health services is separate from the behavior management program and would not affect their access to programming.
- E) Policy 17.09: Discipline, states it is prohibited to discipline a resident for sexual contact with an employee, contractor or volunteer unless it is found that the staff member did not consent to the contact. The facility did not have any reported incidents that resulted in discipline for the resident to review.
- F) Policy 17.09 prohibits discipling a resident who reported an allegation in good faith. Residents who reported in good faith will not receive discipline even if the investigation does not establish evidence sufficient to substantiate the allegation. The PREA Coordinator is responsible for receiving all disciplinary reports regarding sexual abuse or sexual harassment. This constitutes the monitoring process but also enables the facility to ensure residents who report in good faith do not receive consequences. PREA Coordinator confirmed this process.
- G) Policy 17.09 prohibits all sexual activity in which a resident would receive a consequence for their actions. Such actions do no constitute sexual abuse if it is not coerced.

MEDICAL AND MENTAL CARE

Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.381 (a)

- 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 No

115.381 (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 No

115.381 (c)

- 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 No

115.381 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.10 Medical and Mental Health Care states residents who risk assessment indicates they have experience prior sexual victimization will receive a follow up meeting with medical and mental health staff within 3 days of the intake screening. Interviews with medical and mental health staff confirmed they meet with residents within 3 days of intake if they have reported prior victimization. Interviews with staff who are to complete the risk screening reported that they refer residents to mental health and medical services if they have reported prior sexual victimization and that if it occurred within 7 days, they are to immediately notify the PREA Coordinator for further instruction. The facility has medical and mental health staff in the building seven days a week. The auditor reviewed a sampling of risk assessment forms while onsite that indicated they were reviewed by mental health and also indicated if they were referred to medical and mental health services.
- B) Policy 17.10 states residents who have perpetrated prior sexual abuse will receive a follow up meeting with mental and mental health staff within 3 days of the intake screening. Interviews with medical and mental health staff confirmed they meet with residents within 3 days of intake if they report prior perpetration. Interviews with staff who are to complete the risk screening reported that they refer residents to mental health and medical services. The auditor reviewed a sampling of risk assessment forms while onsite that indicated they were reviewed by mental health and also indicated if they were referred to medical and mental health services.
- C) Policy 17.10 states the information related to victimization or abusiveness in institutional setting is strictly limited to medical and mental health personnel and other staff as determined by the Superintendent to form service plans, housing and programming assignments. During the facility tour it was noted that medical information is not openly shared with facility staff. The facility has weekly meetings with medical and management to relay necessary information. Information needed for housing and programming assignments would be provided to management for those purposes.
- D) Policy 17.10 requires medical and mental health staff to obtain informed consent from resident before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the youth is under the age of 18. Most residents within the Kane County Juvenile Justice Center are under the age of 18 but if informed consent is necessary it is obtained by the medical or mental health staff who need to make a report. Medical and Mental Health staff make the resident aware as mandated reporters what information they are required to report. Medical and Mental Health Staff interviews confirmed this process. No incidents in which they needed to obtain an informed consent had occurred.

Standard 115.382: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.382 (a)

- 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 No

115.382 (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 No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.382 (c)

- 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 No

115.382 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.10 Medical and Mental Health Care clearly states residents have access to emergency medical and mental health services. Emergency medical treatment and crisis intervention services, in which the nature and scope is determined by medical and mental health practitioner's professional judgement are provided to youth. If Medical and Mental Health are in the building, they will be contacted. If they are not in the

facility, a medical and mental health practitioner are on call. In the event of a sexual assault, arrangements are immediately made for the resident to be transported to Edward-Elmhurst Hospital. This arrangement is completed by the PREA Coordinator or Superintendent. The PREA Coordinator has also implemented a SANE bag in which will accompany the youth to the hospital that provides a change of clothes, snacks and water to have when appropriate and information on available services. Medical and Mental Health staff are responsible for keeping documentation of the timeliness of emergency medical treatment and services. Medical and Mental health staff interviews reported that such information is documented in resident files as necessary. If the resident required a hospital visit services provided would also be maintained and placed in the resident's medical file.

- B) Policy 17.10 requires staff to take preliminary steps to protect the victims as noted in standard 115.362 and to immediately notify appropriate medical and mental health staff on call. Interviews with Youth Counselors confirmed that staff are aware they need to protect the victim following their first responder duties and that medical and mental health staff are notified.
- C) Policy 17.10 states resident victims of sexual abuse while detained shall be offered timely information and access to emergency contraception and sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate. Interviews with medical staff confirmed residents would receive this care while at the hospital completing a SANE exam, if a resident requested such services upon their return, they could receive them. Medical staff stated they have not had to provide these services due to a sexual abuse incident within the facility.
- D) Policy 17.10 clearly states medical and mental health services are provided to victims without a financial cost and regardless of whether they cooperate with the investigation. During the tour a discussion was held regarding services in which it was reported services in regard to a sexual assault are provided to the resident with no cost. Information from the YWCA regarding services that are provided at no cost is also provided to the youth in case additional services are required upon release.

Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.383 (a)

- 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 No

115.383 (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 No

115.383 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (e)

- 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. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.383 (g)

- 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 No

115.383 (h)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.10 Medical and Mental Health Care required the facility to offer medical and mental health evaluations and appropriate treatment to all residents who have been victimized by sexual abuse while incarcerated. All residents receive a medical evaluation within a week of admission into the facility. Residents who report previous victimization would be seen within 72 hours and as needed. Mental health services are available for all youth and those who reported previous victimization would be seen within 72 hours and offered continual services. Information was obtained and verified through administrative staff while onsite as well as through interviews with Medical and Mental Health staff.
- B) Policy 17.10 states the evaluation and treatment victims receive shall include follow ups, service plans and referrals as appropriate. Referrals include services for when the youth is released or transferred to a different agency. Medical and Mental Health Staff reported that they provide all residents appropriate follow up care and referrals for necessary treatment. Residents who were victims of previous assault while incarcerated would be provided necessary care and referrals. The Community Crisis Center can provide outside counseling as well as services are available through the YWCA. Medical stated if the resident needed to see a provider a referral would be made, and information would be provided upon release or transfer to another agency regarding the standing appointments.
- C. Policy 17.10 requires services provided to such victims be consistent with community levels of care. Medical and Mental Health Staff reported that services are consistent with community levels of care. Interviews indicated that both medical and mental health staff services believe while there services are consistent with community levels of care they can exceed this level because they are available to the residents 7 days a week and have direct access to care without issues such as transportation as they do in the community.
- D. Policy 17.10 requires residents of sexually abusiveness vaginal penetration while incarcerated shall be offered pregnancy tests. There were no residents who reported a sexual abuse in the facility's care at the time of the onsite audit. Medical staff offer all female residents pregnancy tests during their medical evaluation but would ensure residents were offered upon victimization. This information was provided through interview with the medical staff.
- E. In continuation of the previous standard and facility policy statement, if pregnancy results from victimization, the resident receives timely and comprehensive information to all lawful pregnancy related medical services. Medical staff reported that the Community Crisis Center can aide in providing these services and that pregnant residents are provided with referrals to appropriate community medical providers to provide necessary care for pregnancy and discuss medical services. Mental Health staff stated they would provide onsite services and aide in aligning the youth with outside services if necessary. Both medical and mental health stated they have not had this situation arise due to victimization, but they provide medical and mental health services to all pregnant youth.
- F. Policy 17.10 states victims of sexual abuse while detained will be offered tests for sexually transmitted infections as deemed medically appropriate by medical staff. Medical staff stated residents would be offered STD testing as deemed appropriate due to the alleged sexual acts.

- G. Policy 17.10 requires treatment to be free of cost to the resident regardless of participation in the investigation. No residents onsite had reported sexual abuse. Discussion with the PREA Coordinator confirmed all services are free to the resident.
- H. Policy 17.10 states mental health staff will attempt to conduct a mental health assessment within fourteen days of learning of resident on resident abuse history and offer appropriate treatment. Mental Health staff stated they have not had to complete such an assessment to date but that

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.386 (a)

- 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 No

115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.386 (d)

- 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 No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.11 Data Collection and Review requires a sexual abuse incident review be completed for each allegation or less it has been determined to be unfounded.
- B) Policy 17.11, The review will take place within 15 days of the conclusion of the investigation unless it was determined to be unfounded. Interview with the Superintendent and PREA Coordinator confirmed that a review would be completely at their weekly management meeting within 15 days as required by their policy.
- C) Policy 17.11 states the review team consists of the Superintendent, PREA Coordinator, Assistant Superintendent, Supervisors, Mental Health and Medical. The facility had no incidents that required an incident review. Interview with the Superintendent and PREA Coordinator confirmed these individuals would be part of the review as they are part of the weekly meetings.
- D) Policy 17.11 states that all requirements of Standards 115.386(d) will be considered and completed during a review of the incident. The facility utilizes an incident review form that includes all provisions from the standard.
- E) Policy 17.11 states the facility shall implement the recommendation for improvement or shall document the reasons for not doing so.

Standard 115.387: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.387 (a)

- 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 No

115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.387 (c)

- 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 No

115.387 (d)

- 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 No

115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.387 (f)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Policy 17.11 Data Collection and Review requires the PREA Coordinator to collect accurate and uniform data utilizing the instrument and set definitions set forth by the Survey of Sexual Violence provided by the Department of Justice.
- B) Policy 17.11 requires the PREA Coordinator to aggregates the incident based sexual abuse data at least annually and records this information within their Annual Report.
- C) The facility utilizes the structure and definitions set forth by the Survey of Sexual Violence and requires in Policy 17.11 that it collects data equivalent to the Survey. The PREA Coordinator reviewed with this auditor data collections during the on-site audit as well as the annual report.
- D) Policy 17.11 states the PREA Coordinator shall maintain, review and collect data as needed from all available incident-based documentation including reports, investigation files and sexual abuse incident reviews. The facility did not have incident reviews to review during the on-site audit. The PREA Coordinator and the auditor spent an ample amount of time during the on-site audit reviewing documentation received on multiple incidents, majority being non-PREA incidents and none being sexual abuse incidents. The review showed the record keeping of the PREA Coordinator.
- E) N/A
- F) Policy 17.11 States the PREA Coordinator shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th.

Standard 115.388: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.388 (a)

- 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 No
- 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 No
- 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 No

115.388 (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 No

115.388 (c)

- 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 No

115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.11 Data Collection and Review requires the PREA Coordinator to review data collected in effort to improve the effectiveness of the facility's sexual abuse prevention, detection and response polices, practices and training. Reviews include identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report.
- B) Policy 17.11 requires the annual report to include a comparison of the current years data with those from prior years and include an assessment in the progress in addressing sexual abuse.
- C) Policy 17.11 requires the annual report be approved by the Superintendent and made accessible on the Kane County website. Interviews with the Superintendent and PREA Coordinator confirm that the annual plan is reviewed. The PREA Coordinator provided information that made it evident the annual plan is reviewed during a management meeting annually. Upon reviewing the website the auditor noted the Annual Report was posted on the website.
- D) Policy 17.11 provides the facility the authority to redact specific information from the reports prior to publication that would pose a specific threat to the safety and security of the facility and its residents, if information is redacted it must be indicated. A review of the annual report during the preaudit phase showed that it does not include any personal identifying information.

Standard 115.389: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.389 (a)

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?
 Yes No

115.389 (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 No

115.389 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.389 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- A) Kane County Juvenile Justice Center Policy 17.11 Data Collection and Review states the PREA Coordinator will ensure data collected pursuant to Standard 115.387 is securely detained. All data is secured in a locked filing cabinet in the PREA Coordinator's office with access limited to administrative personnel. The auditor observed this process and location of collected data while onsite.
- B) Facility Policy 17.11 states the PREA Coordinator or designee shall make all aggregated data available on the agency website annually. Upon reviewing the website during the preaudit phase the auditor noticed the Annual Reports which hosts the aggregated data were not posted

on the agency website. The auditor reviewed the website to ensure this was posted in which it was.

- C) All personal identifiers are removed from the data collection prior to being placed in the Annual Report. The Annual Report is what will be accessible on the agency website.
- D) Policy 17.11 states the PREA Coordinator shall maintain sexual abuse data for at least 10 years after the date of the initial collection unless Federal, State or local law requires otherwise.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes 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 No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility

The PREA Coordinator did an excellent job of providing requested information to the Auditor. While on-site the auditor was allowed access to the totality of the building, was allowed to conduct interviews in private and was given a substantial amount of supporting documentation.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 AGENCY 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility received an audit in the 2017. The previous auditor never submitted an interim or final report to the facility. A letter stating that the facility is in compliance with the PREA Juvenile Standards and a final report would come at a later date was provided to the PREA Coordinator from the Auditor.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jessica Durbin

8/2/20

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.