

PREA AUDIT REPORT INTERIM x FINAL
JUVENILE FACILITIES

Date of report: July 30, 2015

Auditor Information			
Auditor name: John Bersinger			
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Email: jbersinger@sbcglobal.net			
Telephone number: 916-863-1040			
Date of facility visit: May 19-21, 2015			
Facility Information			
Facility name: Juvenile Correctional Center-Lewiston			
Facility physical address: 140 Southport Ave, Lewiston Idaho,83501			
Facility mailing address: <i>(if different from above)</i> Same			
Facility telephone number: 208 799-3332			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Kevin Bernatz Superintendent			
Number of staff assigned to the facility in the last 12 months: 52			
Designed facility capacity: 36			
Current population of facility: 29			
Facility security levels/inmate custody levels: 4 Custody levels 1-4			
Age range of the population: 11.6-20.2			
Name of PREA Compliance Manager: Nicole Cleveland-Lyons		Title: Quality Improvement Program Specialist	
Email address: ██████████		Telephone number: ██████████	
Agency Information			
Name of agency: Idaho Department of Juvenile Corrections			
Governing authority or parent agency: <i>(if applicable)</i> State of Idaho			
Physical address: 954 W. Jefferson Street Boise, Idaho 83702			
Mailing address: <i>(if different from above)</i> P.O. Box 83720 Boise, Idaho			
Telephone number: Click here to enter text.			
Agency Chief Executive Officer			
Name: Sharon Harrigfeld		Title: Director	
Email address: ██████████		Telephone number: ██████████	
Agency-Wide PREA Coordinator			
Name: Joe Blume		Title: Correctional Program Coordinator	
Email address: ██████████		Telephone number: ██████████	

AUDIT FINDINGS

NARRATIVE

Auditors John Bersinger and Michelle Mandery-Baldwin arrived in Lewiston on the afternoon of May 18, 2015 and met with the Statewide PREA Coordinator that evening. The next morning they were taken to the facility and had an introductory meeting with the facility Superintendent, PREA Compliance Manager and other supervisory staff.

A complete tour of the facility took approximately two hours. This facility was constructed 14 years ago and is in excellent condition. An extensive video surveillance system was installed at that time, and continuous improvements have been made since. Newer wide angle cameras were being installed as we toured the facility.

Private bathing and toilet facilities are located in each wing. This facility employs a "thirds" policy which requires three juveniles together when they are outside of their individual rooms. This provides protection and privacy for juveniles using these facilities, as well as peer pressure to conform to facility rules.

The PREA screening for risk is conducted by the clinical staff on the date of admission. This was being documented on an older screening form which does not contain the newer references to juveniles' sexual preferences and/or identities. Administrative investigations regarding allegations of sexual harassment are conducted by the facility's PREA Compliance Manager, with assistance from supervisory staff. Criminal investigations are referred to local law enforcement agencies.

PREA training is provided annually for all staff. Specific components are presented in video or power point format as necessary for new staff. Complete training records are maintained on a computerized system which indicates, for each staff, when additional training is due. Some of this training is conducted as part of the POST (Peace Officer Standards Training) certification which staff are required to take when hired. An associated issue that comes up with this certification is that POST conducts its own background checks and does not automatically forward a complete background file on each IDJC staff member. As a result IDJC does not maintain complete background information on these employees, which could contain information pertinent to background check renewals.

The auditors interviewed the Agency Chief Executive Officer, Superintendent, PREA Compliance Manager, and PREA Coordinator. Specialized staff interviews included the Agency Contract Administrator, Intermediate level staff, Medical and Mental Health Staff -4, Volunteer and Contract Staff -2. Investigative staff -3, Risk Screening Staff -2, Incident Review Team Staff-4, Intake Staff, a random sample of Rehabilitation Technician-10, and a random sample of residents were interviewed-11.

Length of employment ranged from a few months to 13 years. All presented as very knowledgeable about their jobs and highly dedicated to keeping youth safe. The agency's commitment to PREA was very evident during interviews. Staff members were well aware of the agency's policies and procedures.

Interviews of residents, ages 14-19, revealed thorough knowledge of their PREA rights and reporting opportunities. All were aware of the confidential complaint forms and boxes throughout the facility as well as speaking to a trusted staff person or contacting outside resources by telephone or mail. All reported that they had been given PREA information at intake and felt safe at this facility.

The quality and organization of the pre-audit documentation provided by the Statewide PREA Coordinator was excellent, and included cross-referenced documents provided on a thumb drive. The facility's PREA Compliance Manager was equally helpful in arranging interviews and providing additional documentation during the onsite audit. From the facility Superintendent on down, an impressive commitment to PREA and the transparency of operations was quite evident throughout JCC-Lewiston.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Juvenile Corrections Center- Lewiston (JCC-L) is located in the city of Lewiston, Idaho. The Idaho Department of Juvenile Corrections (IDJC) is the state agency that operates the facility. IDJC works closely with county probation departments to provide accountability, community protection, and rehabilitation to juveniles that are involved in the justice system in Idaho. The 36 bed facility was opened in June of 2001 and serves medium to high risk adjudicated male offenders. The estimated length of stay is 6-12 months. Lewiston is the smallest juvenile corrections facility in Idaho and is located in a rural setting.

Upon walking into the facility there is a reception area with a window that is used for visitors to sign in. There are two locked doors one leading to the secured facility and one that leads to administrative offices and conference rooms. The door that leads into the facility is monitored by the control booth staff. Once you enter the first door the control booth is on your right and there is a door that is used to enter the booth. The second locked door is also monitored by the control booth and beyond this door is the secured part of the facility. Straight down the hall are the three living units with a staff area in the middle. Each unit has showers that have 3/4 doors for privacy and a bathroom that is through a 3/4 swinging door that allows for privacy. Down the hallway to the right are classrooms, medical and mental health offices. The intake area is at the end of the hallway; on the right there is an isolation cell and a room that is used as a clothing storage area. There is a sally port where vehicles pull in when transporting residents. Residents returning from home visits are processed back into the facility through the intake area. Female wards are processed at the Lewiston facility; however they are transferred to other facilities as JCC-L only houses male wards. There is one large room that is used for eating and the kitchen is through a lock door in this room. The residents are not allowed in the kitchen area. Directly in front of the control booth is a room with windows which is used for meetings with residents, video conferences with family members, and resident's confidential phone calls. Next door is the Dragonfly room which is the library and family visiting area. Across the hallway there is a large outdoor basketball court. This area is enclosed by 3 facility walls and a fence with razor wire. There is a large outside grass area that has a barbeque and fire pit with benches in the far corner. The challenge course is located around a corner and which does have one documented blind spot. This area has been identified by the facility and they plan on correcting, however, at the time of the audit this area is non operative and in need of repair. Further down from the course is a garden area.

JCC-L provides a therapeutic community with an individualized treatment approach. This includes a level system, cognitive restructuring, life skills, group meetings, community service, restitution, victim/offender work, daily chores, bi-monthly progress reports, monthly progress staffing, anger management, and empathy education. Clinical services offered include drug and alcohol treatment, individual and group therapy, family counseling and mediation, family enrichment, and assessments. The Lewiston Correctional Center contains the Milestones Program. The objective of this program is to facilitate a transformation in the juvenile offender's behavior from delinquent and addictive to pro-social and healthy behaviors. The program staff and treatment team develop individual and community strategies to help eliminate or manage undesirable behaviors and reinforce those that are socially acceptable with positive outcomes. JCC-L program uses mentoring, cognitive restructuring, social learning, and cause and effect reinforcement. The facility recognizes that the juvenile offender possess a level of reasoning, response, and the ability to identify behavior patterns. They promote change through using the juvenile's abilities to make positive self change. Consistent with cognitive theory, the expressed thoughts and beliefs of the youth are tracked over time and established patterns of thinking are documented. Cognitive interventions target these beliefs and thoughts, identify those with positive and negative outcomes, and facilitate a change in behavior to help the resident create positive outcomes in his environment. The youth learns new coping skills and competencies. This program helps reduce the risk of reoffending or displaying inappropriate or illegal behavior in the future.

Physical and health services include an onsite nurse with 24 hour on call availability, onsite meal service, large muscle exercise, recreation, medical and dental access, safety and security. JCC-L has extensive educational service that includes special education, individual education plans, high school diploma, GED/HSE, computer technology, vocational and educational skills. The education program is accredited and has certified instructors.

A contracted service provider ensures religious needs of the juveniles are met. Religious activities include, LDS service, seminary, missionaries, mass, catechism, fireside, protestant service, bible study, and others are arranged as needed.

SUMMARY OF INTERIM AUDIT FINDINGS

Number of standards exceeded: 4

Number of standards met: 35

Number of standards not met: 3 (See Standards 115.317, 115.341, and 115.342)

Number of standards not applicable: None

CORRECTIVE ACTIONS

<u>Standard</u>	<u>Deficiency</u>	<u>Action Taken</u>	<u>Documentation</u>
115.317	Criminal background information not maintained for all employees.	Obtain background check information from investigating agencies.	Amended policy.
115.341	Screening form does not include residents' sexual identification.	Use updated screening form RSVP DJC-269-01.	Adopted revised form.
115.341	Updated form not available for placement decisions.	Use updated screening form RSVP DJC-269-01.	Adopted revised form.

SUMMARY OF FINAL AUDIT FINDINGS

Number of standards exceeded: 4

Number of standards met: 38

Number of standards no met: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

(a)1-5 IDJC Administrative Policy/Procedure 914 page 1, 2nd paragraph states that all facilities and contract providers are required to adhere to a zero tolerance standard of sexual abuse or misconduct. This includes incidents of sexual activity, whether consensual or nonconsensual, threats to engage in nonconsensual sexual activity, and solicitation to engage in sexual activity. The policy includes procedures for responding to, investigating, and supporting the prosecution of sexual abuse and sexual harassment, both internally and externally, in partnership with law enforcement.

(b)1-3 The Agency Wide PREA Coordinator was interviewed and stated that there is sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards. The interaction between the Agency wide PREA Coordinator and PREA Compliance Manager shows a cohesive approach and commitment to PREA Standards.

(c)1-4 Lewiston has a PREA Compliance Manager that is solely responsible for JCC-.L. The Compliance Manager reports to the Superintendent, and the Agency Wide PREA Coordinator. Employees interviewed report PREA related information to the PREA Compliance Manager.

JCC-L Exceeds standard 115.311. Policy review, organizational chart review, interviews, and observations made during the onsite audit support this finding. The commitment to zero tolerance of sexual abuse and sexual harassment was evident during the onsite audit. Interviews with the Superintendent, Agency Wide PREA Coordinator, PREA Compliance Manager, Supervisors, and Front Line Staff show an impressive team work approach to the implementation of the PREA standards.

Standard 115.312 Contracting with other entities for the confinement of residents

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

(a)-1, 2 Copies of contracts were reviewed by the auditor and found to be complying with the PREA Standards.

(a)-3, 4 IDJC has entered into 11 contracts for residential services during the audit period as of 2/27/15.

(b)- 1, 2 Contracts require the agency to monitor the contractor's compliance with PREA Standards.

JCC-L meets standard 115.312. The contracts reviewed require compliance with the PREA standards as a condition of the contract.

Standard 115.313 Supervision and monitoring

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

(a)-1, (d)-1 IDJC Juvenile Supervision Policy 608 page 3, section VI.A states that the facility, in consultation with the Agency PREA Coordinator shall assess, determine, and document whether adjustments are needed whenever necessary, but no less frequently than once a year. The staffing plan was reviewed and the staffing schedule was provided both on the thumb drive and during the onsite audit. Interviews verified that when assessing staffing levels and the need for video monitoring the agency does take into account accepted juvenile detention and correctional residential practices, judicial findings of inadequacy (none at JCC-L), findings of inadequacy from federal investigative agencies (none at JCC-L), inadequacy from internal or external oversight bodies (none at JCC-L), and the components of facility's plant including blind spots and areas where staff or residents may be isolated. The facility was found to be proactive in the assessment of staff and residents safety. Cameras and mirrors have been recently added to address blind spots and improve coverage. When cameras and mirrors do not solve the problem increased staff coverage is required for resident's use of certain areas such as the outside yard.

- (a) 2 The average number of residents at JCC-L during the audit period was 23.4 as of 2/27/15. During the onsite audit there were 29 residents at the facility.
- (b) 1, 2 Deviations from the staffing plans were provided to the auditor and reviewed. One week from each month for March, 2014-February 2015 was reviewed. The six most common reasons for deviations are vacancies, sick leave, training, vacations, and comp time.
- (c) 1-4 the facility does not maintain staff ratios of 1:8 during walking hours, or 1:16 during sleeping hours. At this time the facility is unable to achieve the PREA Standard for the juvenile supervision ratio that goes into effect 10/1/2017.

(e)-1-3 Policy 621 page 3, Section I.B4 was reviewed by the auditor. The Duty Officer is responsible for unannounced round and documenting these rounds in the weekly Duty Officer Report. This was verified through interviews during the onsite audit and reviewing several of the weekly reports. The Duty Officer's interviewed have different techniques they use during unannounced rounds to minimize staff alerting staff of their arrival. After reviewing IDJC policies, interviewing staff and residents, and observation during the onsite audit it is determined that **JCC-L Exceeds standard 115.313.**

Standard 115.315 Limits to cross-gender viewing and searches

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

(a)-1-3 JCC-L does not conduct cross-gender strip and visual body searches of residents per IDJC Contraband Acquisition & Disposition/Searched Policy 620, Page 3, and Section IV.B.2. During the audit period there have been no cross-gender strip and visual body cavity searches of residents. No cross-gender strip and visual body cavity searches of residents are performed by non-medical staff. The auditor documented by reviewing the IDJC Policies, interviewing random staff, and residents that cross-gender strip and visual body cavity searches are not done at Lewiston including medical staff.

(b)-1,3,4 (c)-1 Per IDJC Policy 620 Contraband Acquisition & Disposition/Searched Policy the facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances. There have not been any cross gender pat-down searches of residents during the audit period. Lewiston staff members interviewed knew the policies prohibiting cross-gender searches. The agency policy 620 IV B 4 requires all cross-gender strip searches and cross-gender visual body cavity searches be documented.

(d)-1 Policy 608, Section 1G states opposite gender staff must announce when a housing unit where residents are likely to be showering and changing clothes. During the interviews with residents and staff it was reported that female staff announce their presents only when residents are using the bathroom or showering. The auditor determined there was a clear understanding of when a resident is using the shower and/or bathroom because of the thirds policy. Female staff can see before entering the unit if the bathroom or shower is being used because two residents wait behind the tiles for the third resident to exit the bathroom or shower area. All of the residents interviewed felt that the female staff respect their privacy and no one reported an incident where incidental viewing occurred during routine cell checks or when a female entered the housing unit. The auditor took into account the staff and resident interviews, the unit's open design noted during the tour, and the third's policy in determining that JCC-L meets the Standard 115.315(d) even though opposite gender staff do not announce their presence each time they enter the unit area that contains a bathroom and shower.

(e)(f) IDJC Non-Discriminatory, Developmentally Sound Treatment of Lesbian, Gay, bi-sexual, Transgender & Intersex Youth Policy 672, Section V.F states that the search of LGBTI or questioning juveniles will be performed in accordance with Contraband Acquisition and Disposition/Searches policy. The dignity of all juveniles being searched will be maintained at all times. The policy states that a transgender juvenile may request a male or female staff conduct the search and that searches must be conducted in the presence of a witnessing staff.

Several staff members stated that they haven't worked with transgender residents at JCC-L and a refresher training on working with LGBTI youth which includes IDJC policies in regards pat down searches would be helpful.

JCC-L meets Standard 115.315

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

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.316 (a)-1 & (b)-1 Intake Policy 640 page 2, Section V.F. – If a juvenile is unable or unwilling to read forms during intake staff will read and explain the forms to the juvenile. Staff will e-mail the clinical supervisor and education staff to inform them of any observed disabilities and accommodations will be made.

(a)1,2,3 Policy 640 Page 2, Sec IV JCC-L does not rely on juvenile interpreters, juvenile reader, or other types of juvenile assistants except in limited circumstances where an extended delay could compromise safety of the juvenile. The auditor was provided with copies of contracts with interpreters for limited English proficient youth.

The PAQ reports during the audit period no instances where resident interpreters, readers, or other types of resident assistants have been used. Interviews with staff and residents confirmed that no limited English proficient or disabled residents are

currently in the program. Staff was knowledgeable on the policies and procedures in regards to the intake process and for obtaining services for youth who are disabled or with limited English proficiency.

JCC-L meets standard 115.316.

Standard 115.317 Hiring and promotion decisions

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.317 (a)-1 Criminal History Background Checks Policy 340 page 1 states that IDJC does not hire or promote anyone who may have contact with juveniles that has engaged in sexual abuse in an institution setting or has been convicted of engaging or attempting to engage in sexual activity in the community that involved force, overt or implied threats of force, or coercion, or where the victim did not consent, or has been adjudicated to have engaged in the described activities.

(a)-1 meets the standard.

(b)-1 Policy 340 requires the agency to consider incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with the residents.

(b)-1 meets the standard

(c)-1,2 The agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before it hires any new employees who may have contact with residents. During the past 12 months 16 persons have been hired who have required criminal background record checks. The background checks are conducted according to the Idaho Police Officer Standards and Training (POST). However, the actual background records are not made available to IDJC or the PREA auditor for verification. As a result, this provision of the standard has not been met.

(d)-1,2 The agency policy requires that a criminal background records check be completed and applicable with child abuse registries consulted before a contractor can provide services or have contact with the residents. In the past 12 months there have been 5 background checks completed on contractors that provide direct services to residents.

(e)-1 Criminal background checks are update at least every five years. See (c)-1,2 above. Without actual background records, verification of this standard cannot be assured. This provision is not met.

(g)-1 All items on the DJC-058 (Criminal History Authorization and Self-Declaration form) will be reviewed and any material omissions or false information provided are ground for termination or disqualification.

(g)-1 meets the standard.

JCC-L does not meet Standard 113.317 (c) and (e). The auditor was not provided documentation that employees had current criminal background record clearances. The facility did not have records showing employee's criminal background checks are done at least every five years. The Human Resource Department was contacted to request a copy of the fingerprint clearances for a sampling of staff. HR does not have fingerprint clearance documentation in the employee's file because they are not the holder of the records.

CORRECTIVE ACTION PLAN:

IDJC Human Resource Department should have a copy of employee's initial and five year fingerprint clearances as part of the personnel files. A change in policy allowing IDJC Human Resources to obtain fingerprint records for employee files will meet this standard.

CORRECTIVE ACTION COMPLETION:

IDJC Policy Number 340, revised 06/29/15, now states that POST will provide IDJC/HR with the background check results on IDJC employees who are required to become POST certified.

Standard 115.318 Upgrades to facilities and technologies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

- (a) During the audit period JCC-L did not have any expansions or renovations to the physical plant.
- (b) The auditor toured the facility including the control room where the video monitoring system was reviewed. Continuous upgrades have been made including wide angle cameras and the use of mirrors to decrease blind spots. During the interviews it was clear that the facility is dedicated to the safety of staff and residents and that ways to improve the video monitoring system is discussed and reviewed on an ongoing basis.

JCC-L meets standard 115.318

Standard 115.321 Evidence protocol and forensic medical examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.321 (a) 1,3, (b)1- The agency/facility is responsible for conducting sexual abuse investigations that are not criminal in nature. If there is an allegation of criminal activity law enforcement is contacted and they collect the evidence as stated in IDJC Policy 911 II. The protocol for sexual abuse investigations used is the National Institute of Corrections NIC PREA Training: Investigating Sexual Abuse in a Confinement Setting.

(c)1-8- The facility transports victims of sexual abuse to the local hospital for forensic medical examination. The victim is not charged for this service. Examinations are conducted by SAFE or SANE nurses or by a qualified medical practitioner. During the audit period there have not been any forensic medical exams conducted.

(d)-1, 2,3YWCA has a contract with JCC-L to provide victim advocate community based services. The auditor reviewed the contract.

(e)-1 Sexual Assault Policy 835,page 1, 2nd paragraph states a clinical staff member will accompany and support the juvenile through the forensic medical examination process and investigatory interviews to provide emotional support and crisis intervention. During the Health Services Administrator interview the auditor was told a clinical level agency staff always accompanies the minor for support but also to gain knowledge and documentation in regards to any follow up treatment that may be necessary.

(f)-The auditor reviewed IDJC Policy 835 Sexual Assault , Policy 911 PREA Investigations, and the email from Lewiston Police Department verifying the procedures for responding to a criminal sexual abuse allegation do follow Standard 115.321 The contracts between JCC-L the YWCA of Lewiston and Sequoia Counseling were reviewed. Interviews with investigative

staff, Health Service Administrator, PREA Compliance Manager, and the Agency Wide PREA Coordinator varied that the policies and procedures are being followed.

JCC-L meets Standard 115.321

Standard 115.322 Policies to ensure referrals of allegations for investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.322 (a)-1, (b)-1,2 Policy 911 PREA Investigations page 1/section1 ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Criminal investigations are published on the IDJC's website.

(a)-2,3,4,5 During the audit period there were 12 allegations of which 4 did not meet the definition of a PREA incident, 4 determined non-abusive/accidental contact, 2 were determined to be substantiated, 1 unfounded, and 1 unsubstantiated. No PREA incidents occurred that required a criminal investigation.

(b)-3 During the audit period there were no allegations of sexual abuse or sexual harassment referred for criminal investigation. IDJC policy does require that the agency document the referral for criminal investigation.

The IDJC PREA Investigation Policy 911 was reviewed and interviews with the investigative staff were used to determine compliance on this standard.

JCC-L meets standard 115.322.

Standard 115.331 Employee training

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

(a)-1 IDJC Policy 914, PREA Compliance

<p>The agency trains all employees who have contact with residents in the following matters (check all that apply and indicate where in training curriculum this information is covered):</p> <p><input checked="" type="checkbox"/> (1) Agency's zero-tolerance policy for sexual abuse and sexual harassment.</p> <p><input checked="" type="checkbox"/> (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and</p>	<p>PREA Compliance Policy 914 Page 3, Section II. E</p>
	<p>Refresher-Direct Care PREA Training PowerPoint provided</p>
	<p>Page 1, 2nd paragraph of policy 914 statement. Slide 16 of the training curriculum Page 3 & 4, Section III, IV, V & VI of policy 914 Slide 19-24 of the training</p>

<p>procedures.</p> <p><input checked="" type="checkbox"/> (3) Residents' right to be free from sexual abuse and sexual harassment.</p> <p><input checked="" type="checkbox"/> (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.</p> <p><input checked="" type="checkbox"/> (5) The dynamics of sexual abuse and sexual harassment in juvenile facilities.</p> <p><input checked="" type="checkbox"/> (6) The common reactions of sexual abuse and sexual harassment juvenile victims.</p> <p><input checked="" type="checkbox"/> (7) How to detect and respond to signs of threatened and actual sexual abuse.</p> <p><input checked="" type="checkbox"/> (8) How to avoid inappropriate relationships with residents.</p> <p><input checked="" type="checkbox"/> (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.</p> <p><input checked="" type="checkbox"/> (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p>	<p>curriculum</p> <p>Page 1, 2nd paragraph of policy 914 statement.</p> <p>Slide 8, #6 of the training curriculum</p> <p>Slide 24 of the training curriculum</p> <p>Slide 4 & 5 of the training curriculum</p> <p>Slide 12 & 13 of the training curriculum</p> <p>Slide 10-13 of training curriculum (detection) Slide 19-28 of training curriculum (response)</p> <p>Slide 15-16 of training curriculum (detection)</p> <p>Slide 24 of the PREA training curriculum</p> <p>Multiple slides within the LGBTI training curriculum (provided)</p> <p>Slide 21 of the training curriculum</p>
<p><input checked="" type="checkbox"/> (11) Relevant laws regarding the applicable age of consent.</p>	<p>Slide 18 of the training curriculum</p>

(b)1,2 The training is tailored to the unique needs and gender of the residents at the facility. All employees receive training on cross gender supervision and are not given additional training if reassigned.

(c)-1, 2, 3, 4, During the audit period 59 staff have been trained or retrained on the PREA requirements. A refresher training is done on an annually basis. Training records are tracked on the Traincaster system. All of the employee's were up to date on the required PREA training during the onsite audit. There is an email system in place that notifies staff several weeks before training is due. If a staff member does not take the course in a timely manner the supervisor will also receive emails.

(d)-1 Staff are required to sign Department of Juvenile Corrections Employee Training Attendance Record Form DJC-043 which describes the objective of the class and states that all staff who sign the form understand the training that they attended. For some of the trainings a post test is required. There are several methods of instruction which includes demonstration, role playing, video, discussion, lecture, film, or power point presentation.

During the onsite audit the Traincaster system was shown to the auditor which showed all staff were up to date on Prea trainings. Staff was knowledgeable of the PREA required training during interviews. There were two areas that staff felt they would benefit from further training. The Supervision and Management of LGBTI youth as several staff stated that they have not worked with these youth at Lewiston and refresher training would be helpful. The second area staff indicated they would like to see further training is in regards to preserving evidence after a sexual assault.

JCC-L staff is 100% compliant in PREA training requirements. This is very impressive. Furthermore, the Lewiston staff takes the PREA training and their obligation as mandated reporters and keeping the residents safe from sexual abuse and sexual harassment seriously.

JCC-L exceeds the standard 115.331.

Standard 115.332 Volunteer and contractor training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

IDJC policy requires volunteers and contractors to receive the same PREA training as staff members. Interviews with the Agency Wide PREA Coordinator, PREA Compliance Manager, and contract staff verified that all volunteers and contractors receive PREA training. The training is based on the services they provide and the level of contact they have with the residents. The agency documents volunteer/contractor training and the verification form signed by the trainee.

JCC-L meets Standard 115.332

Standard 115.333 Resident education

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

(a)-1,2,3, (b)-1, (c)1,2,3 During the audit period 26 residents were given the intake information presented in an age appropriate manner on the zero-tolerance policy and how to report sexual abuse or sexual harassment. Within 10 days of being admitted to JCC-L 23 residents received the comprehensive PREA information. During the audit no residents were in the facility that had been admitted prior to August 20th, 2013.

(d)-1 IDJC Policy 640 page 2, Sec V.F.2 PREA education is available for the following residents: limited English proficient, deaf, visually impaired, otherwise disabled, and limited reading skills.

(e)-1 Documentation of the resident's participation in PREA education is maintained. During the intake process residents receive information on zero tolerance policy, how to report sexual abuse, sexual harassment, or behavior that makes them feel uncomfortable. The residents receive the Milestone Program Manual at during intake which contains the address to report a PREA incident, phone numbers for YWCA victim advocacy group, and Child Protection. The resident signs the Juvenile Understanding of Prison Rape Elimination Act (PREA) Form DJC-162-01 to document that they have received and understand the information. The agency maintains a copy of the signed form. Interviews with random staff confirmed that the residents are given the information as part of the intake process. The auditor reviewed resident's intake packet and Milestone Program Manual. Interviews with residents and staff confirmed residents receive the PREA information through several different means such as, comprehensive education at the reception center, intake information, PREA power point, and posters throughout the facility.

Review of IDJC policies and procedures, observation during onsite audit, interviews with residents and staff were reviewed to determine the facility meets this standard.

JCC-L meets Standard 115.333.

Standard 115.334 Specialized training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1 IDJC PREA Compliance Policy 914, page 3. Section II. E requires investigators to be trained in conducting sexual abuse investigations in confinement settings.

(c)-1 Copies of the training certificate were provided. The investigators are trained by The National Institute of Corrections and/or the PREA Resource Center/Moss Group Training. The training includes “Investigating Sexual Abuse in a Confinement Setting” and “PREA: Your Role Responding to Sexual Abuse”. Four staff members at JCC-Lewiston are trained investigators. The investigators interviewed were very knowledgeable in all areas of investigation of sexual abuse and sexual harassment and the agencies policies in regards to investigations.

JCC-L meets standard 115.334

Standard 115.335 Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1,2 Agency policy PREA Compliance Policy 914, page 3 Section II.E was reviewed and meets the standard in regards to PREA training for medical and mental health staff. All the medical and mental health staff that work with the residents at JCC-L have received the required PREA training. Two mental health staff and one medical staff were interviewed and they were knowledgeable in regards to the PREA training and their responsibilities.

(b)-1 The agency medical staff at JCC-L does not conduct forensic exams.

JCC_L meets Standard 115.335.

Standard 115.341 Screening for risk of victimization and abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.341 (a)-1-4 the auditor reviewed IDJC Intake policy 640 Page 3. Section V.H. that states the juvenile will be administered the Risk of Sexual Victimization/Perpetration (RSVP) Screener DJC-269-01 within 72 hours of placement at JCC-L. Clinical staff is not using form DJO-269-01; they are using the Risk of Sexual Victimization/Propensity Screener. DJC-269-01 was created 02/20/15, however, screenings at JCC-L during the month of April were not administered the RSVP.

This provision of the standard is not met as IDJC Intake policy states form DJC -269-01 be used for screening which is not being followed. The screening form used does not include information on PREA Standard 115.41 (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." Screening is being done within the 72 hour period; however the form used does not meet the standard.

(b)-1 The screening tool being used "Risk of Sexual Victimization/Propensity Screener" being is not an objective screening instrument.

The auditor reviewed random screenings of residents who arrived during the month of April and two mental health clinical staff was interview to verify the determination.

JCC-L does not meet standard 115.41

CORRECTIVE ACTION PLAN

JCC-L must implement IDJC Intake policy 640 Page 3 Section V.H. Qualified clinical personnel to use RSVP DJC-269-01 within 72 hours of the resident's entry into the facility and reassessed residents periodically throughout their confinement.

CORRECTIVE ACTION TAKEN:

JCC-L has provided documentation of screenings using updated (02/20/15) form DJC-269-01.

Standard 115.342 Use of screening information

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.342 (a)-1 Observation and Assessment Evaluations (O&A) and Policy 404 Page 5. Section 4.D was reviewed by the auditor. IDJC policy states that information from RSVP and the O&A will be used to make inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse. This provision of the standard is not met as the RSVP is not used and the screening instrument in use does not include sexual orientation as required in standard 115.341.

(b)-1-5 IDJC Policy 604 Special Management Interventions Page 4&5, Section V.D policy states that residents may only be placed in isolation as a last resort until an alternative means of keeping all residents safe can be arranged. The policy protects the basic rights of residents including daily access to large muscle exercise, legally required education, treatment, and special educations services. No residents have been placed in isolation during the audit period. This provision meets the standard.

(c)-1, 2, (d)-1- IDJC Policy 672 Page 3. Section V.A.I. & Section V.A.II Non-Discriminatory, Developmentally Sound Treatment of LGBTI youth meets provision (c). JCC-L prohibits placing LGBTI resident's in particular housing and other assignments solely on the basis of identification or status. Housing decisions are made on a case by case basis. LGBTI is not used as an indicator of likelihood of being sexually abusive. Provision (c) meets the standard.

(h)-1 N/A JCC-L did not house any residents in isolation during the audit period.

(i)-1 A review is made every 30 days to determine whether there is a continued need for separation from the general populations.

CORRECTIVE ACTION PLAN:

Implement RSVP as the agency screening tool and use this information when making decisions in regards to 115.342 (a)-1.

CORRECTIVE ACTION COMPLETION:

JCC-L has provided documentation that revised (02/20/15) screening form DJC-269-01 is now being used.

Standard 115.351 Resident reporting

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1,(b)-1 Privileged Communications Policy 675 Page 2&3, Section 3&4, Parent/guardian handbook, page 36, Juvenile Handbook, page 36, residents rights and responsibilities, page 4, and agreement with H&W Child Abuse & Neglect Hotline documentation were reviewed by the auditor. JCC-L provides several different ways for a resident to report sexual abuse and sexual harassment. During random resident interviews the youth were aware of reporting by using the grievance box, 800 PREA number, telling a staff member or family member, calling child protection or their lawyer. The residents were knowledgeable on their right to be free from retaliation by other residents or staff for reporting sexual abuse, sexual harassment, staff neglect, or violation of responsibilities that may have contributed to an incident. When asked by the auditor if reporting confidentially would be more difficult because of the thirds policy they all thought about it but determined it would not be. Residents said they could ask to talk to a staff alone that they had something confidential to say, could tell their therapist, report to a family member during visitation, call their lawyer or probation officer, or use the grievance box.

(c)-1,2, (e)-1- Staff are mandated to accept reports of all sexual abuse incidents and sexual harassment that are made verbally, in writing, anonymously and from a third party. These reports must be documented. IDJC PREA Compliance Policy 914, page 2, Section I.F and DJC-Form 131, Notification of disclosure were reviewed. Random staff interviews revealed that staff are very knowledgeable in regards to their responsibility in reporting sexual abuse and sexual harassment.

(d)-1 Residents interviewed have access to materials needed in order to make a written report. However, most residents interviewed said they would report sexual abuse and/or sexual harassment to the PREA Compliance Manager as they know she would take care of it. The residents' trust of staff at Lewiston reflects the commitment they have to PREA and keeping residents safe from sexual abuse and sexual harassment.

JCC-L meets standard 115.351.

Standard 115.352 Exhaustion of administrative remedies

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

Does Not Meet Standard (requires corrective action plan)

The auditor reviewed Juvenile Grievances of Sexual Abuse Policy 671, Page 2, 3, &4, Section IV. A&B, and Page 2, Section III.A and conducted staff and resident interviews during the onsite audit.

(a)-1,(b)-1-2,(c)-1-2 JCC-L has administrative procedures for dealing with resident grievances regarding sexual abuse. Residents can submit the grievance at anytime regardless of when the incident occurred. The residents are not required to try and resolve the incident with the staff. The grievance can be submitted without submitting it to the staff member who is the subject of the complaint.

(d)1-6 The policy requires that a decision is made within 90 days of filing the grievance. In the past 12 months there were no grievances that were filed alleging sexual abuse. In the event that the agency requests an extension they notify the resident in writing, including the expected date a decision will be made.

(e)-1-4 Agency policy permits third parties to file requests for administrative remedies relating to allegations of sexual abuse on behalf of residents. If the youth declines to have third-party assistance the facility will document the resident's decision to decline. If the third party is a parent or legal guardian the resident cannot decline. There were no grievances alleging sexual abuse filed by residents during the audit period in which a resident declined third party assistance.

(f) 1-6 the agency has a policy and procedure for emergency grievances. Any grievance marked sexual abuse/sexual harassment will be treated as an emergency by the PREA Compliance Manager or in her absence the Duty Officer. Corrective action will take place within 48 hours. The Superintendent will review the information and let the resident know the final decision within 5 days. There have not been any grievances alleging substantial risk filed in the past 12 months.

(g) 1-2 all grievances will be taken seriously and investigated. If a resident makes a false report an appropriate program response may be initiated.

JCC-L meets Standard 115.352

Standard 115.353 Resident access to outside confidential support services

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1 Policy 675 Privileged Communications, page 3, section IV addresses the ways a resident can contact outside agencies such as the Child Protection, YWCA, and Sequoia Counseling. The information is available to the residents on posters throughout the facility, PREA Basic's for Juvenile PowerPoint Training-Slide #9, and in the JCCCL Handbook. The interview with random residents, Superintendent, PREA Compliance Manager, observation during the audit, and contracts with YWCA and Sequoia Counseling Center were reviewed.

JCC-L meets Standard 115.353

Standard 115.354 Third-party reporting

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)1-2 On the IDJC website sexual suspected sexual abuse or sexual harassment can be report by clicking on contact us. <http://www.idaho.gov>

JCC-L meets Standard 115.54

Standard 115.361 Staff and agency reporting duties

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

115.361 (a)1-3 PREA Compliance policy 914 states that upon suspicion or becoming aware of a possible sexual abuse incident whether it has occur at a facility that is part of the agency or not will be reported. The IDJC staff immediately contacts the Clinical Supervisor or if not available, the designee or Duty Officer. The Clinical Supervisor will notify the PREA Coordinator of the possible sexual abuse incident no later than 24 hours after receiving the report. The staff must report retaliation against residents or staff who reports such an incident.

(b),(c)- All staff are mandated reports and the staff interviewee's understood their responsibilities in terms of agency policies and procedures in regards to reporting. The Clinical Staff, PREA Coordinator, and Duty Officer's were very knowledgeable and knew their responsibilities in regards to immediate action to be taken and the chain of command for informing supervisors if they become aware of a possible sexual abuse incident.

JCC-L meets Standard 115.361

Standard 115.362 Agency protection duties

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)1-4 IDJC Policy 914 PREA Compliance, page 3, section VI A states that the alleged victim and alleged offender and any witnesses will be separated. Staff is to ensure the safety of the alleged victim. The staff interviewed knew their responsibilities in regards to immediately separating the residents involved.

JCC-L meets Standard 115.362

Standard 115.363 Reporting to other confinement facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

115.363 (a)1-4 Policy 914 PREA Compliance Policy page 3, section IV.A states that upon suspicion or becoming aware of a possible sexual abuse incident at another facility the Superintendent or IDJC Director will notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The notification will be provided as soon as possible and no later than 24 hours after receiving the allegation. The PREA Coordinator will document that the notification has been made. JCC-L has not received any allegations of this type during the last 12 months.

JCC-L meets Standard 115.363

Standard 115.364 Staff first responder duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

(a)-The auditor reviewed Compliance Policy 914 Page 3 Section IV. A, B, & C. This includes policy on separating the alleged victim and abuser, preserving and protecting any crime scene, and collection of evidence. Staff, contractors, and volunteers all receive the first responder duties training. The interviewee's were knowledgeable in regards to their responsibility as a first responder.

(a)2-5 In the past 12 months there was one allegation that a resident was sexually abused. The juveniles involved were separated. There were no allegations that required the collection of evidence.

JCC-L meets Standard 115.364

Standard 115.365 Coordinated response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The auditor reviewed the “Institutional Plan for Responding to PREA Incidents, JCC Lewiston” form that is used to coordinate actions taken in response to an incident of sexual abuse. This plan includes first responders, medical and mental health practitioners, investigators, and facility leadership.

JCC-L meets Standard 115.365

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

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires correction action)

JCC-L and IDJC has not entered into any new collective bargaining agreements for the Lewiston Facility.

JCC-L meets Standard 115.66

Standard 115.367 Agency protection against retaliation

- X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

(a)-1-2 & (c)-1 the auditor reviewed Harassment and Discrimination Policy 307 Page 6, Section V & VI and Quality Improvement Staff Handbook /PREA Compliance Manager’s responsibilities in regards to monitoring for retaliation. The PREA Compliance Manager is responsible for monitoring for retaliation. Documentation of the policy and interviews with residents and staff confirmed that the policies are being followed. Several residents stated that retaliation is not allowed at JCC-L and that the PREA Compliance Manager would not allow that. They also reported the Compliance Manager checks in with residents regularly following any type of incident. It was very clear to the auditor that the residents feel safe from retaliation and protected by the PREA Compliance Manager and Lewiston staff members. There was one incident of retaliation during the past 12 months which was quickly resolved.

JCC-L meets Standard 115.367

Standard 115.368 Post-allegation protective custody

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

JCC_L did not use segregation within the last 12 months to protect any residents who was alleged to have suffered sexual abuse.

JCC-L meets this Standard 115.368

Standard 115.371 Criminal and administrative agency investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1 PREA Investigations Policy 911 was provided to the auditor and reviewed. JCC-L does not conduct investigations on allegations of a criminal nature. Investigative staff receives training through NIC on the protocols to follow when conducting investigations of allegations of sexual abuse and sexual harassment. It was determined by interviews with the investigators and review of investigative reports that the investigators are very knowledgeable in regards to their responsibilities. These reports are retained according to the standard.

(d)-1 Policy states that the agency will not terminate an investigation solely because the source of the allegation recants.

(i)-1, 2 Substantiated allegations of conduct that appear to be criminal are referred for prosecution per IDJC Policy 911. There were no sustained allegations at JCC-L that were referred for prosecution since August 20, 2012.

(I)-1 Lewiston Police Department complies with Standard 115.371 when conducting criminal investigations of alleged sexual assault or sexual harassment.

JCC-L meets Standard 115.371

Standard 115.372 Evidentiary standard for administrative investigations

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The auditor reviewed IDJC Policy 911 PREA Investigations, page 2, section IV.B, which states that a preponderance of evidence is used to determine whether allegations of sexual abuse or sexual harassment are substantiated. The investigators interviewed at JCC-L had an understanding of preponderance of evidence which was confirmed by reviewing investigation reports.

JCC-L meets Standard 115.372

Standard 115.373 Reporting to residents

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

(a)1-3; (d)1 The auditor reviewed PREA Investigations Policy 911, page 2, Section IV .B and sample of alleged sexual abuse investigations completed by the agency PREA Incident Review doc 262 provided. IDJC policy states that any resident who makes an allegation that he suffered from sexual abuse will be notified if the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The resident signs Doc 262 Section D Juvenile Receipt of Notice of Findings which meets the standard to notified in writing the results of the investigation. JJC-L meets this provision of the standard.

(c)1-3 There were no outside agency investigations during the audit period. If there is an outside investigation the agency must request the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. During the audit period there no staff members who were no longer employed at the facility due to an outside investigation leading to a charge related to sexual abuse within the facility. JCC-L meets this provision of the standard.

(e) 2, 3 there were 3 residents notified during the audit period and three that were documented. The auditor reviewed investigative reports and Doc 262 Section D was signed by the residents.
JCC-L meets Standard 115.373

Standard 115.376 Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

(a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating IDJC agency sexual abuse or sexual harassment policies. PREA Compliance Policy 914 page I Section I.D. was reviewed by the auditor.
(b)1,2 In the past 12 months there has been one staff violation of agency sexual abuse or sexual harassment policies. There have not been any violations during the past 12 months that required an employee to be terminated or who resigned prior to termination.

(c)1,2 & (d)-1,2 During the audit period no staff from the JCC-L facility were disciplined for violations of agency policies relating to sexual abuse or sexual harassment. The auditor reviewed PREA incident reports that included staff disciplinary sanctions from other IDJC facilities.

JCC-L meets Standard 115.376

Standard 115.377 Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)1-4 & (b)-1 PREA Compliance Policy 914 page 1 section IB was reviewed by the auditor. Policy states that IDJC will aggressively respond to, investigate, and support the process of prosecution of both internal and external sexual abuse and sexual harassment allegations, working with law enforcement agencies. The agency includes any contractor or volunteer who engages in sexual abuse or sexual harassment will be prohibited from contact with the residents. PREA incident report involving contractor were reviewed. Contract staff interviewed knew IDJC policies in regards to sexual abuse and sexual harassment and the disciplinary sanctions.

JCC-L meets Standard 115.377

Standard 115.378 Disciplinary sanctions for residents

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)1-4 IDJC prohibits juvenile on juvenile sexual activity as stated in Policy 914 page 3 section VIII.B. If a juvenile is found to be guilty of such contact an appropriate discipline will be applied. During the audit period up to 2/26/15 there has been 2 incidents of resident on resident sexual abuse, however there have been no criminal findings of guilt for resident on resident abuse as of 2/26/15. The PREA Investigation reports were reviewed by the auditor.

(c)1-6 JCC-L did not use isolation as a means of disciplinary sanction during the audit period, however policy does state that daily access to large muscle exercise and educational programming including special education would still be provided to the residents. If a resident was placed in isolation medical or mental health care would be provided on a daily basis, programming and work opportunities would be provided if possible. Staff Interviews and the PREA Compliance Manger all reported that isolation is not a form of disciplinary sanction that is used except in rare cases of which there were none during the audit period.

(d)-1-3 the facility offers therapy, counseling and other appropriate interventions to address underlying reasons for abuse. The mental health staff interviewed stated that if the facility did not have the appropriate therapy available that the resident would be transferred to another IDJC facility. An example given to the auditor was if the resident was in need of sex offender treatment then they would be transferred to a facility where they would receive treatment that meets their needs. The clinician said that JCC-L does contract with outside therapists to come in and provide therapy if needed, such as JSO treatment.

(e)-1 Per IDJC policy a resident would be discipline for sexual contact with staff only upon finding that the staff member did

not consent, however this has not occurred at JCC-L.

(f)-1 The agency does prohibit disciplinary action for any report of sexual abuse that is made in good faith even if the investigation does not establish evidence to substantiate the allegation. The auditor reviewed policies and verified through random staff and mental health staff interviews to determine compliance.

(g)-1,2 The agency policy prohibits all sexual activity between residents and disciplines residents involved in activity that the agency constitutes to be sexual that is coerced.

JCC-L meets Standard 115.378

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

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1-4 the auditor reviewed IDJC policy 404 page 3, Section II E 8, Observation and Assessment Reports, Notification of Disclosure Form (IDJC131-04), IJOS system and conducted interviews with two clinical mental health staff. All residents who have disclosed prior sexual victimization during a screening pursuant to 115.341 and during the audit period received follow-up meetings within 14 days with medical or mental health practitioners. Initial screening is done at intake using form Risk of Sexual Victimization/Propensity Screener which does ask the residents if they have ever been a victim of sexual abuse. The Observation and Assessment Report is started within 72 hours of arrival and may take several sessions to update or complete depending on the records available in the IJOS resident file.

(b)-1 N/A facility is not a prison.

(c)-1, 2 Information on sexual abuse history is limited to informing for security and management decisions. During the mental health staff interview the auditor was shown access to IJOS is pass code protected to protect confidentiality. IDJC policy 914 page 2 section I.G.

(d)-1 A copy of the Release of Information and Consent for Resident over the age of 18 was provided and reviewed by the auditor Form 185-2.

Random staff interviews confirmed that screening is being done as part of the intake process. It is done separately by one of the Clinical Mental Health Staff. The residents have access to the same medical services available to youth in the community.

JCC –L meets Standard 115.381

Standard 115.382 Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1; (b); (c) Medical and mental health staff maintain secondary materials documenting emergency medical treatment and crisis intervention services are provided to all juveniles involved in a alleged PREA incidents. Medical logs are kept by the medical staff where a record of their sessions with the residents are maintained. This was documented by the auditor during the medical and mental health staff interviews. Security and non security first responder staff understood their responsibilities as first responders and the immediate steps to be taken to protect the victim and then immediately notify appropriate medical and mental health staff.

(d)-1 IDJC policy 914 page 2, section I.M states that financial cost for medical and mental health services will be covered by IDJC.

The auditor reviewed policies and conducted staff interviews to determine compliance. There were no sexual abuse or sexual assaults during the audit period that required emergency medical or mental health service.

JCC-L meets Standard 115.382

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

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1, (b) IDJC policy 404 page 3/Section II E 8 Observation and Assessment Evaluations states the facility offers medical and mental health evaluations and treatment to all residents who have been a victim of sexual abuse in any facility. Medical and mental health staff confirmed during interviews that evaluation and treatment includes follow-up service, treatment plans and referrals for continued care following their transfer to or placement in another facility, or release from custody.

(c)-1 The facility does provide victims medical and mental health services consistent with the community level of care according to policy and medical and mental health staff that were interviewed.

(d),(e) JCC-L is an all male facility, however, they do process females through intake before transferring to other facilities. Medical staff interviewed said that if a female who was a victim of sexual abuse while incarcerated and was in need of a pregnancy test then staff at JCC-L would make sure the female offender received the test. The victim would receive the pregnancy results in a timely and comprehensive manner to access lawful pregnancy-related medical services. This is coordinated at facility the female offender in placement at not JCC-L.

(f),(g) Residents who are victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. All of the medical treatment services are provided to the victim without financial cost regardless if the victim names the abuser or cooperates with any investigations arising out of the incident.

(h) The facility attempts to conduct a mental health evaluation of all know resident on resident abusers within 60 days of learning of the abuse history and offers treatment when deemed appropriate by mental health practitioners. There have not been any sexual abuse or assault incidents at JCC-L during the audit period. The facility has community resources available to residents as previously mentioned.

JCC-L meets Standard 115.385

Standard 115.386 Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1, 2; (b) 1, 2 IDJC policy 914 page 3, section II.D, Facility Incident Review Form DJC-262-05 were reviewed by the auditor. The facility conducts a sexual abuse incident review within 30 days of the conclusion of the investigation. The incident review team includes the Superintendent, Agency Wide PREA Coordinator, PREA Compliance Manager, Rehabilitation Unit Manager, Rehabilitation Technician, and medical or mental health staff. There were 11 administrative investigations of alleged sexual abuse completed at the facility during the past 12 months. 4 Non-PREA, 4 Non-Abusive Contacts, 1 Unsubstantiated and 2 Substantiated.

(d) The review team considers the following areas and prepares a report of its findings which includes any recommendation for improvement:

1. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. If the incident or allegation was motivated by race, ethnicity, gender identity, status or perceived status, gang affiliation, or was it caused by other group dynamics at the facility?
3. The team examines the area in the facility where the incident allegedly occurred to determine physical barriers in the area.
4. The adequacy of staffing levels in a particular area and during different shifts
5. Assess if monitoring technology could be deployed or augmented to supplement supervision by the staff.

(e) The facility implements the recommendations for improvement or documents its reason for not doing so. Policy review, Facility Incident Review Forms completed by the review team, and interviews with the Superintendent, PREA Compliance Manager, and Incident Review Team were conducted and the information obtained was used to determine compliance.

JCC-L meets Standard 115.386

Standard 115.387 Data collection

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)/(c);(d)-1 IDJC PREA Compliance Policy 914 page 2, section II.B, and PREA Incident Review Sheet –DJC-262 were reviewed by the auditor. The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control. The facility uses the Incident Review Sheet to track data for the annual survey of sexual abuse the facility maintains, reviews, and collects data from incident based documents which includes reports, investigation files, and sexual abuse incident review. Electronic records of staff and residents are maintained by the IDJC. If a staff or residents has been involved in a PREA Incident the information will be stored in their file. Form DJC-262 includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

(b)-1, (e)-1 the aggregated data for IDJC operated and for all contract facilities is posted annually.

JCC-L meets Standard 115.387

Standard 115.388 Data review for corrective action

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a)-1;(b)-1,2 The auditor reviewed the Annual IDJC PREA report that was provided. The report compares data and corrective actions with those from prior years. It is a reflection of the agency’s progress in addressing sexual abuse.

(c)1-4 IDJC makes the report available to the public on line. The annual report is approved by the agency head.

(d) 1,2 Information is only redacted from the report when specific material would present a clear and specific threat to the safe and security of a facility. The provisions are addressed by the annual report.

JCC-L meets Standard 115.387

Standard 115.389 Data storage, publication, and destruction

Exceeds Standard (substantially exceeds requirement of standard)

X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

(a),(b),(c),(d)-1 IDJC Quality Improvement Program handbook explains the responsibilities of the PREA Coordinator in terms of securely retaining sexual abuse data from facilities and making it available to the public at least annually through the IDJC website. The agency is responsible for removing all personal information. Sexual abuse data collected must be maintained for at least 10 years after the date of its initial collection unless Federal, State, or local law requires otherwise. The data reviewed on the IDJC website meets all the provisions of this standard.

JCC-L meets Standard 389

AUDITOR CERTIFICATION

The auditor certifies that no conflict of interest exist with respect to his or her ability to conduct an audit of the agency under review.

John Bersinger , Certified Juvenile PREA Auditor

July 30, 2015 _____