

Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

Interim Final

Date of Report January 30th, 2018

Auditor Information

Name: Jerome K. Williams	Email: [REDACTED]
Company Name: Jerome K. Williams	
Mailing Address: [REDACTED]	City, State, Zip: [REDACTED]
Telephone: [REDACTED]	Date of Facility Visit: August 23rd-25th, 2017

Agency Information

Name of Agency		Governing Authority or Parent Agency (If Applicable)	
Idaho Department of Juvenile Corrections		N/A	
Physical Address 954 W. Jefferson		City, State, Zip: Boise, Idaho 83501	
Mailing Address: PO Box 83720		City, State, Zip: Boise, Idaho 83501	
Telephone: 1-208-334-5100		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:		<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Military	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Their mission is to the protection of the public, utilizing intervention strategies that are community-based, family-oriented and least restrictive while emphasizing responsibility and accountability of both parent and child.			
Agency Website with PREA Information: www.idjc.idaho.gov/prea			

Agency Chief Executive Officer

Name: Sharon Harrigfeld	Title: Director
Email: sharon.harrigfeld@idjc.idaho.gov	Telephone: [REDACTED]

Agency-Wide PREA Coordinator

Name: Joe Blume	Title: Correctional Program Coordinator
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Email: joe.blume@idjc.idaho.gov	Telephone: [REDACTED]
PREA Coordinator Reports to: Monty Prow, Director of Quality Improvement Section	Number of Compliance Managers who report to the PREA Coordinator 3

Facility Information

Name of Facility: Juvenile Correctional Center-Lewiston	
Physical Address: 140 Southport Avenue, Lewiston, Idaho 83501	
Mailing Address (if different than above): N/A	
Telephone Number: 1-208-799-3332	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for Profit <input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Detention <input checked="" type="checkbox"/> Correction <input type="checkbox"/> Intake <input type="checkbox"/> Other
Facility Mission: Their mission is to provide care for at-risk and incarcerated juvenile offenders that come into the state's custody, thereby helping them to identify their needs, develop alternative coping skills, and help them become productive citizens before their release back into the community.	
Facility Website with PREA Information: www.idjc.gov/prea	

Is this facility accredited by any other organization? Yes No

Facility Administrator/Superintendent

Name: Kevin Bernatz	Title: Superintendent
Email: kevin.bernatz@idjc.idaho.gov	Telephone: 1-208-799-3332 ext. 106

Facility PREA Compliance Manager

Name: Samantha "Sam" Dunlap	Title: Regional Quality Improvement Specialist
Email: sam.dunlap@idjc.idaho.gov	Telephone: 1-208-799-3332 ext. 108

Facility Health Service Administrator

Name: Jeanne Rosenberg	Title: Registered Nurse Manager
Email: Jeanne.rosenberg@idjc.idaho.gov	Telephone: 1-208-779-3332 ext. 112

Facility Characteristics

Designated Facility Capacity: 36	Current Population of Facility: 26
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Number of residents admitted to facility during the past 12 months		25
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:		22
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		22
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	10-17 years old	
Average length of stay or time under supervision:		11 months
Facility Security Level:		Secure
Resident Custody Levels:		Levels 1 to 4
Number of staff currently employed by the facility who may have contact with residents:		71
Number of staff hired by the facility during the past 12 months who may have contact with residents:		71
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		6
Physical Plant		
Number of Buildings: 1	Number of Single Cell Housing Units: 3	
Number of Multiple Occupancy Cell Housing Units:	0	
Number of Open Bay/Dorm Housing Units:	0	
Number of Segregation Cells (Administrative and Disciplinary):	1	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
<p>The facility's Superintendent did indicate during his interview that they have 52 cameras installed throughout the facility which are located in the dorms, dayroom areas, classrooms, group room, outside recreation area, the gymnasium, and hallway areas of the facility. The cameras installed on the dorm are positioned whereas a staff of the opposite gender who is working in the control center cannot view a youth during shower routine, restroom or when they are changing of clothing in their rooms. Video retention is only for 32 days.</p>		
Medical		
Type of Medical Facility:	Basic infirmary care	
Forensic sexual assault medical exams are conducted at:	St. Joseph Medical Center	
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		37
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		8

Audit Findings

Audit Narrative

The Idaho Department of Juvenile Correctional is a State agency that has contracted with Jerome K. Williams, a Department of Justice PREA Auditor for Juvenile and Adult Facilities on August 23rd-25th, 2017 to conduct an audit of the Juvenile Correctional Center-Lewiston facility. Kenneth James, a PREA Coordinator with the South Carolina Department of Juvenile Services assisted with this onsite audit. The purpose of this audit was to determine their degree of compliance with the Federal Prison Rape Elimination Act (PREA). Six weeks in advance of the audit several audit notice posters on colored paper were displayed throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided the youth, staff, volunteers and contractors with the auditor's contact information. Pictures were sent to the auditor via email verifying the posters were displayed consistent with DOJ's auditing expectations. Within one month of the onsite review, the agency's PREA Coordinator submitted the PREA Audit Questionnaire and other supporting documentation to the auditor via USB drive. Prior to the onsite visit, this auditor conducted a comprehensive evaluation of the agencies policies, facility procedures, program documents and other relevant materials. This auditor then provided the facility with an "Issue Log" on July 18th, 2017 that explained what documentation, practices and protocols that were deficient for specific standard/provisions based on the review of the submitted USB drive. The facility's PREA Coordinator did provide this auditor with an initial response to the Issue Log on October 3rd, 2017 and stated that he will be working on the responses prior to, during the onsite visit and throughout the post audit process.

The onsite portion of the audit was conducted over a two day period: August 23rd and 24th, 2017. During this time, the auditor conducted interviews with the facility leadership, staff, volunteers, contractors, and youth. The requisite interviews were conducted consistent with DOJ's auditing expectations in content and approach, as well as individuals selected for interviews (i.e. Facility Superintendent, Agency PREA Coordinator, Facility PREA Compliance Manager, specialized staff, volunteers, contractors, random staff, and youth). An entrance meeting was held with the agency's PREA Coordinator, the Facility Superintendent, the Unit Manager, the new PREA Compliance Manager and other members of the administrative team. During this entrance meeting the auditor was provided with a comprehensive listing of the youth, staff, volunteers and contractors to be interviewed than previously provided, which included the necessary adjustments (substitutes) to compensate for staff schedule changes, youth discharges, etc. and a revised copy of the PREA Audit Questionnaire whereas cited deficiencies were addressed since my initial review during the Pre-Audit phase. This auditor was then shown where the private interviews would occur, was explained the location of and how access would be gained to review the human resources, staff training, and that the agency's PREA Coordinator would be my point of contact for accessing any other required or requested documentation as needed. In addition, an extensive tour was conducted which included all dorms, the cafeteria, classrooms, recreation areas, the administrative offices, the garden, industrial shop and other areas inside and outside of the facility.

While on the tour the auditor was permitted access to all areas of the facility. It was noted during the facility tour that 2 random youth interviews conducted revealed their knowledge of PREA, what it means, their knowledge of the reporting procedures, the outside services available if they or someone else was a victim of sexual abuse, the supervisory presence on their dorm, if unannounced visits occur by upper level or intermediate staff i.e. Rehabilitation Specialist, Assistant Superintendent and if the opposite gender staff (female in an all-male facility) make a verbal announcement before entering their housing unit during restroom routines, showering and changing of their clothing. During these preliminary interviews they also indicated that there are signs posted as a reminder in each housing area to inform the female staff to announce their presence before entering, especially during shower, changing and restroom routines, of which this auditor did observe during the tour. It was noted during the facility tour that the specialized staff (Intake) interviewed revealed his knowledge of PREA, what it means, what questions needed to be asked of each youth for assessment purposes including those pertaining to LGBT for housing and placement considerations; that they do provide the youth with PREA related brochures and information during every Intake and that the youth receives an Orientation to the facility, including the comprehensive youth education within 10 days of their Intake. The Intake staff did provide this auditor a copy of the Intake packet to be completed on every youth Intake upon arrival, the PREA related brochures provided to the youth and a copy of the DVD used as part of the

comprehensive education provided to the youth within 10 days after Intake. In the Lewiston facility a youth would receive their initial Intake assessment at the Region II Detention Center and age appropriate PREA education is provided at that time. Once the youth is officially placed in the Lewiston facility the youth will receive another, less comprehensive Intake but this is where they receive the comprehensive education on PREA.

This auditor reviewed and observed identified blind spots, staff posts and line of sight, supervisory presence and office proximity to the housing areas, reviewed their surveillance equipment to ensure that the cameras were not capturing areas where cross gender supervision could occur and reviewed all required documentation to assist him in ascertaining this facility's compliance with the PREA standards.

This auditor conducted a total of 17 specialized staff interviews inclusive of the Agency Head, Facility Superintendent, the Unit Manager [JB1][JW2], agency's PREA Coordinator, Facility PREA Compliance Manager, a First Responder, a staff designated to Monitor for Retaliation, a Volunteer, a Clinician, and a member of the Sexual Abuse Incident Review Team, a Staff who Monitor Youth in Isolation, an Intermediate Staff, the Nurse Manager, the SANE Nurse, the Human Resources representative, Volunteers and Contractors utilizing the Specialized Staff interview protocol questions of which each staff's response were recorded on. This auditor decided to interview the number of specialized staff above because of the facility's current number of employees of 86 and ascertaining that this number would provide a better assessment of this facility's commitment towards preventing, detecting, reporting and responding to sexual abuse and sexual harassment process from the staff's perspective as well as to assess this facility's reporting culture among this classification of staff as it pertains to the facility's sexual safety reform efforts.

The staff was randomly selected to participate in the interview process by obtaining a current roster of staff and selecting every other name from it for interviews. From this listing I conducted a total of 12 random staff interviews utilizing the Random Staff Interview protocol questions of which each staff's response were recorded on. This auditor decided to interview the number of random staff above because of the facility's current number of employees of 44 and ascertaining that this number would provide a better assessment of this facility's commitment towards preventing, detecting, reporting and responding to sexual abuse and sexual harassment process from the staff's perspective as well as to assess this facility's reporting culture among this classification of staff as it pertains to the facility's sexual safety reform efforts.

The youth were randomly selected to participate in the interview process by obtaining a current roster of youth and selecting every other name from each designated housing unit. Since this facility has three (3) wings (housing unit): Warriors, Strive and Knight, the sampling of the youth to be interviewed were selected from each wing. From this listing I conducted a total of 10 random youth interviews utilizing all of the Random Sample of Residents Interview Protocols and recorded each youth's individual responses. This auditor decided to interview the number of youth above because of the facility's current population of 25, ascertaining that this number would provide a better assessment of this facility's Intake and Orientation process from the youth's perspective, the youth comprehensive PREA education training provided by the facility and to assess this facility's reporting culture among these classification of youth as it pertains to the facility's sexual safety reform efforts. This same list was utilized to identify specific Targeted populations of youth. There was 4 targeted youth identified by the facility who disclosed a prior sexual victimization during risk screening. Only 2 of the 4 youth interviewed indicated that though they were referred to medical and to the mental health practitioners within 14 days of Intake that they were not offered medical and or mental health services e.g. trauma counseling during that time. The other 2 targeted youth identified were not in their population during the onsite visit. There was no other target youth interviews conducted during the onsite visit.

While at the facility, this auditor also reviewed 12 youth files, all of the staff's training records, all of the investigative case reports, and additional program information and documents. A random sampling method similar to that which was described above was utilized to review youth files. In addition, all training records of the staff and all of the applicable investigative reports of sexual abuse were reviewed by the auditor. During the past 12 months the facility reported there were 19 administrative investigations for sexual harassment with 4 being substantiated, 1 administrative investigation for sexual abuse with 1 being substantiated, 1 criminal investigation for sexual abuse and the others were unfounded. There were also 9 grievances filed alleging sexual abuse and sexual harassment in this facility which was corroborated by the administrative investigator during his interview. The internal investigator indicated during his interview that there have been zero reported

instances where a sexual abuse had occurred at another facility in the last 12 months. When obtaining information about the Rape Crisis Center and or Advocacy services available to and or at the Juvenile Correctional Center-Lewiston, the facility provided to this auditor a Memorandum of Understanding with the Sequoia Counseling Center, the designated Rape Crisis Center and the YWCA of Lewiston. These facilities were identified for providing advocacy, emotional support and crisis counseling services for a victim of sexual abuse should this occur in their facility. In total there were 17 specialized staff, 12 random staff, 10 random youth and 2 targeted youth interviews conducted during the audit process for a total of 41 interviews being conducted.

This facility did not have any SAFE and or SANE personnel employed at this facility but the medical staff did indicate and provided the name and phone number of the SANE personnel at the St Joseph Regional Medical Center of whom I could contact. Upon contacting the SANE personnel at the St Joseph Regional Medical Center she did indicate that she was aware of the SANE protocol, that this facility has not brought a victim in for a SANE examination in the last 12 months and that they are in communications with the facility's medical personnel.

On the final day of the onsite audit, a one and a half hour debriefing meeting was held with the Juvenile Correctional Center-Lewiston's leadership staff. The purpose of this meeting was to summarize preliminary audit findings, provide specific feedback including program strengths and areas for improvement as it related to PREA and to devise a plan to work closely with the agency PREA Coordinator in addressing any "do not meet" standards within the 180 days corrective action period.

Within forty five (45) days following the onsite audit, an initial finding report was submitted to the Juvenile Correctional Center-Lewiston's Facility Superintendent and the PREA Coordinator. Of the 43 PREA standards this facility was found to have "exceeded" in 2 of the standards, "met" 36 of the standards, "did not meet" 5 of the standards (115.315, 115.316, 115.341, 115.353, and 115.365) and had zero "not applicable" standards at the conclusion of this onsite visit. At that time, the Juvenile Correctional Center-Lewiston had entered into a six month (180 days) corrective action period as of October 3rd, 2017 to address the cited PREA standard deficiencies.

During the corrective action period the agency's PREA Coordinator did provide to this auditor the required documentation for the deficient standards, demonstrated the institutionalization of the recommended procedures and protocols for the deficient standards and provided training rosters of the staff and youth trained as part of the corrective action plan for those standards that were cited as being "not met". Based on the receipt and review of this information described above, this facility is certified as having demonstrated full compliance and institutionalization in all 43 standards. The Agency Head, the Facility Superintendent and the agency's PREA Coordinator was provided with a copy of this Final Report and instructed that it must be posted on the agency's website within 90 days of this document's date.

This report is considered to be the Final PREA Audit Report.

Facility Characteristics

The Juvenile Correctional Center-Lewiston is a designed 36 bed, secure, coed juvenile facility for youths from ages 11 through 20 located in Lewiston, Idaho. The Juvenile Correctional Center-Lewiston provides individual, family and group counseling, substance abuse treatment, psychological evaluations, aggressive management, case management, individualized education, community service, life skills, drug education, Anti-victimization, and social skills for daily living in a secure, post adjudicated setting.

Their mission is to the protection of the public, utilizing intervention strategies that are community-based, family-oriented and least restrictive while emphasizing responsibility and accountability of both parent and child.

The Juvenile Correctional Center-Lewiston's physical plant is comprised of an inside gymnasium, an outside fenced recreation court where basketball, soccer, etc. can be played, a food service and dining area for the youth, a medical (infirmary) area where routine checkup and visits occur, 3 dormitories or wings that are self-contained with a dayroom area (i.e. that are utilized multi-facely), 2 shower and toileting areas where the youth can shower alone and are not permitted in enter the shower area together ex. with a privacy door. The showers were located at the end area of each wing whereas the

dorm cameras cannot view inside the shower or inside the youth's cell when they are using the restrooms or changing clothes. The agency's PREA Coordinator indicated during his interview that shower routines are conducted by male staff for the male youth on each wing. This activity was not observed by this auditor. During the interviews with the specialized staff, the random staff and the youth, they all corroborated the fact that staff of the opposite gender do knock and announce their presence before entering the wing area of the opposite gender, especially during shower routine, changing of clothing and during restroom routines. It was observed during the facility tour also that each wing had signs posted as a reminder to the staff of the opposite gender to announce their presence before entering.

Each wing had a washer and dryer, a storage room, a dayroom with tables for leisure activities. Outside the wing areas is a staff work station, 3 classrooms where daily educational instruction occurs, 1 teacher's prep area, 1 examination room, 1 medical office, a multipurpose space (gymnasium), 1 kitchen, and 1 Intake area, several offices for counseling, and a family visitation area. The PREA comprehensive training and other groups occurs in the multipurpose room. There are 36 cells, 33 dry cells and 3 "wet cells" (that have toilet facilities), 12 cells on each wing that have a bed, a shelf, an intercom button so that they can communicate with the control picket when in their rooms when changing of their clothing and at night. They have 2 bathroom and 2 showers on each wing with one cell utilized as a privilege cell (self-contained with a toilet and sink). There are no cameras in the youth rooms but there were cameras in the dayroom of each wing, in the classrooms, and the hallways to augment the staff's supervision and monitoring of the youth while moving on and off the dorm (wing) areas. Staff on each shift who is assigned to the control center has the responsibility of monitoring the entire facility area cameras during active and non-activity hours inclusive of the outside facility cameras, operate the electronic doors throughout the facility and monitor the facility's movement (i.e. staff, youth, volunteers and contractors). The Unit Manager [JB3][JW4] informed this auditor that the security staff performs outside security perimeter inspection at the beginning of each shift.

In the administrative area of this building there is a reception area for visitors, two restrooms, a waiting area, and once checked in there are offices for the Superintendent, Nurse Manager, Clinician, Trainer, PREA Compliance Manager, a Receptionist station, 2 conference rooms, and other offices. Inside the secure area of the facility there is a control center (picket), an office for private visits i.e. attorney, an investigator's office, Unit Manager's [JB5][JW6] office, a grievance clerk office, 2 Rehabilitation Specialist offices, a Social Worker office, a staff break lounge and staff restrooms. There is an outside Vocational Building with 2 shop areas, an outside recreation area, a garden area and a mini ropes course. There is a dedicated Intake area for new arrivals where the Intake screening occurs; there are two restrooms, two private showers and changing of clothing areas and an area for processing youth who are to be admitted/discharged. This facility had 86 employees, 34 volunteers, 3 contractors and 25 youth in this facility as of the day of the onsite audit. Navigating this facility was easy from entry into the building, through the secure dorm, the control center being the "hub" with the housing units, outside recreation area, gymnasium, and other programming areas being the "spokes" connected to the hub.

The facility was operating safely and was observably clean throughout during the days of this onsite audit visit.

Summary of Audit Findings

An explanation of the findings related to each standard is provided in this report. It is important to note that the intention of this report is to provide the reader with a summary of the audit findings and highlight some examples of evidence to support these findings. The narrative in this report is not an "all inclusive" list of the supporting evidence needed to meet each PREA standard. However, each standard that was successfully met, convening interviews, numerous observations, and a review of additional documents during the pre, onsite visit and post-audit periods verified that the practices employed at Juvenile Correctional Center-Lewiston are consistent with their agency policies, facility protocols and the Juvenile PREA Standards.

Overall the Juvenile Correctional Center-Lewiston met and or exceeded expectation in some areas of the PREA standards. Some of the highlight from the onsite visit included that all youth clearly understood their basic rights, all youth knew how to make a report if they were being sexually abuse; and all the youth stated that they felt the staff genuinely cared about their safety and wellbeing. In addition, the interviews conducted supported that the staff are professional and dedicated to ensuring that the youth are safe and receive treatment services they need in order to turn their lives around. All staff clearly understood

their first responder responsibilities and knew exactly what they needed to do in the event of an alleged sexual abuse allegation.

Within forty five (45) days following the onsite audit visit an Interim Report was submitted to the Juvenile Correctional Center-Lewiston's Facility Superintendent and the agency's PREA Coordinator. Of the 43 PREA standards this facility was found to have "exceeded" in 2 of the standards, "met" 36 of the standards, "did not meet" 5 of the standards (115.315, 115.316, 115.341, 115.353, and 115.365) and had zero "not applicable" standards at the conclusion of this onsite visit. At this time, the Juvenile Correctional Center-Lewiston had entered into a six month (180 days) corrective action period as of October 3rd, 2017 to address the cited PREA standard deficiencies and this auditor will be working collaboratively with the agency's PREA Coordinator and the facility's PREA Compliance Manager to facilitate this plan.

During the corrective action period the agency's PREA Coordinator did provide to this auditor the required documentation for the deficient standards, demonstrated the institutionalization of the recommended procedures and protocols for the deficient standards and provided training rosters of the staff and youth trained as part of the corrective action plan for those standards that were cited as being "not met". Based on the receipt and review of this information described above, this facility is certified as having demonstrated full compliance and institutionalization in all 43 standards. The Agency Head, Facility Superintendent and the Agency's PREA Coordinator was provided with a copy of this Final Report and instructed that it must be posted on the agency's website within 90 days of this document's date.

Number of Standards Exceeded: 2

115.317 and 115.331

Number of Standards Met: 41

115.311, 312, 313, 315, 316, 318, 321, 322, 332, 334, 335, 341, 342, 351, 352, 353, 354, 361, 362, 363, 364, 365, 366, 367, 368, 371, 372, 373, 376, 377, 378, 381, 382, 383, 386, 387, 388, 389, 401 and 403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Since this is the Final Report, a summary of the corrective actions that were recommended in the Interim Report to this facility are reflected in those specific standards as having a "Corrective Action Findings" and the steps taken to correct the deficiencies are reflected as "Resolution" for those specific standards as you read through this Final Report.

PREVENTION PLANNING

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

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, Facility and Quality Improvement Organizational Chart, Agency Website, PREA Audit Questionnaire (PAQ), Training Records and interviews with the agency PREA Coordinator, the facility's PREA Compliance Manager, Unit Manager [UB7][UW8] and the Random Staff.

Findings: A. The Juvenile Correctional Center-Lewiston does have a written Zero Tolerance policy towards preventing, detecting and responding to all forms of sexual abuse and sexual harassment which was obtained and reviewed by this auditor. The facility's Zero Tolerance policy does include a description of how the agency responds to allegations of sexual abuse and sexual harassment as well as how they will go about reducing and preventing these incidents and also has definitions that pertained to PREA. The facility's Zero Tolerance policy does contain program sanctions for youth, staff, volunteers and contractors who participate in the listed prohibited behaviors of sexual abuse, sexual harassment and policy violations with sanctions including and up to termination. A review of the training files and rosters by this auditor corroborated that all of the staff, volunteers, and contractors have been trained on this policy. The facility's Zero Tolerance policy was observed posted on

the agency's web site of which this auditor reviewed and there is a link further explaining PREA and their Zero Tolerance policy. B. The agency does have one dedicated PREA Coordinator who reports to the Director of Quality Improvement Bureau as indicated by the organizational chart reflecting this position. The Lewiston facility also has a PREA Compliance Manager assigned who works in concert with him that is also reflected in the facility's organizational chart. The agency's PREA Coordinator did indicate during his interview that he does have sufficient time to fulfill his PREA responsibilities, which was corroborated through the interviews with the Director and the random selected staff. The PREA Compliance Manager for this facility also indicated that she has sufficient time to fulfill her PREA responsibilities in the facility as corroborated by the PREA Coordinator and the Assistant Facility Superintendent during their interview, therefore demonstrating their compliance with this standard.

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

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 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 OR the response to 115.312(a)-1 is "NO".) 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*)

Policy and Evidence reviewed: Zero Tolerance Policy, Sample Contracts for Residential Treatment Services and Detention Center Contracts, PREA Audit Questionnaire (PAQ), and Interview with the agency PREA Coordinator.

Findings: The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does require that all of their residential contracts for contracting residential facilities the PREA compliance language requirement, which states that they will adopt and comply with the PREA standards. A. During the interview with the agency's PREA Coordinator he provided this auditor with a sample from the 5 contracts of their residential providers which were reviewed during the audit process for verification of this language and existence. He further indicated during his interview that this language is included and is reviewed by him with each contractor prior to their annual contract renewal period. B. The agency's PREA Coordinator indicated that he

provides ongoing PREA compliance monitoring throughout that time & conducts annual compliance monitoring on site. Each contracting entity has demonstrated their PREA compliance by receiving PREA audits. Accordingly, effective January 1st of 2017, the Idaho Department of Juvenile Corrections publicly announced that they will not contract with an entity unless they are PREA compliant. A listing of the contracting residential providers was provided to this auditor, therefore demonstrating their compliance with this standard.

Standard 115.313: Supervision and monitoring

115.313 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All

components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors? Yes 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 only until October 1, 2017.)
 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 only until October 1, 2017.)
 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 only until October 1, 2017.) Yes No NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.) 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*)

Policies and Evidence reviewed: Zero Tolerance, Contraband Acquisition & Disposition, Orientation and Assessment Intake and Juvenile Supervision policies, PREA Audit Questionnaire (PAQ), Staffing Plan Assessment, Staffing Plan, PREA Unannounced Rounds Documentation, Dorm Log Book, Youth Rosters, Daily Population Reports, Staff Schedule, Video

Monitoring, Facility Superintendent, PREA Coordinator, PREA Compliance Manager, Intermediate and Higher Level, Random Staff and Youth Interviews.

Findings: The Juvenile Correctional Center-Lewiston's Zero Tolerance policy and the Staffing Plan Assessment does require the direct supervision and monitoring of the youth throughout the facility. A. The daily average number of youth in this facility on the day of this audit was 25 but the staffing plan is predicated on the average daily population total of 36 youths. B and C The agency's PREA Coordinator did provide a copy of their Staffing Plan, the Staffing Plan Assessment, allowed this auditor to review meeting minutes during the onsite visit to demonstrate their compliance with this standard. The agency's PREA Coordinator did provide written evidence in the form of a memorandum that at no time has the facility deviated from their staff-to-youth ratio of 1:4 during waking hours and 1:12 during sleeping hours, which is inclusive in their staffing plan that was corroborated by the Facility Administrator as being accurate. D. The agency's PREA Coordinator did provide written evidence demonstrating that he, the Facility Superintendent and members the agency's leadership team do review the staffing plan annually, which includes video monitoring, and he indicated that they work incessantly towards their adherence to this plan. He further indicated that any and all deviations from this plan would be documented and have provided written documentation when such deviations occurred during the last 12 months. For fiscal year 2016-17 the Staffing Plan does include the hiring of any full time equivalents (FTEs) in a continuing effort to bring and maintain their staff -to-youth ratio to 1:4 during waking hours and 1:12 during sleeping hours by October of 2017, of which they are exceeding the required ratio of this standard . This facility, based on its design, is already meeting this staffing ratio to date. E. The agency's PREA Coordinator did provide written evidence in the form of logs to demonstrate that the higher level supervisors are conducting unannounced rounds on all shifts in an effort to prevent sexual abuse. The agency's policy does indicates that disciplinary action will occurs if a staff alert other staff of these unannounced rounds and during the random staff interviews, especially with those direct care staff e.g. Rehabilitation Technicians who were working in the dorms (wings) and the control center area. Those staff did articulate their awareness of this policy. During this auditor's visits to the dorms (wing) areas he did observe the opposite gender staff utilized the knock and announce method to announce their presence before entering the dorm (wing) as well as observed signage of the same as a reminder to the opposite gender staff to make the announcement. During the interviews with both the specialized staff, random staff and the youth they all were able to articulate that this practice is occurring especially during shower routine, restroom breaks and changing routines, therefore demonstrating their compliance with this standard.

Standard 115.315: Limits to cross-gender viewing and searches

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 implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes 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*)

Policy and Evidence reviewed: Zero Tolerance, Contraband and Acquisition & Disposition, Orientation & Assessment Intake and Duty Officer Responsibilities policies, PREA Audit Questionnaire (PAQ), Memorandum on Cross Gender Searches, Supervision and Management of LGBTI Population PowerPoint, Signed Staff Training Rosters, agency PREA Coordinator, Random Staff and Random Youth Interviews.

Findings: A and B. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Contraband and Acquisition & Disposition and the Duty Officer Responsibilities policies do prohibit the cross gender viewing during restroom routines, changing of clothes and during shower routine. It also prohibits cross gender pat, visual body and strip searches absence exigent circumstances. The agency's PREA Coordinator did indicate during his interview that there were no cross gender pat, visual or strip searches conducted by medical personnel and or for an exigent circumstance during the last 12 months. C and E A review of the facility's search logs that were provided to this auditor as well as excerpts extrapolated from the random staff and youth interviews verified that this prohibited practice does not exist in this facility. This included the searching or physically examining of a Transgender or Intersex youth in order to determine their genitalia. The agency's PREA Coordinator did provide to this auditor a listing of youth currently in this facility and he did not identify any Transgender or Intersex youth at the time of this audit. The agency's PREA Coordinator did indicate during his interview and did provide written evidence in the form of a memorandum that further demonstrated that cross gender pat search, physically examining a transgender or Intersex youth for the sole purpose of determining their genitalia is prohibited in this facility. D. 10 out of the 10 random youth interviewed were able to definitively articulate that the female staff do knock and announce their presence before entering the opposite gender housing unit (wing), that they are able to shower, use the restroom, dress and change clothing without being observed by the opposite gender and that at no time have a staff member of the opposite gender pat searched their person. The facility has 52 cameras covering the interior and exterior of the facility. There are cameras on each dorm (wing) and in the dayroom areas positioned where as a youth cannot be viewed by the opposite gender staff during shower, restroom routines and during the changing of clothing. Only the Facility Superintendent, supervisory staff and the control center staff have access to viewing the cameras as positioned. A copy of the PREA training curriculum inclusive of searches was provided by the agency's PREA Coordinator for this auditor's review which also emphasized that all searches would be conducted professionally and in a respectful manner consistent with the security needs of the facility. 12 out of the 12 random staff interviewed definitively articulated that this practice of cross gender viewing and searching was not occurring, and during the facility tour only a wand search of the youth by the appropriate gender staff was observed. F. The agency's PREA Coordinator did also provide this auditor with signed training rosters as evidence to demonstrate that all of the facility's staff was trained in cross gender pat searches.

Corrective Action Findings: The facility must include in the referenced agency policy that cross gender pat searches and physically examining a Transgender or Intersex youth for the sole purpose of determining their genitalia will not occurred, provide this auditor with the finalized versions of this policy and provide written evidence in the form of a memorandum stating that this prohibited activity has not occurred in the last 12 months in order to be in compliance with this standard.

Resolution: The agency's PREA Coordinator did provide to this auditor written evidence in the form of a memorandum that the Lewiston facility has not performed any cross gender pat searches and physically examining a Transgender or Intersex youth for the sole purpose of determining their genitalia, that this prohibited activity has not occurred in the last 12 months, and that they have incorporated this language into their Zero Tolerance policy that the facility shall not search or physically examine any juvenile for the sole purpose of determining the juvenile's genital status, thereby demonstrating compliance with this standard.

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

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*)

Policy and Evidence reviewed: Zero Tolerance and Orientation & Assessment Intake Policies, PREA Audit Questionnaire (PAQ), Intake and Orientation Documentation, Individual Interpreter's Invoices, BTB Language Solutions Invoice, Youth Handbook, Posters and Keeping Safe Brochure in English and Spanish, Staff Interpreter's Listing, Interpreter's Agreement and Request Form and Staff Listing of Interpreters, Intake, Random Staff and Youth Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston did provide to the auditor their Zero Tolerance and Orientation & Assessment Intake policies as well as copies of their written PREA material that is in English and Spanish i.e. brochures, etc. of which the Intake staff provides to the youth during Intake and at Orientation. This auditor did observe the PREA posters in English and Spanish being displayed throughout the facility during the tour. B. The agency's PREA Coordinator did provide to this auditor a copy of the contract for the acquisition of Interpreting and Translation Services through a Private Consultant and BTB Language Solutions for those youth who may be deaf, speech impaired, Limited in English proficiency, blind and or low vision, or who are psychiatric or intellectually disabled which was reviewed by him. During the interview with the PREA Compliance Manager she further corroborate that these services are available through by these contracts and the agency's educational department. The agency's PREA Coordinator did also provide the auditor with a copy of the procedure and Claim Form for these interpreting services for his review. A listing of the facility staff that would be to be utilized as interpreters for those youth who are Limited in English (Spanish) speaking youth or other languages was provided for this auditor's review. The facility's PREA Compliance Manager did not identify any youth who were deaf, speech impaired, Limited in English proficiency, blind and or low vision, or who are psychiatric or intellectually disabled during the onsite visit. The agency's PREA Coordinator did indicate that there were no other interpreting services i.e. deaf, vision impaired, etc. required of any

youth assigned to this facility in the last 12 months. C. The facility's Zero Tolerance policy does state that they do not utilizing youth interpreters, youth assistants or youth readers for any PREA-related activity in this facility. This policy statement was corroborated by responses made during the random staff and the random youth interviews. The facility's PREA Compliance Manager did provide this auditor with a copy of the Youth Orientation Manual (Parent Program Manual-Milestones) in English but not in Spanish.

Corrective Action: The facility must provide to this auditor a translated Spanish version (insert) of the PREA related information to be included in the Youth Orientation Manual (Parent Program Manual-Milestones) in order to demonstrate compliance with this standard.

Resolution: The agency's PREA Coordinator did provide to this auditor a translated version (insert) of the PREA-related information that was included in the Youth Orientation Manual (Parent Program Manual-Milestones) in Spanish, therefore demonstrating their compliance with this standard.

Standard 115.317: Hiring and promotion decisions

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, or 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

115.17 (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)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes 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*)

Policy and Evidence reviewed: Zero Tolerance and Criminal History Background Check Policies, PREA Audit Questionnaire (PAQ), Police Officer Standard and Training (POST) Criminal Records, State of Idaho Health and Welfare Child Abuse Registry Check Documentation, Lewiston Applicant/Employee PREA Disclosure Forms, Application Packet, Volunteer, Intern and Contractor's Training PowerPoint, Employee, Volunteer and Contractor's Training Records, interviews with the agency's PREA Coordinator, Facility Superintendent and Human Resources staff.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance and Criminal History Background Check Policies does consider any incident of sexual abuse and sexual harassment in determining whether to hire, promote or enlist the services of contractors who have contact with the youth. These policies do state that by providing false information or for omitting information of misconduct will be grounds for termination, and that it also provides that a former employee's misconduct would be provided to another agency for substantiated findings of sexual abuse and sexual harassment. This assertion was also corroborated and extrapolated from the specialized and random staff interview notes. B. Regarding volunteers and contractors, these policies do also state that their services will be terminated if they violate the agency's Zero Tolerance policy and the finding, as it pertains to a contractor will be reported to their licensing authority. During the interview conducted with the Human Resource Specialist it was revealed to this auditor that the agency does conduct criminal background checks and child abuse registry checks prior to hiring and promotions. Copies of the criminal background and child abuse registry checks were review in pre audit documentation provided and in the personnel files of the staff, [volunteer and contractors [JB9][JW10]] by this auditor while onsite and during the post audit period. C, D and E The agency's PREA Coordinator did provide written evidence in the form of copies of the POST and Idaho Health and Welfare Child abuse Registry checks of the last 12 months from the law enforcement and child abuse agencies that corroborated that they do conduct background checks and child abuse registry checks on all of their current employees, volunteers and contractors. The Human Resource Specialist did indicate during her interview that these checks are also performed every five years by the agency. F. The agency's PREA Coordinator did provide to this auditor written evidence in the form of a memorandum regarding an employee's self-reporting requirements and that omissions regarding misconduct shall be grounds for termination. A copy of the agency's employee self-disclosure form was provided to this auditor for his review onsite. The agency's PREA Coordinator did also provide documented

evidence of the POST and the Idaho Health and Welfare Child Abuse Registry check memorandum from the Facility Superintendent to support that 100% of their staff, volunteers and contractors have had background and child abuse registry checks performed during the last 12 months. [The agency's PREA Coordinator indicated and provided to this auditor a copies of the POST and the Idaho Health and Welfare Child Abuse Registry check memorandum indicating that there were 71 new hires, -34 volunteers s and contractors put into service whereas background and child abuse registry checks were conducted in the last 12 months, therefore demonstrating their compliance with this standard. [JB11][JW12]

Standard 115.318: Upgrades to facilities and technologies

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Onsite Facility Visit, and Memorandum on Monitoring Technology, Facility Schematics reflecting the camera locations and viewing of Control Room/Facility cameras and Interview with the PREA Compliance Manager, Assistant Facility Superintendent and the PREA Coordinator.

Findings: A. The Juvenile Correctional Center-Lewiston agency's PREA Coordinator did indicate that they have not made any substantial expansions, modifications or any renovations in this facility since August 20, 2012 but has installed and or update their video monitoring system since August 20, 2012. A copy of the facility's schematics reflecting the modification, new cameras installed, etc. was provided to this auditor. The Facility Superintendent did indicate during his interview that they have 52 cameras installed throughout the facility which are located in the dorms (wings), dayroom areas, classroom, group

room, cafeteria and gymnasium; that those on the dorm are positioned whereas a staff of the opposite gender who is working in the control center cannot view a youth during shower routine, restroom and the changing of clothing. This was corroborated by observing the cameras in the control center and through interviews conducted with some of the specialized and random staff who has access to the camera's live and archival video footage, therefore verifying that staff opposite gender viewing is limited according to the cross gender supervision standard. B. It was recommended by this auditor that if funding becomes available that cameras be purchased for placement and installation in areas of the facility including the identified blind spots in the dorm's (wing) laundry room, dining hall, staff offices and other identified areas throughout the facility to further augment the staff's supervision and monitoring towards preventing, detecting and responding to sexual abuse and sexual harassment allegations, therefore demonstrated their compliance with this standard.

RESPONSIVE PLANNING

Standard 115.321: Evidence protocol and forensic medical examinations

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? Yes No
- 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 entity 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? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.) Yes 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*)

Policy and Evidence reviewed: Zero Tolerance, Sexual Assault and PREA Investigations Policies, PREA Audit Questionnaire (PAQ), Memorandum from Lewiston Police Department, the Sequoia Counseling Center and the YWCA’s Memorandum of Understanding, St Joseph Regional Medical Center, Medical and Mental Health Staff, and PREA Coordinator and Internal Investigator’s Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston’s Zero Tolerance, Sexual Assault and PREA Investigations policies does outline their protocol for conducting investigations of sexual abuse and sexual harassment as well as requesting information from the respective external investigative entities, as applicable, on the progress of each investigation. B. The agency’s PREA Coordinator did provide this auditor with a copy of and stated that they do follow the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents 2014 for obtaining usable evidence for administrative and criminal investigations. The facility is responsible for conducting administrative investigations and the Lewiston Police Department is responsible for conducting criminal investigations of sexual abuse. This assertion was corroborated by the facility’s internal investigator and the agency’s PREA Coordinator during their interviews. C. The agency’s PREA Coordinator indicated during his interview that St Joseph Regional Medical Center is where a youth would receive routine and emergency medical care including where they would also be taken by local law enforcement in the event a forensic examination (SANE) for sexual abuse incident is required. D. The agency’s PREA Coordinator did provide to this auditor a copy of the Sequoia Counseling Center, the designated Rape Crisis Center and the YWCA, the advocacy agency’s Memorandum of Understandings that indicates they have obtained outside emotional support and crisis counseling services for a victim of sexual abuse, if and when needed. In the last 12 months the facility’s PREA Compliance Manager indicated during her interview that there have been no SANE examinations required in the last 12 months of which was this was also corroborated by SANE nurse at St. Joseph’s Regional Medical Center and the medical personnel interviewed inclusive of a review of the medical files by this auditor. E. The agency’ PREA Coordinator did indicate during his interview and did provide to this auditor a copy of the employee roster reflecting that they do have a qualified mental health staff members available to serve as an advocate, if needed, for a victim of sexual abuse. F. The agency’s PREA Coordinator did provide written evidence in the form of a memorandum that the Lewiston Police Department stated they will follow the requirements of the National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents 2014 for obtaining usable evidence for criminal investigations or similar protocol, therefore demonstrating their compliance with this standard.

Standard 115.322: Policies to ensure referrals of allegations for investigations

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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).]
 Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (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*)

Policy and Evidence reviewed: Zero Tolerance Sexual Assault and PREA Investigations Policies, PREA Audit Questionnaire (PAQ), Email from the Lewiston Police Department, Notification of Disclosure and or PREA Incident Report, Copy of Administrative Investigative Case, Agency Website, and the Investigator's Interview.

Findings: A and B. The Juvenile Correctional Center-Lewiston's Zero Tolerance and PREA Investigations policies do require that all allegations of sexual abuse and sexual harassment are to be reported to the Facility Superintendent and to be investigated. These policies further describes that their Internal Investigators are charged with conducting the administrative investigations and that the Lewiston Police Department will conduct all criminal investigations referred to them. The agency's PREA Coordinator did provide the auditor with a copy of their PREA Incident Report that is shared with the Lewiston Police Department and the facility's internal investigation in the event of an Administrative and or Criminal investigation. The agency's PREA Coordinator stated during his interview that there were 19 allegations of sexual harassment that resulted in an

administrative investigation and 1 allegations of sexual abuse that resulted in an administrative investigation during the last 12 months. The facility's Internal Investigator reported 4 of the 19 sexual harassment allegations were substantiated and 1 allegations of youth-on-youth sexual abuse, was substantiated [JB13][JW14]; zero criminal allegations for sexual harassment and 1 criminal allegation of sexual abuse resulting in a criminal investigation. The facility's Investigator did provide this auditor copy of the incident reports that resulted in the administrative and criminal investigations for his review. This auditor also did review and observe on the agency's website that the facility did have their administrative and criminal investigations including their external investigative policy posted as required, therefore demonstrating their compliance with this standard.

TRAINING AND EDUCATION

Standard 115.331: Employee training

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), PREA Staff Training PowerPoint, Supervision and Management of LGBTI Populations, Signed Staff Training Rosters and Acknowledgement Forms, PREA

Basics for First Responder Training PowerPoint, Specialized Training Certificates for the Investigator and the Medical and Mental Health Staff, Random Staff, Medical and Mental Health staff, and the PREA Coordinator Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does require that the facility provide PREA and PREA-related training to all its employees who may have contact with the youth in this facility. The agency PREA Coordinator did provide to this auditor a copy of the various PREA training PowerPoints as indicated above that have been provided to the staff on LGBTI, communication boundaries, first responder duties, etc. B. The agency's PREA Coordinator did indicate during his interview that their PREA Refresher training for staff occurs annually. He also did provide copies of the employee signed training rosters with the various training headings affix to this auditor for his review. C. The agency's PREA Coordinator did indicate that the number of facility staff trained during the last 12 months were 71 with 100% of them being trained and training roster were provided. The selected 12 random staff to be interviewed was chosen to ascertain their knowledge of PREA, their reporting and first responder responsibilities, the agency's sexual safety efforts and the reporting culture in the facility.

It was determined that the required staff training does address the following areas: 1. its zero tolerance policy for sexual abuse and sexual harassment 2. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures, 3. Resident's right to be free from sexual abuse and sexual harassment 4. The right of the resident and employees to be free from retaliation for reporting sexual abuse and sexual harassment; 5. The dynamics of sexual abuse and sexual harassment in juvenile facilities; 6. The common reactions of juvenile victims of sexual abuse and sexual harassment, 7. How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; 8. How to avoid inappropriate relationships with residents; 9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; 10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorizes; and 11. Relevant laws regarding the applicable age of consent.

The training PowerPoints provided by the agency's PREA Coordinator corroborated these assertions. Furthermore, as noted during the 12 random staff interviews the staff seemed well versed and trained in the areas of PREA, its definitions, and regarding their reporting duties. They were knowledgeable of their first responder responsibilities regarding instructing the victim/perpetrator not to eat, drink, urinate, defecate, change clothing, etc. thus preserving evidence, and what individuals and or entities would conduct the administrative and or criminal investigations as well as fully understanding their responsibilities as mandatory reporters. They all were able to name the individual investigator and agency responsible for conducting the administrative and or criminal investigations. This auditor did not observe any staff PREA training commencing during the tour or during the onsite visit. D. The agency's PREA Coordinator did provide a written copy of the signed employee trainee training rosters with the course title and descriptions for each training class for the auditor's review. He also did indicate during his interview that the agency also provides Neglect and Exploitation and PREA refresher training to all of the facility staff annually, therefore demonstrating their compliance with this standard.

Standard 115.332: Volunteer and contractor training

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Volunteers, Interns and Contractor's PREA Training PowerPoint, Police Officer Standard and Training (POST) Criminal Records, State of Idaho Health and Welfare Child Abuse Registry Check Documentation, PREA Training Acknowledgement Form and Training Rosters, and the PREA Coordinator, Volunteer, and Contractor's Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy do require that all volunteers and contractors who have direct access to youth are notified and trained on understanding their reporting responsibilities regarding PREA. Also, as indicate 115.317 the agency's PREA Coordinator did provide to this auditor a copy of the POST and State of Idaho Health and Welfare Child Abuse registry checks on each identified volunteer and contractor in the last 12 months. B. The agency's PREA Coordinator did provide a written copy of the PREA PowerPoint that is utilized for training their volunteers and contractors and did provide copies of the signed training rosters and acknowledgment forms of each volunteer and contractor as a way to demonstrate their compliance with this standard. C. The agency's PREA Coordinator also provided written evidence in the form of a memorandum that 34 volunteers, interns and contractors combined had been trained in PREA during the last 12 months. This assertion was also corroborated by reviewing the agency's PAQ response for this standard that was provided during the pre-audit phase. This auditor did not observe any volunteer and or contractors receiving PREA training during the onsite visit. The selected 2 volunteers and 2 contractors to be interviewed were chosen to ascertain their knowledge of PREA, how and when they received training, and if they know of their reporting responsibilities if a sexual abuse and sexual harassment allegation is made to them. They all did all indicate that they have received the PREA training, that they were familiar with the reporting requirements and what to do if an alleged sexual abuse and sexual harassment allegation was made known to him/her, and that to their knowledge there have not been a sexual abuse and sexual harassment allegation made to them in the last 12 months, therefore demonstrating their compliance with this standard.

Standard 115.333: Resident education

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 such education? 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

115.33 (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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), PREA Basics for Juveniles PowerPoint, Juvenile Understanding of Prison Rape Elimination Act Form, Student Manual, Idaho PREA Video, Brochures, Parent Program Manual, PREA Posters, Idaho Juvenile Offender System (IJOS), PREA Resident Education Acknowledgement Form in English and Spanish, PREA English and Spanish Education Materials, Interpreter's Invoices, BTB Language Solution Invoice, Random Staff, Mental Health Specialist, PREA Coordinator, PREA Compliance Manager and Random Youth Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does state that the all youth will be provided with a facility orientation packet of information in English and in Spanish upon Intake that is inclusive of PREA information, that they will be shown the Idaho PREA video as part of their comprehensive education within 10 days of Intake and will be given additional PREA brochures, other information i.e. hotline number, phone location, etc. during this time. The 12 random youth interviewed corroborated this assertion. The agency's Zero Tolerance policy does indicate that this information be provided to the youth in an age appropriate manner. The agency's PREA Coordinator did provide this auditor a copy of the youth handbook (Milestones) and upon review, it was written in an age appropriate manner though the PREA information section has not been translated into Spanish, though corroborating with the agency's policy. During this auditor's 12 random youth file review onsite it was ascertained that the date and time of the youth's intake, their orientation, and the comprehensive education of when this information was to be provided was within the prescribed time frame as per this standard. This included a review of this agency's electronic client management database, as also reviewed by this auditor onsite. B. The agency's PREA Coordinator did indicate during his/her interview that the comprehensive PREA education does occur within 10 days of a youth's Intake which was also corroborated from the notes taken during the 12 random staff and 12 youth interviews. C. The facility's PREA Coordinator indicated on the PREA Questionnaire and during his interview that they admitted and educated 22 youth from the 25 youth who came into Intake during the last 12 months. D and E The agency's PREA Coordinator did indicate during his interview with this auditor that the agency will provide services to those youth who are hearing, vision impaired, psychiatric and disabled; that the teachers, who are employed with the agency and the designated listing of facility staff provided will provide assistance for those youth who are intellectually, psychiatric disabled and limited in English proficiency. F. During the facility tour and afterwards this auditor conducted 12 random youth interviews to ascertain their knowledge of PREA, reporting requirements, their rights, outside supportive services and the overall culture in the facility. They all acknowledged that they had receiving the some PREA information i.e. brochure, youth handbook, etc. during the Intake and that during the Orientation process, they all acknowledged that they had watched the Idaho PREA video, which the facility shows to every youth during the Orientation process, they were able to articulate their knowledge regarding what PREA is, how to report allegations of sexual abuse and sexual harassment, about 3rd part reporting and their unimpeded access

to make a hotline call if needed. This auditor did not observe any youth receiving PREA training during the onsite visit. These 12 random youths also pointed out that agency's Zero Tolerance policy, PREA related posters, brochures with the hot line number for reporting incidents of sexual abuse and sexual harassment and the outside sexual abuse victim services were all prominently displayed throughout the facility and in the Youth Handbook. These displays were observed by this auditor during the facility tour (site review), therefore demonstrating their compliance with this standard.

Standard 115.334: Specialized training: Investigations

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*)

Policy and Evidence reviewed: Zero Tolerance and PREA Investigation Policies, PREA Audit Questionnaire (PAQ), National Institute of Correction's (NIC) Specialized Investigator's Training Curriculum, Internal Investigator's Specialized Training Certificates and interview with the PREA Coordinator and the Investigator.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does indicate that they are the entity, as applicable, that will conduct their administrative investigations and that the Lewiston Police Department is the outside law enforcement entity who conducts the criminal investigations for sexual abuse and sexual harassment allegations. B. The agency's Internal investigator indicated during his interview that he has received the specialized investigator's training that is offered on the National Institute of Corrections training website, interview skills training, training on Miranda and Garrity warning, evidence collection, etc. to assist him in conducting sexual abuse and sexual harassment investigations even though criminal investigations would be referred to outside law enforcement. The Juvenile Correctional Center-Lewiston has 8 administrative investigators assigned [JB15][JW16] to their facility which was corroborated by this auditor after reviewing the organizational chart of the agency and a review of the investigator's personnel files and training records. C. The agency's PREA Coordinator did provide to this auditor copies of their investigator's training records that reflected receipt of their specialized interviewing training when conducting sexual abuse investigations, which was corroborated during the Investigator's interview, therefore demonstrating their compliance with this standard.

Standard 115.335: Specialized training: Medical and mental health care

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? Yes No
- 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? Yes No
- 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? Yes No
- 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? Yes No

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.) 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? Yes No

115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? 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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), the Sequoia Counseling Center, the designated Rape Crisis Center agency and the YWCA's, Victim Advocacy Agency Memorandum of Agreements, PREA Training Roster, Idaho Department of Juvenile Corrections Specialized Training Certificates for Medical and Mental Practitioners, PREA Training Acknowledgement Forms, Medical and Mental Health Staff Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does states that they do not conduct forensic medical exams on a youth for sexual abuse but and when applicable, they will refer the alleged victim to the Sequoia Counseling Center, the designated Rape Crisis Center and to St. Joseph Medical Center where the examination would occur free of charge to the youth. B. The selected 1 medical and 2 mental health staff interviewed were chosen to ascertain there were chosen to ascertain their knowledge of PREA, how and when they received training, and if they know of their reporting responsibilities if a sexual abuse and sexual harassment allegation is made to them. All of the medical and mental health staff interviewed in this facility indicated that by policy and practice, that they do no conduct SANE examination nor has the Sequoia Counseling Center or St. Joseph Medical Center had received a referral from them to conduct a SANE examination for this facility's youth in the last 12 months. C. Of the 1 medical and 2 mental health personnel at the facility interviewed they indicated that they have received their specialized training in PREA and did provide to this auditor certificates of their specialized training received within the last 12 months, therefore demonstrating their compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.341: Screening for risk of victimization and abusiveness

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: Prior sexual victimization or abusiveness? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities? Yes No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities? Yes No

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

- 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*)

Policy and Evidence reviewed: Zero Tolerance, Orientation and Assessment Intake, Special Management Interventions, Non-Discriminatory, Developmentally Sound Lesbian, Gay, Bisexual, Transgender, Intersex Policies, PREA Audit Questionnaire (PAQ), Idaho Juvenile Offender System (IJOS), Electronic and Hard Copy of the Risk of Sexual Victimization/Perpetrator Screener Form (RSV), Intake Staff, Random Youth and the PREA Coordinator's Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Orientation and Assessment Intake, Special Management Interventions, Non-Discriminatory, Developmentally Sound Lesbian, Gay, Bisexual, Transgender, Intersex Policies does outline that the screening of youth during Intake must occur within 72 hours of their admission. B, C and D The

agency's Intake screening instrument, which is also in their electronic client management database called Idaho Juvenile Offender System (IJOS) does not contain upon this auditor's review, all of the eleven screening elements (1-11) required of this standard and is missing the questions which covers the youth own perception of vulnerability, current charges and offense history, mental illness and disabilities and a youth's gender non-conforming or perceived vulnerable appearance. This auditor did observe a new commitments being processed at Intake during the site visit. The selected Intake staff interviewed was chosen to ascertain her knowledge of PREA, if she knew of her reporting responsibilities if a sexual abuse and sexual harassment allegation is made to her, do she ask the youth whether they are Lesbian, Gay, Bisexual, Transgender, Intersex or observe if they are Gender Non-Conforming and where/what do they document this information on. During the interview with the Intake Staff she did indicate that they have a process, in accordance with their policy to make an initial assessment and for the re-assessment of a youth every 30 days, of which a hard copy of this form was provided to the auditor for his review. E. During the Intake staff interview she did indicate that information obtained by them during the initial Intake screening that the sensitive information obtained does have limited dissemination i.e. case management and upper level supervisory staff to prevent exploitation to the detriment to the youth, and that appropriate controls are in place, i.e. locked file cabinet and or is password protected. The Orientation and Assessment Intake policy does indicate who have access to it upon this auditor's review. This assertion by the Intake Staff was corroborated by reviewing the interview notes of the agency's PREA Coordinator, Mental Health specialist and a review of the screening instrument that was provided during the pre-audit.

Corrective Action Findings: The facility needs to add the following elements to their Risk Screener Form: 1. The youth's own perception of vulnerability, 2. Current charges and offense history and 3. If the youth has a mental illness and mental disabilities, and provide a copy of this edited form for any new intakes post the onsite visit to this auditor for review in order to be in compliance with this standard.

Resolution: The agency's PREA Coordinator did provide to this auditor a copy of their Risk Screener Form (RSV) that reflects the element of asking the youth of his/her own perception of vulnerability, the current charges, offense history and mental illness and mental disabilities. He also provided copies of the RSV for new intakes that have occurred in October, November and December to demonstrate the institutionalization of this document, therefore demonstrating compliance with this standard.

Standard 115.342: Use of screening information

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? Yes No
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? Yes No
- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? Yes No
- Do residents in isolation receive daily visits from a medical or mental health care clinician? Yes No
- Do residents also have access to other programs and work opportunities to the extent possible? Yes No

115.342 (c)

- Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status? Yes 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 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 paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?) Yes No NA
- If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?) 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? 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*)

Policy and Evidence reviewed: Zero Tolerance, Special Management Interventions, Non-Discriminatory, Developmentally Sound Lesbian, Gay, Bisexual, Transgender, Intersex Policies, PREA Audit Questionnaire (PAQ), Orientation and Assessment Evaluations, Memorandum on Protective Isolation Usage, Seclusion Logs, Intake Officer Interview, Electronic and Hard Copy of the Risk of Sexual Victimization/Perpetrator Screener Form and the Mental Health Specialist interview.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Special Management Interventions, Non-Discriminatory, Developmentally Sound Lesbian, Gay, Bisexual, Transgender, Intersex policies were provided to the auditor for his review to understand how this facility makes usage of the screening information. The Intake staff was able to explain to this auditor during her interview how the screening instrument is used, how an informed housing assignment is made and what staff members are included in this discussion including the frequency of these meeting. B. The facility's Zero Tolerance policy does prohibit the placement of any youth in isolation due to risk of sexual victimization and the agency's PREA Coordinator did provide a memorandum from the Facility Superintendent that indicated that seclusion (isolation) has not been used for sexual abuse and or a sexual harassment victims and or perpetrators in the last 12 months. This assertion was corroborated from the interview notes of the Mental Health Specialist, the Assistant Superintendent and a review of the isolation logs during the last 12 months. C and D The Intake Staff did provide to this auditor during her interview a copy of the Risk of Sexual Victimization /Perpetrator Screener form utilized by this facility for his review and was informed by the Intake Staff that all housing assignments are not based on a youth's LGBTGNC status, perceived status or identification status as an indicator of likelihood of being sexually abusive but are made on an case by case basis. This auditor did observe one new commitments being Intake during the onsite visit. The agency PREA Coordinator did not identify Transgender or Intersex youth in their population when he submitted the youth interview listing during the pre-audit and indicated there were none during this onsite visit. E, F and G The facility's Zero Tolerance and the Non-Discriminatory, Developmentally Sound Lesbian, Gay, Bisexual, Transgender, Intersex policy does allow, when applicable, for an Intersex and Transgender youth to shower separately and to be reassessed twice a year to review any threats to safety experienced by the youth with serious considerations being given with respect to their safety as applicable. This assertion was corroborated from the interview notes of the PREA Coordinator, the PREA Compliance Manager, the Facility Superintendent and the Mental Health Specialist. H and I The agency's PREA Coordinator did indicate during his interview that for the last 12 months the facility reported that there were zero youth placed in isolation as a result of their risk to sexual victimization, that zero youth were denied daily access to services and that the average time of a youth had been in isolation for a risk to sexual victimization was none. The PREA Coordinator did provide a memorandum from the Facility Superintendent to corroborate this assertion, therefore demonstrating their compliance with this standard.

REPORTING

Standard 115.351: Resident reporting

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? Yes No

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*)

Policy and Evidence reviewed: Zero Tolerance, Grievance, and the Correspondence and Communication, Privileged Communication policies, PREA Audit Questionnaire (PAQ), PREA Incident Review Documents, Notification of Disclosure and or PREA Incident Form, Agency Memorandum on Civil Immigration, Parent and Program Manual, YWCA Victim

Advocacy Memorandum of Agreement, PREA Posters, Idaho Department of Health and welfare, Child Abuse and Neglect Reporting Hotline Number, PowerPoint Slides on Reporting, First Responder Training PowerPoint, Volunteer, PREA Coordinator, PREA Compliance Manager, Random Staff and Youth Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does provide for multiple internal ways (i.e. sick call, grievance, trusting adult) and several external numbers for a youth to privately report an allegation of sexual abuse and sexual harassment. B. The agency's PREA Coordinator did provide one such number for reporting an allegation during the pre-audit phase which is the Idaho Department of Health and welfare, Child Abuse and Neglect Reporting Hotline 1-855-552-5437 toll free number that is posted on each dorm (wing) and throughout the facility, as observed during the facility tour and picture sent during the pre-audit phase. C. This auditor conducted interviews with 12 facility staff and with 12 youth who were chosen to ascertain their knowledge of the resident reporting procedures. Of the selected staff interviewed that all demonstrated knowledge of their responsibilities if a youth reported an allegation of sexual abuse and sexual harassment to them, the youth's ability to have unimpeded access to report it via facility staff, hotline, etc. All of the selected facility staff interviewed indicated that they do and will accept, document and immediately report all verbal reports of sexual abuse and sexual harassment made to them from a youth to the appropriate upper level supervisory and or administrative staff in the facility in accordance with the Zero Tolerance policy. D. The facility's PREA Compliance Manager did indicate during his interview that any youth would also be provided with a grievance form from staff without question according to policy as one of the tools for reporting an allegation. E. The random staff and the random youth selected for interviews all indicated that that they can report a sexual abuse and sexual harassment allegations privately; confidentially, anonymously and or through a 3rd party. The selected random staff also indicated that they can use the same 1-855-552-5437 hotline number for making such reports or can privately report it to their supervisor. This auditor did not observe any youth making a report of sexual abuse and sexual harassment during the onsite visit. The facility's Zero Tolerance policy does state that they do not detain youth solely for civil immigration purposes and the facility's PREA Coordinator did provide a written memorandum corroborating this policy assertion and that detaining solely for immigration purposes has not occurred in the last 12 months, therefore demonstrating their compliance with this standard.

Standard 115.352: Exhaustion of administrative remedies

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 NA

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*)

Policy and Evidence reviewed: Zero Tolerance, Juvenile Grievances, Special Management Interventions, Non-Discriminatory, Developmentally Sound Lesbian, Gay, Bisexual, Transgender, Intersex, Privileged Communication and Correspondence and Communication Policies, Parent Program Manual, PREA Audit Questionnaire (PAQ), Retaliation Monitoring Form, Youth Grievances and Logs, Notification of Disclosure and or PREA Incident, Memorandum on Exhaustion of Administrative Remedies and Grievances, applicable Investigation Case Log and cases that exceeded 90 days or Required an Extension of 70 days, Disciplinary Action Records for Bad Faith filings as applicable, Youth Handbook, Investigator's, Random Staff and Youth Interviews.

Findings: A, B and C. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Special Management Interventions, Non-Discriminatory, Developmentally Sound Lesbian, Gay, Bisexual, Transgender, Intersex, Privileged Communication and Correspondence and Communication Policies, Parent Program Manual policies states that the agency does not imposes a time limit regarding the filing of an allegation for sexual abuse, that a youth cannot resolve a sexual abuse grievance with the alleged staff person informally, and that the grievance will not be referred to the alleged staff member for resolution. This policy assertion was corroborated from the interview notes taken of the PREA Coordinator and Internal Investigator. D. The facility's Zero Tolerance policy does state that it shall issue a final decision within 30 days of the initial filing which was also reviewed as being stated in the youth handbook. E. The facility's Zero Tolerance policy also indicates that a 3rd party i.e. parent, counselor, etc. can file a grievance on behalf of a youth and that a youth will be monitored for retaliation up to 90 days or until the investigation is closed or is Unfounded. The facility's Assistant Superintendent indicated that he has the responsibility to monitor youth and staff against retaliation and corroborated this policy assertion during his interview. F. The agency's PREA Coordinator did show this auditor the locations of the grievance lock boxes where a youth could file their grievance during the facility tour and he did provide him with a copy of the grievance form and a copy of the Youth Handbook (Milestone) that describes the youth the grievance procedure including the filing of emergency grievances. This auditor did not observe any youth make a report of sexual abuse and sexual harassment through the grievance process during the site visit. G. The facility's Zero Tolerance policy does state that disciplinary action can be taken against a youth if a grievance is filed in bad faith. The agency's PREA Coordinator did provide a memorandum from the agency head stating that there were 9 grievances filed in the last 12 months, 3 [JB17][JW18] for sexual abuse and 6 sexual harassment, that there were zero emergency grievances filed in the last 12 months, and that there were zero sexual abuse and sexual harassment grievances and or administrative/criminal investigations that were not completed within 90 days or that required extensions up to 70 days in the last 12 months, therefore demonstrating their compliance with this standard.

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

115.353 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes 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? Yes No

- 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*)

Policy and Evidence reviewed: Zero Tolerance, Privileged Communication and Correspondence and Communication and Visitation Policies, PREA Audit Questionnaire (PAQ), St Joseph Regional Medical Center, Sequoia Counseling Center, the designated Rape Crisis Center agency and the YWCA's Advocacy Agency Memorandum of Understandings, Youth Handbook, PREA Posters and other PREA-related documentation in English, Facility's Schematics of Visitation Area, Random Staff, Youth and PREA Coordinator Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Privileged Communication and Correspondence and Communication and Visitation Policies does outline how a youth would have access to outside confidential support services and legal representation while in this facility. The facility's Intake Staff indicated that the facility does provide all

youth with information regarding their access to outside and other services i.e. victim services, on visitation hours and days, on 3rd party reporting, and the 1-877-hotline number information during their Intake and Orientation sessions. The facility's Intake Staff also indicated that the youth are provided with a copy of the Youth Handbook (Milestone) which contains the toll free and or local phone numbers for reporting PREA allegations internally, externally and access to PREA related services. This auditor did not observe any youth having to contact the outside advocacy agency for emotional support and crisis counseling as a victim of sexual abuse and sexual harassment during the site visit. A copy of the Youth Handbook (Milestone) had been provided to this auditor with the information highlighted for his review. B and C The agency's PREA Coordinator did provide to this auditor during the pre-audit phase a copy of the Memorandum of Agreement from Sequoia Counseling Center, the designated Rape Crisis Center and from the YWCA, the Advocacy Agency for the provision of emotional support and crisis counseling services as needed for victims of sexual abuse in this facility if applicable. 12 youth were selected to be interviewed and chosen to ascertain their knowledge of this outside emotional support and crisis intervention services and where the number is displayed in the facility. Of those selected none could recall being given this information on the outside support services during the Orientation process at this facility though some obtained this knowledge from a previous placement. They all indicated that they would be able to communicate with the outside service providers privately and that this conversation would be confidential. D. The facility's PREA Compliance Manager did indicate during her interview that they do provide the youths with reasonable and confidential access to communicate with their parents, legal guardians and lawyers including visitation. Both the random staff and random youth interviewees were able to inform this auditor of the identified visitation space available, which was also corroborated by reviewing the facility's schematics.

Corrective Action Findings: The facility must insert the Sequoia Counseling Center and the YWCA's contact number in bold print on the revised PREA posters so that the youth can easily see the numbers and insert it in the youth orientation handbook (Milestones) and PREA related brochures. The facility must then educate all of the youth of their services, post these numbers in the Rehabilitation Specialist offices, and provide signed youth training rosters acknowledging the same in order to be in compliance with this standard.

Resolution: The agency's PREA Coordinator did provide to this auditor a revised copy of the Youth Orientation Handbook (Milestone) that contained the insertion displaying the Sequoia Counseling Center and the YWCA's contact number in bold print, which is also on the revised copies of the PREA posters enabling the youth to easily see the numbers. He also provided a copy of the 'Juvenile Victim Advocate' training roster of which the youth were re-educated these services (Sequoia and the YMCA) and provided pictures where these numbers have been posted in the Rehabilitation Specialist offices, therefore demonstrating compliance with this standard.

Standard 115.354: Third-party reporting

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*)

Policy and Evidence reviewed: Zero Tolerance, Juvenile Grievances, Third Party Reporting, Privileged Communication and Correspondence and Communication and Investigation, Harassment and Discrimination, Abuse, Neglect and Exploitation Policies, PREA Audit Questionnaire (PAQ), Parent Program Manual, Notification of Disclosure Form, Monitoring for Retaliation excerpt from the Quality Improvement Handbook, Agency Website Screen Shot, Notification to Other Facility, Random Staff and Youth Interviews, Copy of the Youth Grievances, the PREA Compliance Manager and PREA Coordinator's Interview.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Juvenile Grievances, Third Party Reporting, Privileged Communication and Correspondence and Communication and Investigation, Harassment and Discrimination, Abuse, Neglect and Exploitation Policies, does establish the method for staff to receive a 3rd party report of sexual abuse and sexual harassment on behalf of a youth. The agency's PREA Coordinator did provide the link to this agency's website directing this auditor to the 3rd party reporting icon and information, which was reviewed by this auditor. The agency's PREA Coordinator did also provide to this auditor a memorandum that describes how they receive a 3rd party report for sexual abuse and sexual harassment and the action to be taken. He also provided the auditor with a copy of the Parent Program Manual on PREA in English which also describes the 3rd party reporting process. This agency's Zero Tolerance policy and 3rd party practice was corroborated from the notetaking of the interviews with the agency's PREA Coordinator, PREA Compliance Manager, Random Staff and Random Youth interviews, therefore demonstrating their compliance with this standard.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.361: Staff and agency reporting duties

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 the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.) Yes No NA
- 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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), the Sequoia Counseling Center, the designated Rape Crisis Center agency and the YWCA's Memorandum of Agreements, Intake Officer, Notification of Disclosure and or PREA Incident Form, First Responders Training PowerPoint, PREA Allegation Investigation Report, Medical and Mental Health Practitioners, Facility Administrator, PREA Coordinator, PREA Compliance Manager, First Responder, and Random Staff Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does require that all staff immediately report to the Facility Superintendent or upper level supervisor any suspicion, knowledge, or information of an allegation of sexual abuse, sexual harassment, retaliation and staff policy violation for neglect of their responsibilities that may have contributed to the incident or retaliation, including 3rd party reports. The agency's PREA Coordinator also provided to this auditor other related policies regarding their internal processes, personnel action to be taken and the first responder's responsibilities and duties of the staff including referrals to be made to the Sequoia Counseling Center, the designated Rape Crisis Center and to the YWCA, the Advocacy Agency for mental health assessment and treatment as necessary. B and D The facility's Zero Tolerance policy does state that all staff are mandatory reporters and this assertion was also corroborated from the notetaking during the random staff interviews. The facility's policy also indicates and directs all of the facility staff, including medical and mental health personnel, that they are mandatory reporters of child abuse, that they must immediately report the alleged information to the facility's administrative personnel and they must complete the PREA Incident Review form and then forward it to the Facility Superintendent. This practice was corroborated from the notetaking from the interviews with Facility's Superintendent, the PREA Coordinator and the 12 selected Random Staff C. The facility's Zero Tolerance policy does prohibits the staff from revealing any information related to the sexual abuse and sexual harassment allegation to anyone other than to the extent necessary which was also corroborated during the 12 selected random staff and specialized staff (first responder) interviews notetaking. This auditor did not observe any staff member making a report of sexual abuse and sexual harassment during the site visit. E and F The Facility Superintendent did indicate during his interview that once the report is made by a staff member they would then forward allegation to the facility's Internal Investigators and or to the Lewiston Police Department as applicable. Of the selected 12 random staff interviewed who were chosen to ascertain their knowledge of the agency's reporting policy, they all demonstrated sufficient knowledge regarding their reporting responsibilities including notification to their immediate supervisor, the Facility Superintendent, the Lewiston Police Department, to their internal investigators, to the alleged victim's parent, legal guardian, lawyers and to the court of jurisdiction as applicable, therefore demonstrating their compliance with this standard.

Standard 115.362: Agency protection duties

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*)

Policy and Evidence reviewed: Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies, PREA Audit Questionnaire (PAQ), PREA Incident Review Form, Monitoring for retaliation excerpt from the Quality Improvement Handbook, Seclusion Log, and memorandum on the Agency's Protection Duties, Facility Superintendent, PREA Compliance Manager and Random Staff Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies does outline their internal processes regarding the agency's protection duties when informed that a youth is subject to a substantial risk of imminent sexual abuse. 8 selected specialized and 12 random staffs that were interviewed were chosen to ascertain their knowledge of the agency's policy regarding its protection duties. The selected staff was able to articulate their knowledge of these protections and indicated to their knowledge that zero youth had been placed in isolation for a substantial risk of sexual abuse in the last 12 months. This auditor did not observe any staff having to protect a youth who was subject to a substantial risk of imminent sexual abuse during the site visit. The facility's PREA Compliance Manager also provided to this auditor a memorandum from the agency head indicating that they had zero youth in isolation during the last 12 months who were subject to any type of substantial risk of imminent sexual abuse while in their facility, therefore demonstrating their compliance with this standard.

Standard 115.363: Reporting to other confinement facilities

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Memorandum on Allegation Notification to Other Facilities, Facility Administrator, PREA Coordinator, Intake Officer, Information Management System, Internal Investigator's Interviews, Investigative Administrative and or Criminal Case review if applicable.

Findings: A. and B The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does outline the staff's requirement of reporting to other confinement facilities within 72 hour of being informed during Intake of an allegation being made by a youth of sexual abuse and sexual harassment. The Intake Staff did indicate during her interview that process would be documented in the youth's electronic file and on the intake assessment form. This auditor did not observe any staff having to report to another facility within 72 hours, a reported allegation of sexual abuse and sexual harassment during the site visit. Interviews were conducted with the Intake Staff as well as with other specialized staff to ascertain their knowledge of this policy and to see if it was being practiced. The Intake Staff and the selected specialized staff did demonstrated their knowledge and understanding of this reporting requirement, the need for policy adherence and that they all indicated that they had not made or received a report to another confinement facility in the last 12 months. C. The agency's PREA Coordinator did provide to this auditor a copy of a memorandum from the agency head indicating that they had documented zero reported cases of having to report to another confinement facility an allegation of sexual abuse that occurred within the past 12 months. It was also noted during the selected random staff interviews that they too were able to articulate this notification protocol for reporting to other confinement facilities. D. The agency's PREA Coordinator did also provide to this auditor a copy of memorandum from the agency head stating that during the last 12 months they did not receive an allegation of a sexual abuse incident that had occurred at another facility, that if one did occur that notification would have been made within 72 hours and that they would ensure that an investigation would occur, therefore demonstrating their compliance with this standard.

Standard 115.364: Staff first responder duties

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), First Responder Training PowerPoint, Lewiston's Coordinated Response Plan for PREA Incidents, PREA Incident Review Forms, Memorandum on First Responder Duties, First Responder, Non-Security Staff, Random Staff, PREA Incident Review Document, PREA Compliance Manager and PREA Coordinator Interviews, and a review of the Investigative Cases.

Findings: A and B. The Juvenile Correctional Center-Lewiston has established a Zero Tolerance policy that outlines the first responder duties and responsibilities for responding to sexual abuse and sexual harassment allegations in this facility. The facility's PREA Coordinator reported during his interview to this auditor that there were 19 allegation of sexual harassment and 1 allegation of sexual abuse in the last 12 months whereas the collection of evidence was not applicable and if it had been, it would have been collected in the appropriate time frame i.e. witness statements, video footage, etc. in accordance to their policy. This assertion was corroborated from the notetaking during the Internal Investigator, PREA Coordinator, and the PREA Compliance Manager's interviews. Furthermore, he stated that there was zero times that the crime scene and or evidence needed to be preserved, zero times it was requested of a victim not to take any action, zero times it requested of the abuser not to take action, zero times that non-security staff had to respond, and that in this instance was the security staff (Rehabilitation Technician) notified and had responded to an allegation. 12 selected random staff and 8 specialized staff were interviewed were chosen to ascertain their knowledge of the first responder duties and responsibilities in this facility. All of the random and specialized staff interviewed were able to articulate their knowledge, understanding, responsibilities and duties if they were to become a first responder which included how they would inform the youth (victim and the abuser) not to destroy any evidence by washing, eating, changing clothes, drinking, defecating or their brushing teeth and that the youth will be in close proximity to them until taken to a secure location and or hospital by the investigator or law enforcement official. This auditor did not observe any staff having employed these first responder duties and responsibilities during the site visit. The agency's PREA Coordinator did provide this auditor with a memorandum from the Facility Superintendent indicating that there were 19 allegations of sexual harassment and 1 allegation of sexual abuse made during the past 12 months and that the first responders had acted in accordance with the agency's policy and the facility's protocol, therefore demonstrating their compliance with this standard.

Standard 115.365: Coordinated response

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*)

Policy and Evidence reviewed: Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies, PREA Audit Questionnaire (PAQ), Lewiston’s Coordinated Response Plan for PREA Incidents, PREA Allegation Investigation Reports, Sexual Abuse Review Team Member and the PREA Coordinator’s Interview.

Findings: A. The Juvenile Correctional Center-Lewiston’s Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies does outline a planned procedure for identified, specific staff, to respond to allegations of sexual abuse and sexual harassment in this facility. The facility does have a facility-wide coordinated response plan whereas it describes the roles and responsibilities of the facility Superintendent, the PREA Compliance Manager, Duty Officer, the Medical and Mental health personnel, the Investigator and the responsibility of First Responder. This written plan was provide to this auditor by the PREA Coordinator as well as was corroborated from the note taken during the interviews with a member of the Sexual Abuse Review Team and with the PREA Coordinator. This auditor did not observe the convening of this Sexual Abuse Review Team during the site visit. Both the PREA Coordinator and the member of the Sexual Abuse Review Team indicated during their interviews that they understood the process for reporting a sexual abuse and sexual harassment allegations, that they know the responsibilities of the facility Superintendent, the Duty Officer, the Medical and Mental Health personnel, the Investigator and the responsibility of a First Responders that results in a coordinated response to a sexual abuse and sexual harassment allegation, and that all staff have been trained on this plan.

Corrective Action Findings: The facility must clearly delineate the roles of each individual involved in this written response coordinated plan and provide an edited copy to this auditor for his review. A sample coordinated response plan that can be utilized as a model for delineating the roles for this plan has been provided as well as others that can be researched and seen in the public domain for utilization, in order to be in compliance with this standard.

Resolution: The agency’s PREA Coordinator did provide to this auditor a revised copy of the facility’s coordinated response plan that clearly delineates the roles of each individual involved when responding to an allegation of sexual abuse, therefore demonstrating compliance with this standard.

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

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*)

Policy and Evidence reviewed: Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies, PREA Audit Questionnaire (PAQ), Monitoring for Retaliation excerpt from QI Handbook, Memorandum on Collective Bargaining Agreement, PREA Coordinator, PREA Compliance Manager and Human Resources Specialist Interviews.

Findings: A and B. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation policies do state that they do not enter into any collective bargaining agreements and that the facility's Zero Tolerance policy does allow for an alleged staff abuser to be removed from contact with a youth pending an investigation or of a determination of whether and what extent discipline is warranted. This policy assertion was corroborated by the Human Resources Specialist and the PREA Coordinator from the note taken during their interviews. This auditor did not observe any staff having to be removed from contact with a youth pending an investigation during the site visit. The PREA Coordinator also provided to this auditor a copy of a memorandum from the Facility Superintendent corroborating this policy assertion, therefore demonstrating their compliance with this standard.

Standard 115.367: Agency protection against retaliation

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

Policy and Evidence reviewed: Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies, PREA Audit Questionnaire (PAQ), Internal Investigator's Interview, Monitoring for Retaliation excerpt from QI Handbook, BTB Language Solution Interpreting Service Agency's Memorandum of Agreement and interviews with the PREA Coordinator, PREA Compliance Manager and Mental Health Specialist.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies do outline their response to retaliation against a staff or youth and the protection for all youth and staff members who report an allegation of sexual abuse and sexual harassment; and or who cooperate with an investigation. The facility's PREA Compliance Manager did indicate during her interview that they have designated the Assistant Facility Superintendent, who is responsible for monitoring a youth and or staff against retaliation for reporting a sexual abuse and sexual harassment allegation. B. The facility's Zero Tolerance policy does state that they will employ multiple protective measures to protect a youth from retaliation ranging from changing their housing assignment, removing them from the facility into another, removing the abuser or alleged staff member from contact with the victim and in the provision of providing emotional support to the victim. C and D The facility's Zero Tolerance policy does state that a youth's conduct would be monitored up to 90 days against retaliation, including periodic status checks that the designated staff would promptly remedy any such retaliation, and that treatment services will be provided as needed. The notes taken from the Mental Health Specialist interview did corroborate this policy assertion. E. The facility's Zero Tolerance policy does state that they will protect any other individual who cooperates with an investigation who may express fear of retaliation also. This auditor did not observe any youth or staff having to be monitored for retaliation or to protect a staff or youth who reported an allegation of sexual abuse and sexual harassment during the site visit. F. The facility's Zero Tolerance policy does state that their obligation to monitor a youth or staff against retaliation shall be terminate if the allegation is determined to be Unfounded. The facility reported zero times where protective measures were required to protect staff and or youth against retaliation in the last 12 months which was corroborated by the Assistant Facility Superintendent and the PREA Coordinator during their interview as well as attested in a memorandum from the Facility's Superintendent corroborating this policy and practice, therefore demonstrating their compliance with this standard.

Standard 115.368: Post-allegation protective custody

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*)

Policy and Evidence reviewed: Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies, PREA Audit Questionnaire (PAQ), Memorandum on Post Allegation Protective Isolation, Seclusion Logs, Random Staff, Facility Administrator, PREA Compliance Manager and PREA Coordinator Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston’s Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies do state the prohibition of the use of segregation and or seclusion housing to protect a youth who have alleged sexual abuse and sexual harassment. The agency’s PREA Coordinator did provide to this auditor a copy of a memorandum from the facility’s Superintendent indicating that there were zero youths who were held in isolation (seclusion) who alleged sexual abuse and sexual harassment or who suffered sexual abuse in the last 12 months. This auditor did not observe any youth being held in isolation during the site visit. Interview notes taken from the agency’s PREA Coordinator, PREA Compliance Manager and the Facility Superintendent all corroborated the policy assertion that they do not use seclusion to protect a youth from sexual abuse or sexual harassment, therefore demonstrating their compliance with this standard.

INVESTIGATIONS

Standard 115.371: Criminal and administrative agency investigations

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 entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) Yes 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*)

Policy and Evidence reviewed: Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, and PREA Investigation Policies, PREA Audit Questionnaire (PAQ), Internal Investigator Interview, Investigator's Training Record, Memorandum on Referrals for Prosecution, PREA Incident Interview Form, Sample

Administrative and Criminal Investigative Case, PREA Allegation Investigation Report and Cover Sheet, PREA Compliance Manager, and the PREA Coordinator Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Harassment & Discrimination, Abuse, Neglect and Exploitation, Juvenile Grievances, PREA Investigation Policies does outline that they will conduct all administrative investigations and that the Lewiston Police Department will conduct all criminal investigations of sexual abuse and sexual harassment. B. The agency's PREA Coordinator did provide a copy of their investigator's training records and the organizational chart to corroborate this policy and practice. C. The facility's Internal Investigator described during his interview to this auditor his gathering process i.e. evidence, videos, interviews, etc., and how he reviews prior complaints and reports of sexual abuse of the alleged perpetrator when conducting an investigation. The agency's PREA Coordinator did provide a copy of a memorandum from the facility's Superintendent indicating that there were 1 allegations of sexual abuse and 19 allegations of sexual harassment that had occurred in this facility, zero sexual abuse and zero sexual harassment incidents that had occurred in another facility, which if it had, they would had been investigated by the appropriate entities. D and F The facility's PREA Compliance Manager reported that there was 1 sexual abuse case being substantiated, 19 sexual harassment cases with 4 being substantiated and that they had been closed in accordance with the agency's policy. G, H, I and J The facility's PREA Compliance Manager also reported during her interview that there were zero substantiated investigative cases that had been referred for prosecution and that if it had been referred that they would retain these case files as long as the abuser is incarcerated or as long as the staff was employed, 5 years plus according to their policy and applicable law. K. The facility's Zero Tolerance policy also state that an employee's termination or the departure of the victim and or perpetrator's being out of the control of the facility shall not cause the investigation to be terminate and that polygraphs are not utilized. The Internal Investigator corroborated this agency's policy and practice during his interview. M. Furthermore, during the investigator's interview when asked how she would work collaboratively or in conjunction with an outside investigative agency. He described how he would remain in contact with the outside investigative entities and provide them with the necessary documentation and demonstrative evidence to assist them in the investigation i.e. video as applicable, therefore demonstrating their compliance with this standard.

Standard 115.372: Evidentiary standard for administrative investigations

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Investigation Policy, and the Investigator, memorandum on Evidentiary Standard for Administrative Investigation, Sample Notifications to Residents, Sample Completed Investigations, Facility Superintendent and PREA Coordinator's Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does state that the standard used for proof when determining substantiation of an allegation for sexual abuse and sexual harassment in an administrative investigations is the preponderance of evidence. This policy assertion was corroborated during the interview with the Internal Investigator, the PREA Coordinator as well as indicated in a memorandum from the Facility's Superintendent attesting to this practice, therefore demonstrating their compliance with this standard.

Standard 115.373: Reporting to residents

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 an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes 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*)

Policy and Evidence reviewed: Zero Tolerance, Privileged Communication, Juvenile Grievance, Correspondence and Communication Policies, PREA Audit Questionnaire (PAQ), Parent Program Manual, Memorandum on Investigation Completed by Outside Agency, Verbal Report Documentation, Notification of Disclosure and or PREA Incident Form, Administrative Investigative Cases and the Investigator’s Interview.

Findings: A and B. The Juvenile Correctional Center-Lewiston’s Zero Tolerance, Privileged Communication, Juvenile Grievance, Correspondence and Communication Policies does outline the facility’s responsibility in notifying a youth regarding the initiation and the outcome of an administrative and or criminal investigation for sexual abuse in this facility. C and D The facility’s Zero Tolerance policy also outlines the notification process for a staff-on-youth allegation and a youth-on-youth allegation. The agency’s PREA Coordinator did provide this auditor with a sample copy of the notification (PREA Incident Review) letters that have been issued to the staff and or to the youth. The facility’s PREA Compliance Manager did reported during her interview as well as on the PREA Questionnaire that there was 1 allegations of sexual abuse, 19 allegations of sexual harassment during the past 12 months, that they did inform the youths of the outcome, and that one investigation was required to be completed by an outside investigative entity. E. The agency’s PREA Coordinator did provide to this auditor a copy of a memorandum from the facility’s Superintendent verifying that there were 21 notifications given to youths at the conclusion of an the investigation, whether it was a youth-on-youth or a staff-on-youth allegation. The agency’s PREA Coordinator did indicate during his interview that there were 21 notifications made and or documented for any sexual abuse or sexual harassment allegations in the last 12 months. This auditor did not observe any youth being provided notification of an investigation during the site visit. This auditor recommended to the facility’s PREA Compliance Manager as a “best practice” that they notify the youth when an administrative investigation is initiated and concluded for sexual abuse and for sexual

harassment allegations. The facility's Internal Investigator also stated during his interview that there have not been any indictments, any referrals for prosecution or convictions of an abuser for sexual abuse and sexual harassment in the last 12 months which was corroborated with a memorandum from the agency head, therefore demonstrating their compliance with this standard

DISCIPLINE

Standard 115.376: Disciplinary sanctions for staff

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*)

Policy and Evidence reviewed: Zero Tolerance and Criminal History Background Checks Policies, PREA Audit Questionnaire (PAQ), Memorandum on Disciplinary Sanctions for Staff, Disciplinary Action Letter, PREA Incident Review, Human Resource Specialist and PREA Coordinator's Interviews.

Findings: A and C. The Juvenile Correctional Center-Lewiston's Zero Tolerance and Criminal History Background Checks Policies does outline the steps to be taken to discipline a staff for sexual abuse and sexual harassment and that sanctions for this violation will be commensurate with the nature and circumstances of the act committed. B. The Human Resource Specialist was asked during her interview if there were any staff disciplined in the last 12 months for violating the agency's Zero Tolerance policy. She indicated during her interview that there have not been any staff disciplinary actions taken during the past 12 months due to a violation of the agency's policy of sexual abuse and sexual harassment and that termination would be the presumptive disciplinary sanction. This assertion by the PREA Coordinator was corroborated by the Human Resources Specialist and with a memorandum from the facility's Superintendent regarding the agency's Zero Tolerance policy and Human Resource practice that pertains to this standard. This auditor did not observe any staff receiving a disciplinary sanction for violating the agency's sexual abuse and sexual harassment policy during the site visit. D. The Human Resources Specialist did report during her interview that there were zero referrals made to a law enforcement or relevant licensing entity for a sexual abuse and sexual harassment allegation in the last 12 months, therefore demonstrating their compliance with this standard.

Standard 115.377: Corrective action for contractors and volunteers

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*)

Policy and Evidence reviewed: Zero Tolerance, Criminal History Background Checks, Volunteer and Contractor's Policies, PREA Audit Questionnaire (PAQ), Volunteer and Contractor's Disciplinary Letter (if applicable), Memorandum on Corrective Action for Volunteers and Contractors, Referral to Local Law Enforcement and Licensing Entity (if applicable), Facility Administrator, PREA Compliance Manager and PREA Coordinator Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance and Criminal History Background Checks Policies does prohibits volunteers and contractors from contact with youth who have engaged in sexual abuse and outlines the steps to be taken when disciplining volunteers and contractors for sexual abuse and sexual harassment violations. B. The Human Resource Specialist was asked if there were any volunteers or contractors disciplined for violating of the agency's Zero Tolerance policy and she reported during her interview that there were zero cases where a volunteer and zero cases where a contractor received disciplinary action during the past 12 months due to violation of the agency's policy of sexual abuse and sexual harassment. This auditor did not observe any volunteer or contractor receiving a disciplinary sanction for violating the agency's sexual abuse and sexual harassment policy during the site visit. The agency's PREA Coordinator also provided this auditor with a copy of a memorandum from the facility's Superintendent stating that there were zero reports made to local law enforcement or to a relevant licensing body for a contractor or volunteer who had engaged in sexual abuse of a youth in this facility in the last 12 months, therefore demonstrating their compliance with this standard.

Standard 115.378: Interventions and disciplinary sanctions for residents

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

115.78 (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)

- 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*)

Policy and Evidence reviewed: Zero Tolerance, Privileged Communication, Juvenile Grievance, Correspondence and Communication and Isolation Policies, PREA Audit Questionnaire (PAQ), Memorandum on Disciplinary Sanction for Residents, Review of Administrative and or Criminal Investigative Cases, Youth Handbook, Intake Staff, PREA Coordinator, PREA Compliance Manager, and the Facility Superintendent's Interviews.

Findings: A. The Juvenile Correctional Center-Lewiston’s Zero Tolerance, Privileged Communication, Juvenile Grievance, Correspondence and Communication and Isolation Policies does prohibits the denying a youth large muscle exercise, daily visits, educational programming, access to other programs as a disciplinary sanction for engaging in sexual abuse. It also outlines the process for taking disciplinary action against a youth when they participate in sexual misconduct with another youth, staff, volunteer or contractor in the facility. B and E The facility’s Zero Tolerance policy also outline the formal due process hearing that must occur following an administrative finding whereas the sanctions are to be commensurate with the nature and circumstances of the abuse committed including when a finding of sexual contact with a staff proves that they did not consent to such contact. C and D The agency’s PREA Coordinator when asked during his interview about the disciplinary sanction imposition on a youth, he indicated that the disciplinary process, in accordance with their Zero Tolerance policy does allow consideration to be given if the youth’s mental disabilities and mental illness contributed to the behavior when determining sanctions and if therapy, counseling or other interventions shall be considered for the youth to participate in. This policy and standard adherence was corroborated from the interview notes taken from the interview with the Facility Superintendent, PREA Compliance Manager and Intake staff. This auditor did not observe any youth receiving a disciplinary sanction for violating the agency’s sexual abuse and sexual harassment policy during the site visit. F. The facility’s Zero Tolerance policy does state that they do not impose disciplinary sanctions if a youth makes a report of sexual abuse and sexual harassment in good faith. When ask the question if one could be disciplined for making a sexual abuse or sexual harassment allegation in good faith, the 12 random youth all indicated that they would not receive a sanction if one was made in good faith. G. The facility’s PREA Compliance Manager reported during her interview and on the PREA Questionnaire 1 administrative findings of a youth-on-youth sexual abuse ~~and 4~~ and 4 administrative findings of a youth-on-youth sexual harassment, 1 zero-criminal findings of a youth-on-youth sexual abuse ~~and 1~~ and zero criminal findings of a youth-on-youth sexual harassment and zero instances where disciplinary sanctions was imposed for a sexual abuse and sexual harassment for a substantiated allegation. [JB19][JW20]The facility’s Zero Tolerance policy does prohibit all forms sexual abuse, sexual harassment and sexual misconduct in the facility as reviewed by this auditor. During this reporting period the agency’s PREA Coordinator did provide a copy of a memorandum from the Facility’s Superintendent indicating that there were zero youths who were placed in isolation as a disciplinary sanction for a youth-on-youth sexual abuse and or sexual harassment allegation in the past 12 months, therefore demonstrating their compliance with this standard.

MEDICAL AND MENTAL CARE

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

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*)

Policy and Evidence reviewed: Zero Tolerance, Release of Information and Consent, Juvenile Notice of Limited Confidentiality, Orientation and Assessment Evaluations Policies, Annual Idaho Department of Juvenile Corrections PREA Report 2016, PREA Audit Questionnaire (PAQ), Mental and Medical Screening Instrument Form, Idaho Juvenile Offender System (IJOS), Review of Electronic Medical Records Database, Release of Information and Consent Form, Prior Sexual Victimization Referral Forms and or Listing (as applicable), Notification of Disclosure and/or PREA Incident, Review of Youth Mental Health Files and Follow Up Documentation, Memorandum on Medical and Mental Health Follow Up with 14 Days of Intake and Informed Consent, Medical, Mental Health Practitioners, PREA Compliance Manager, PREA Coordinator and Random Staff Interviews, and Facility's Schematics for Medical Clinic.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Release of Information and Consent, Juvenile Notice of Limited Confidentiality, Orientation and Assessment Evaluations policies does outlines the procedure to follow for medical and mental health screenings consisting of the youth's history of sexual abuse, if applicable. The selected Medical and Mental Health staff to be interviewed was chosen to ascertain their knowledge of this policy and practice. Those selected Medical and Mental Health staff interviewed stated that they are familiar with the agency's Zero Tolerance policy on mental health and medical screenings, that they do complete a medical screening on all youth including obtaining the youth's sexual abuse history during the Intake process. They further indicated that this information is store on their electronic files and that they do contain some sensitive information that is not accessible to non-treatment staff. B. The facility's PREA Compliance Manager did not identify any youth during the pre-audit interview listing process who had disclosed a prior sexual victimizations in the past 12 months which occurred either at another confinement facility or in a community setting. The facility's Zero Tolerance policy does indicate that medical and mental health follow up assessments would be offered to these and other youths within 14 days of Intake and or when prior sexual victimization was alleged to have occurred. This policy practice was corroborated with the Intake Specialist and the Medical and mental Health staff during their interviews. This auditor did/did not observe a medical or mental health screening during the site visit. The agency's PREA Coordinator did provide a copy of a memorandum from the agency head corroborating this practice. C. The selected Medical and Mental Health staff stated during their interviews that they do maintain secondary information in their treatment files, which are kept in an office under lock and key whereas only they have access to them. The facility's Zero Tolerance policy does state that all

staff are considered mandatory reporters of child abuse according to their State law which includes these medical and mental health practitioners. D. The facility's Zero Tolerance policy also states how informed consent is to be obtained from a youth, unless they are under the age of 18, when sexual abuse does not occur in an institutional setting and the medical and mental health staff did describe how consent is obtained including the consent form of which they provided to this auditor, therefore demonstrating their compliance with this standard.

Standard 115.382: Access to emergency medical and mental health services

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*)

Policy and Evidence reviewed: Zero Tolerance, Release of Information and Consent, Juvenile Notice of Limited Confidentiality, Orientation and Assessment Evaluations Policies, PREA Audit Questionnaire (PAQ), Memorandum on Access to Emergency Medical and Mental Health Care, Youth Medical and Mental Health Files, Electronic Medical Records review and interviews with the Medical and Mental Health Practitioners.

Findings: A. The Juvenile Correctional Center-Lewiston's reported that there were zero cases of sexual abuse requiring medical attention at this facility during the past 12 months and that the facility's Zero Tolerance, Release of Information and Consent, Juvenile Notice of Limited Confidentiality, Orientation and Assessment Evaluations Policies does outline how a youth will have access to these emergency services in a timely, unimpeded manner. B and C The facility's Zero Tolerance policy does indicate that if no qualified medical or mental health practitioner is on duty the first responders responsibilities are to protect the victim, notify the appropriate on call medical and mental health practitioner, and that the victim is offered timely information and access to emergency contraception and STI prophylaxis. This auditor did not observe any youth needing access to emergency medical and mental health care during the site visit. D. The agency's PREA Coordinator did provide a copy of a memorandum from the facility's Superintendent stating that access to emergency medical and mental health services would be provided at the St Joseph Medical Center and that these treatment services shall be provided at no cost to the victim whether they name the abuser or cooperates with the investigation. This memorandum was corroborated by the medical practitioner staff when interviewed. The agency's PREA Coordinator did report during his interview that there were zero sexual abuse cases to review that required a youth emergency access to medical and mental health services in the last 12 months which was corroborated by the selected medical and mental health staff during their interviews, therefore demonstrating their compliance with this standard.

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

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.) 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.) Yes No NA

115.83 (f)

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

115.83 (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

115.83 (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*)

Policy and Evidence reviewed: Zero Tolerance, Release of Information and Consent, Juvenile Notice of Limited Confidentiality, Orientation and Assessment Evaluations Policies, PREA Audit Questionnaire (PAQ), Memorandum on Ongoing Medical and Mental Health Care, Sick Call Referral Form, Treatment Referral Form if applicable, and interviews with the Medical and Mental Health Practitioners.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance, Release of Information and Consent, Juvenile Notice of Limited Confidentiality, Orientation and Assessment Evaluations Policies does outline the procedure for a sexual abuse victim and or abuser to be offered an evaluation who has been victimized including receiving ongoing medical and mental health care. B, D, E, F and G The facility's PREA Compliance Manager during the pre-audit phase did not identify any youth requiring ongoing medical and mental health care as a sexual abuse victim and or abuser, but did provide a copy of a memorandum from the Facility's Superintendent that stated these services would be provided to these youth who have been adjudicated and who are assigned to their post detention facility, that these services are provided free of charge to the youth as well as other treatment i.e. STI's as deemed appropriate by the medical and mental health practitioner will be offered. This is an all-male facility and pregnancy tests would not be required. This auditor did not observe any youth needing ongoing medical and mental health care as a sexual abuse victim or abuser during the site visit. C. The selected Medical and Mental Health staff were asked if their services are consistent with the care provided in the community and during their interviews

they all indicated that their mental health and medical services are consistent with the community level of care and are at no cost to the victim whether they name the abuser or cooperates with the investigation, corroborating the memorandum from the agency head. H. The facility's Zero Tolerance policy does state that they will attempt to conduct an evaluation on the committed youth abuser within 60 days of learning of the abuse history and offer treatment when deemed appropriate by the mental health practitioner of which the facility reported zero. The facility's PREA Compliance Manager reported during her that there were zero youth identified as a sexual abuse victim and or abuser who required ongoing medical and mental health services during the last 12 months, therefore demonstrating their compliance with this standard.

DATA COLLECTION AND REVIEW

Standard 115.386: Sexual abuse incident reviews

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Sexual Abuse Review Team Initial and Ongoing Meeting Minutes, Monthly Meeting Notification, Meeting Minutes from PREA Incident Reviews, PREA Allegation Investigation Report, Administrative and or Criminal Investigative Cases, Interviews with a Sexual Abuse Review Team member, PREA Compliance Manager and the PREA Coordinator.

Findings: A. The Juvenile Correctional Center-Lewiston’s Zero Tolerance policy does outline the process for conducting sexual abuse reviews for substantiated and unsubstantiated cases of sexual abuse with the understanding that a review would not be held for unfounded cases. B and C The facility’s sexual abuse review team is represented by the Facility Superintendent, the PREA Compliance Manager, a Shift Supervisor, a designated Investigator, a Mental Health practitioner (psychologist), which is convened within 30 days of the conclusion of an administrative and or criminal investigation for sexual abuse. D and E The agency’s PREA Coordinator indicated during his interview that the Team does considers the six (6) elements pertaining to the review of the allegation and then submits its findings to the Facility Superintendent. Furthermore, that this meeting is facilitated by the Facility Superintendent and the PREA Compliance Manager as Co-Chair, who prepares the minutes and report recommendations for improvement as applicable. The facility did provide written evidence to indicate that there were 19 sexual abuse reviews, 7 for sexual abuse allegations, in the last 12 months. This auditor did not observe any SART Team reviews during the site visit. The agency’s PREA Coordinator did provide to this auditor with copies of their PREA Incident Reviews indicating that their initial and subsequent meetings have occurred within the required date and time, indicating who was present and did provide this auditor with copies to demonstrate that the sexual abuse review team is active. The agency’s PREA Coordinator did also provide to this auditor a copy of a memorandum after the month of the initial meeting in 2017 that indicates there were 7 sexual abuse allegations, of which 1 was substantiated and 6 were unsubstantiated, which required the SART Team to convene from August of 2016 through July of 2017. This auditor recommended as a “best practice” to the facility’s PREA Compliance Manager that sexual abuse reviews be convened for sexual harassment also. The agency’s PREA Coordinator reported on the PAQ and during his interview that there were 7 allegations of sexual abuse during the last 12 months and did provide documentation to support that there were 7 reviews conducted, therefore demonstrating their compliance with this standard.

Standard 115.387: Data collection

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Department of Justice (DOJ) Survey for Sexual Victimization for 2015 and 2016, Administrative and Criminal Investigative Cases, QI Handbook excerpt on Data Storage requirement, PREA Retention Schedule, Lewiston Sexual Abuse and Sexual Harassment Aggregate Data for 2016-2017, Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report 2016, Trends, Implemented Recommendations and the PREA Coordinator's Interview.

Findings: A. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does outline the procedure for collecting uniform data on all allegations of sexual abuse and sexual harassment at all their facilities including private contractors as applicable, including the utilization of a standardized instrument to demonstrate compliance with this standard. B and C The agency's PREA Coordinator did provide to this auditor a copy of their annual DOJ Survey of Sexual Victimization for 2016 and 2017, Lewiston Sexual Abuse and Sexual Harassment Aggregated Data for 2016-2017 as the standardized instrument utilized for capturing this aggregate data annually, which was corroborated through his interview. This information was provided by his research department and was observed on the agency's website by this auditor. D and E The agency's PREA Coordinator did indicate during his interview that he reviews, collects all the data, including investigative reports and files, including those from private facilities in which they contract for the confinement of its youth, identifies trends, implements recommendations and documents the reason for not doing so locally. The agency's PREA Coordinator, when asked do they participate in the annual DOJ Survey of Sexual Victimization, stated that they do participate in providing this information to DOJ no later than June 30th of each year or as otherwise directed by BJA, therefore demonstrating their compliance with this standard.

Standard 115.388: Data review for corrective action

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Department Of Justice (DOJ) Survey for Sexual Victimization for 2015 and 2016, Juvenile Correctional Center-Lewiston and the Contract Facilities Aggregated Sexual Abuse and Sexual Harassment Data, Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report 2016, Data Collection Memorandum for Corrective Action, Agency's Website and PREA Compliance Manager and PREA Coordinator Interviews.

Findings: A and B. The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does outline the review of aggregate sexual abuse and sexual harassment data, including that of their private contractors, how they will assess it to improve the effectiveness of the agency's policies, practices and training, to identify problems and to provide directions for taking corrective action. The agency's PREA Coordinator did provide a copy of a memorandum from the facility's Superintendent indicating that a review of the data collected, identification of trends, problem areas, and subsequent corrective action to be taken in accordance with these standards does and will occur in this agency. This auditor did observe the agency's aggregated sexual abuse and sexual harassment data on the agency's website during the site visit. C and D The agency's PREA Coordinator, when asked about any corrective actions required to be taken based on the review of the collected data, he indicate during his interview that once he prepares a report from these findings, comparing the current year's data with the prior year data, that he do redact any information that may present a clear and specific threat to the safety and security of the facilities, obtains approval from the agency's head and then he would make this report available on the agency's website or other means and would provide a copy of this report to the Department of Justice upon their request, therefore demonstrating their compliance with this standard.

Standard 115.389: Data storage, publication, and destruction

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*)

Policy and Evidence reviewed: Zero Tolerance Policy, PREA Audit Questionnaire (PAQ), Agency's Website, and Department of Justice's (DOJ) Survey for Sexual Victimization for 2015 and 2016, Data Collection Memorandum, Lewiston Facility PREA Report, PREA Retention Schedule, QI Handbook Data Storage Requirement, Review of Sexual Abuse and Sexual Harassment Incidents and the interview with the PREA Coordinator.

Findings: The Juvenile Correctional Center-Lewiston's Zero Tolerance policy does outline that all sexual abuse data is under their control, that all personal identifiers are redacted and that this information collected is retained securely. The agency's PREA Coordinator and the agency's head interview notes, and an observation of this agency's website also corroborated this practice. Furthermore, the agency's Zero Tolerance policy does state that all sexual abuse data is retained securely and will be maintained for at least 10 years after the date of the initial collection which was corroborated by agency's document retention schedule, therefore demonstrating their compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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 inmates, residents, and detainees? 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*)

Policy and Evidence reviewed: Juvenile Correctional Center-Lewiston's Final Report dated August 2014, Onsite Facility Visit, PREA Audit Questionnaire (PAQ) and accompanying documentation provided via USB Drive, Pictures of Audit Notice postings, and interviews with the Random Youth and the agency's PREA Coordinator.

Findings: The Juvenile Correctional Center-Lewiston's agency's PREA Coordinator and Agency Head indicated during their interview that the facility was previously audited on August 21, 2014 which was corroborated by reviewing this report on the agency's website by this auditor. This auditor was able to and did have access to all areas of the facility, he did receive all requests for and relevant documentation (including electronically stored documentation) pertaining to this audit without resistant, and was permitted to interview not only the youth but the staff, volunteers and contractors privately during the onsite visit. During this auditor's introduction to the random youth when interviewed, they all indicated that they were aware of the Audit Notice posting in their housing unit as well as were informed that they could contact him in writing if they experience any negative consequences, such as retaliation or the threat of retaliation. The agency's PREA Coordinator did provide pictures to this auditor of the Audit Notice being posted through the facility during the pre-audit phase and this auditor did confirm the display of these notices during the onsite visit. The agency's PREA Coordinator also indicated that the youth are permitted to send confidential correspondence to this auditor utilizing the contact information provided on the

posted Audit Notices in the same manner as they would communicate with their legal counsel, though no correspondence has been received by this auditor as of this report, therefore demonstrating their compliance with this standard.

Standard 115.403: Audit contents and findings

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

Policy and Evidence reviewed: The Idaho Department of Juvenile Correction's website link, Final Report dated August 2014, and interview with the Agency Head and PREA Coordinator.

Findings: The Juvenile Correctional Center-Lewiston facility has an agency's website at www.idjc.gov and upon review by this auditor the previous Final Report dated July 30, 2015 was published and is available for public viewing on this site. Both the Agency Head and the PREA Coordinator corroborate this assertion that the previous audit's Final Report was posted on their website within the prescribed timeframe within 90 days post issuance of the Final Report by the auditor during their interviews, therefore demonstrating compliance with this standard.

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.

Jerome K. Williams

January 30th 2018

Auditor Signature

Date