

PREA Facility Audit Report: Final

Name of Facility: Juvenile Correctional Center Lewiston

Facility Type: Juvenile

Date Interim Report Submitted: 11/09/2021

Date Final Report Submitted: 04/14/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Tracy V. Kingera	Date of Signature: 04/14/2022

AUDITOR INFORMATION	
Auditor name:	Kingera, Tracy
Email:	tracy.kingera@gmail.com
Start Date of On-Site Audit:	10/04/2021
End Date of On-Site Audit:	10/06/2021

FACILITY INFORMATION	
Facility name:	Juvenile Correctional Center Lewiston
Facility physical address:	140 Southport Avenue, Lewiston, Idaho - 83501
Facility mailing address:	

Primary Contact	
Name:	Joe Blume
Email Address:	joe.blume@idjc.idaho.gov
Telephone Number:	208 [REDACTED]

Superintendent/Director/Administrator	
Name:	Kevin Bernatz
Email Address:	Kevin.Bernatz@idjc.idaho.gov
Telephone Number:	(208) [REDACTED]

Facility PREA Compliance Manager	
Name:	Cheryl McDowell
Email Address:	Cheryl.McDowell@idjc.idaho.gov
Telephone Number:	(208) [REDACTED]

Facility Health Service Administrator On-Site	
Name:	Malinda Massey
Email Address:	Malinda.Massey@idjc.idaho.gov
Telephone Number:	(208) [REDACTED]

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	25
Average daily population for the past 12 months:	28
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	14-18
Facility security levels/resident custody levels:	1-5
Number of staff currently employed at the facility who may have contact with residents:	55
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	10
Number of volunteers who have contact with residents, currently authorized to enter the facility:	19

AGENCY INFORMATION	
Name of agency:	Idaho Department of Juvenile Corrections
Governing authority or parent agency (if applicable):	State
Physical Address:	954 W Jefferson St, Boise, Idaho - 83702
Mailing Address:	
Telephone number:	1-208-334-5100

Agency Chief Executive Officer Information:	
Name:	Monty Prow
Email Address:	Monty.Prow@idjc.idaho.gov
Telephone Number:	1-208-334-5100

Agency-Wide PREA Coordinator Information			
Name:	Joe Blume	Email Address:	joe.blume@idjc.idaho.gov

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.341 - Obtaining information from residents
Number of standards met:	
42	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2021-10-04
2. End date of the onsite portion of the audit:	2021-10-06

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	YWCA, Sequoia Counseling

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	36
15. Average daily population for the past 12 months:	28
16. Number of inmate/resident/detainee housing units:	3
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	26
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	3
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	3
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The resident population on the first day of the on-site audit was 26 residents.
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	23
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	19
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	9
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
If "None," explain:	Random resident interview selections were made by
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Random resident interview selections were made by selecting every third name on the resident roster. However, the next name on the resident roster was selected if it was determined the third name fell into a specialized interview category. This auditor ensured all three housing units were represented in the randomly selected residents.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	7
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no residents with physical disabilities in the PAQ. This auditor inquired of staff whether the facility housed any residents with physical disabilities and staff advised there were none. This auditor observed no residents with physical disabilities during the on-site audit.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no residents who were Blind/Low Vision in the PAQ. This auditor inquired of staff whether the facility housed any residents who were Blind/Low Vision and staff advised there were none. This auditor observed no residents who required Blind/Low Vision assistance during the on-site audit.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility reported no residents who were Deaf/Hard of Hearing in the PAQ. This auditor inquired of staff whether the facility housed any residents who were Deaf/Hard of Hearing and staff advised there were none. This auditor observed no residents who required Deaf/Hard of Hearing assistance during the on-site audit.</p>

64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	1
65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	1
66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	The facility reported no Transgendered/Intersex residents in the PAQ. This auditor inquired of staff whether the facility housed any Transgendered/Intersex residents and staff advised there were none. This auditor did not identify any Transgendered/Intersex residents during the on-site audit.
67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There was one resident who was placed in Isolation during the on-site audit. However, this placement was a housing assignment based on behavioral issues and not for risk of sexual victimization.

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>Seven specialized resident interviews were completed. The following specialized resident interviews were conducted: (1) Resident Who Disclosed Prior Sexual Victimization During Risk Screening, (3) Residents Who Reported a Sexual Abuse, (1) Disabled Resident, (1) Resident in Isolation, and (1) Transgendered, Intersex, Gay, Lesbian or Bisexual Resident. The IDJC-L did not house a Limited English Proficient or Transgendered/Intersex resident at the time of the on-site audit. There was a total of three residents who disclosed prior sexual victimization, ten residents that reported sexual abuse, one resident in isolation, three disabled residents, and three LGBTI residents present at the facility at the time of the on-site audit. It is noted only one of the ten residents reporting sexual abuse reported an incident that could be considered sexual abuse, and the other nine reported sexual harassment incidents.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
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<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
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<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The current staff roster was provided on-site, and the roster of all new hires, terminations and promotions over the past 12 months was provided on September 23, 2021. This auditor was provided spaced for confidential and private interviews with line staff and any specialized staff who were not interviewed pre-on-site audit. This auditor was able to interview all staff selected at random for Random Staff interviews, with the exception of one staff member who declined to participate in the interview. Random selections of staff were made by selecting every other name from a total roster of 23. However, modifications to those selections were necessary due to three staff members being unavailable (retirement, injury, vacation, plus the declined interview).</p>
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	24
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</p>	<ul style="list-style-type: none"> <input checked="" type="checkbox"/> Agency contract administrator <input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
<p>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<ul style="list-style-type: none"> <input checked="" type="radio"/> Yes <input type="radio"/> No
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>2</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>1</p>
<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p>

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>Random selections were made in the specialized staff interviews for Staff Who Perform Risk Screening, Volunteers/Contractors working at IDJC-L, Incident Review Team, First Responders, Medical/Mental Health Staff, Staff Who Supervise Residents in Isolation, Intake Staff, and Intermediate or Higher-Level Staff. The facility utilizes a total of 28 contractors and volunteers. Five Contractors/Volunteers were selected for interview by selecting every 7th name, plus one. All but one of the five Contractor/Volunteer interviews were conducted post-on-site audit, and all were conducted telephonically.</p> <p>Twelve random staff interviews and 25 specialized staff interview protocols were completed over the course of the pre- and on-site audit. Staff interviews were conducted with staff members from all three shifts (0700-1500/0800-1600, 1400-2200, and 2200-0800) and from all three living units. This auditor conducted the following specialized staff interviews: (1) Agency Head, (1) Superintendent, (1) PREA Coordinator, (1) PREA Compliance Manager, (4) Medical/Mental Health, (5) Volunteers and Contractors Who May Have Contact With Residents, (1) Contract Administrator, (1) Administrative Staff, (1) Designated Staff Charged With Monitoring for Retaliation, (1) Intake Staff, (3) Intermediate or Higher-Level Staff, (1) Security and Non-Security Staff Who Have Acted As First Responders, (1) SANE Staff, (1) Incident Review Team, (3) Investigative Staff, (2) Staff Who Supervise Residents in Isolation, (1) Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches and (1) Staff That Perform Screening For Risk of Victimization and Abusiveness. It is noted the interview protocol for Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches was completed, however, facility policy indicates IDJC-L is prohibited from these practices.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>This auditor conducted the site review of the facility on October 4, 2021, in the company of the PREA Coordinator and the PREA Compliance Manager. The facility is located in a semi-remote area of Lewiston, surrounded by open valley and mountainous land. The IDJC-L is a single-story facility comprised of one housing building and two additional structures within the confines of the secured exterior of the facility property. The IDJC-L campus is secured by a perimeter fence topped with razor wire. The entrance to the facility lobby is open for public access, but movement past the lobby is secured and requires staff to authorize access to various points throughout the facility. Once past the lobby, there is a small hallway leading to a double-door entrance to the main portion of the facility, with entrance for all, including staff, granted by staff monitoring the Central Control Room. This auditor was provided access to the video surveillance monitors for all facility cameras in the Central Control Room. The facility has a total of 39 interior cameras and 17 exterior cameras, providing coverage for almost the entire facility. There are two cameras located in each living unit, single cameras located in six clinical offices, two cameras in each classroom, two cameras in the Dragonfly Room, three cameras in the Career Technical Education (CTE) Shop, two cameras in the sallyport, four cameras in the Multipurpose Room, two cameras in the recreation yards, two cameras in the greenhouse, and nine cameras covering hallways, supply/laundry and points of movement. The facility utilizes radio communication, and resident movement is broadcasted. This auditor observed the camera views in the living units and saw no camera angle that would allow for viewing residents using the toilet, changing clothing, or showering. Directly across from the Central Control Room is the Visitation Room. This room hosts family and legal visits and has teleconference capabilities. The Visitation Room has large windows, allowing for visual monitoring by the Central Control Room, but has no audio surveillance capabilities. The Visitation Room is the location where a resident would have confidential telephone or in-person conversations, including where they would be brought to make a call to the facility's outside reporting source. Adjacent to the Visitation Room is the Dragonfly Room, which is used by residents for program classes and as a library. To the left of the main hallway are the three living units; Strive, Warriors, and Knights. A staff desk is located central to the three units, allowing for staff positioned there to observe the ingress and egress of each unit. The staff desk area has a board listing each resident's name and housing unit. The three living units are identical, consisting of 12 rooms, all single occupancy. The doors on the resident rooms have a narrow vertical window, which can be covered from the outside to allow for privacy when a resident changes clothing. Some of the resident rooms have windows that face the recreation areas. Each resident room has a call button where they can contact staff for assistance. The sinks and toilets for each living unit</p>

are in one room, and there are two shower stalls located off the main living area. The shower stall doors are similar to bathroom stalls, providing visibility of the feet and head. The PREA Compliance Manager reported residents are required to be dressed at all times outside of their rooms and the shower. There are seating areas and tables in the common area of the living units. There is a laundry room in each unit, as well as a janitorial closet. These doors were locked at the time of the site review and were unlocked by the PREA Compliance Manager. Telephones were located in each living unit for residents to make calls to family. The PREA Compliance Manager advised the facility uses the practice of "thirds", where other residents monitor a resident's call and the nature of the conversation. It is noted there are signs posted at the entrance to each living unit which state, "STOP- Juveniles Showering/Dressing- Please announce: Male/Female Staff Entering". The doors to all three living units are open at all times. Audit notices, PREA postings, and grievance boxes were observed in all three units. Each of the grievance boxes had grievance forms available, and the boxes were secured by lock. There are two recreation yards with basketball courts adjacent to the resident living units. As previously indicated, each recreation yard has two cameras, and staff are positioned for additional supervision when residents are using the recreation yards. Down the hallway to the right of the Central Control Room are clinical and staff offices, classrooms, teacher prep room, Principal's Office, Multipurpose Room, and the Exam Room. There are three classrooms, one for each living unit. Each classroom has a single-occupancy bathroom with toilet and sink. PREA postings were observed in the classrooms. The Multipurpose Room is used for dining and recreation. There is a single-occupancy bathroom and two closets holding recreation equipment and tables. The PREA Compliance Manager advised only one resident is allowed in to retrieve items from the closets at a time. A grievance box and PREA postings were observed. All doors were observed to be locked in the Multipurpose Room. Residents were observed in and transitioning from educational programming. Residents were observed to be accompanied by the appropriate ratio of staff to youth for adequate supervision under the PREA standards. The four clinician offices and two group leader offices off the hallway were either occupied by staff or locked. The Medical/Exam Room is where Medical Staff is located, and electronic medical records are accessed there. Medical Staff was not present in the Medical/Exam Room during the site review. The Medical/Exam Room consists of two rooms, one for supplies and dispensing medication, and the other for examinations. PREA postings were observed in the Medical/Exam Room, and this auditor checked the computers, file cabinets and supply cabinets to see if they were secure. All resident medical information was secured, with the exception of one binder in an unlocked cabinet that contained resident medical (immunization) information. There is no video surveillance in the Exam Room. There is a mirror mounted above the Medical/Exam Room door to assist in visibility at the juncture of two hallways. The staff locker/break room, supply room, storage/laundry room, isolation room, intake bathroom, intake desk, and kitchen are located off the third hallway of the facility. The staff locker/break room has a bathroom, lockers, and a desk area. The supply room, storage/laundry room, and staff locker/break room were observed to be locked. The isolation room was furnished with bedding and a trash can and housed one resident at the time of the on-site audit.

The intake bathroom consists of a toilet, sink, and shower, and the door to the intake bathroom is windowless. The intake desk is right off the hallway, and is adjacent to the sallyport where new residents would enter the facility. PREA postings were observed at this location. The kitchen is located adjacent to the intake desk. There is a dry storage room located within the standard commercial kitchen. Residents are not allowed in the kitchen unless accompanied by staff, which itself would be a rare occurrence. Line staff would need to request keys to access the kitchen. There is no video surveillance in the kitchen.

There is a secured exit off the two hallways to the CTE, greenhouse, and a large grassy area. The CTE is enclosed with a fortified locked gate. There are two shop rooms inside the CTE for woodworking. The Milestone Greenhouse is an unlocked wood frame structure with opaque plastic walls and ceiling. There are two cameras located in the greenhouse. There is also an adjacent toolshed, which is also unlocked, and a garden. Exterior cameras cover this portion of the facility.

The remaining area of IDJC-L is for facility administration. This secured area consists of reception, two conference rooms, nine staff offices, storage for program, training material and general items, a kitchen, and a copy room.

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

- Yes
- No

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

A total of 19 resident, employee and investigative files were reviewed. All resident records are kept electronically in the Idaho Juvenile Offender System (IJOS). As a result, this auditor either was provided copies of the necessary resident record or viewed the records electronically on site. The IJOS system limits access to the majority of resident records to facility/agency administration and Medical/Mental Health staff. This auditor used the resident rosters to make file/record selections. Resident records from the current roster were chosen by selecting every fifth of 26 names. The facility's risk screening tool, the Risk of Sexual Victimization/Perpetration Screener (RSVP) was completed for all five residents. It appeared the dates of the RSVP's may have been incorrectly recorded, as four of the RSVP's were dated prior to the residents' admission. In the fifth case, it appeared to have been completed outside of the required 72-hour time period. The irregularities in dates were a result of the IDJC process of the Observation and Assessment period, which most often takes place in a different location than the facility. In those instances, clinicians are completing the RSVP in advance of the resident's actual arrival at the facility, which can create some confusion when assessing compliance with the required 72-hour period to conduct the risk screening tool upon admission to the facility. One of the residents scored in the High Risk for sexual perpetration as a result of a prior arrest for a sexual offense. However, the RSVP does not capture whether a resident whose risk screening reflects the resident previously perpetrated sexual abuse is offered a follow-up appointment with a mental health practitioner within 14 days as required by 115.381 (b). Another resident record was missing

verification of the initial PREA information and the comprehensive PREA education within ten days of admission. This auditor reviewed all RSVP's, including 6-month follow-up screens, for each resident and found this irregularity to be an anomaly. The facility excels in re-evaluating risk of victimization and/or perpetration, and every resident who had been at the facility for at least six months had a follow-up risk screening completed. It is noted that two residents reported prior sexual victimization on the follow-up RSVP but did not report it at the time of admission, which confirms the need and value of periodic risk screenings.

This auditor used the list of staff employed at the facility over the past 12 months and selected three records at random by counting every seventh name from a list of 22 current staff, every fourth name of 12 newly hired staff, every third name of seven promoted staff, and every eighth name from 16 resigned or terminated staff. Seven of the ten employee records contained criminal record checks and all but one documented child abuse registry checks. Of the three records missing criminal record checks, one was a senior employee who recently retired, and the record retention schedule for the employee's original criminal record check from 2015 is only four years. Administrative Staff advised the record retention schedule is in the process of being updated. Another employee missing a criminal record check was employed at the facility for three weeks. The third employee record shows the internal Human Resources checklist reflecting the criminal record check was complete; however, the actual criminal record check is not present in the records. All employee files verified administrative adjudication checks were completed. All of the seven employees with prior institutional employment had verification of reference checks. It is noted two employees required additional checks out of state, which did not appear to have been conducted; one employee provided a California driver's license at the time of hire, and the other employee had a possible arrest record in the State of Washington. All employees, with the exception of the retired employee, had record of initial PREA training at the time of hire and PREA refresher trainings.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	1	0	1	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	1	0	1	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	6	0	6	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	6	0	6	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	1	5
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	1	5

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	7
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

Inmate-on-inmate sexual abuse investigation files

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>6</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
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<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
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<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>This auditor selected four investigative records to review during the on-site and post-on-site audit, which were chosen by every fourth record from a total of 16 allegations. All four investigative records contained documentation of the allegation, three by way of grievance and the fourth by report to staff. The investigative records also contained documentation of staff actions and a written PREA Incident Review Report with the findings of the investigation recorded. None of the allegations rose to the level of a criminal investigation and, as a result, those reports were not found in the records. This auditor sampled the facility's total grievances and incident reports by selecting 12 dates throughout the 12-month period preceding the audit, which the PREA Coordinator and PREA Compliance Manager pulled up in the IJOS system. No additional sexual abuse or sexual harassment incidents were revealed through the random selection. This auditor contacted the sexual abuse detective for the Lewiston Police Department and confirmed their response in the event of a sexual abuse incident, as well as the protocol they utilize for juvenile victims of sexual abuse.</p>
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SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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Non-certified Support Staff

<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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AUDITING ARRANGEMENTS AND COMPENSATION

<p>121. Who paid you to conduct this audit?</p>	<p><input checked="" type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
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Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *PREA Coordinator *PREA Compliance Manager <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC JCC Lewiston Organizational Chart *IDJC Quality Improvement Bureau Organizational Chart *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 614, Investigations-PREA *Glossary of Terms and Acronyms <p><u>115.311 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 1, Policy Section states, "Incidents of sexual activity, whether consensual or nonconsensual; threats to engage in nonconsensual sexual activity; and solicitation to engage in sexual activity are recognized problems that can occur in juvenile correctional facilities in the United States. The occurrences of such behavior within the Idaho Department of Juvenile Corrections (IDJC) interferes with the agency's mission and seriously compromises the welfare of the juveniles within the agency's care and custody. It is therefore the policy of the IDJC that all facilities and contract providers will adhere to a zero tolerance standard for incidences of sexual abuse or misconduct." This section of policy does not address sexual harassment. However, the IDJC Policy No. 614, Investigations-PREA, Page 1, Policy Section states, "The Idaho Department of Juvenile Corrections (IDJC) is committed to the elimination of sexual abuse and harassment in its facilities. Investigation of all allegations of sexual abuse or harassment is essential to maintaining a culture of zero-tolerance towards these types of actions and behaviors. The Prison Rape Elimination Act (PREA) has formulated standards to prevent, detect, and respond to sexual abuse and harassment in juvenile correctional settings, including the investigation of these types of allegations." Both policies outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, including resident education, staff training, supervision and staffing level requirements, investigation and review of incidents, and review of agency PREA data.</p> <p><u>115.311 (b)</u> – According to the IDJC JCC Lewiston Organizational Chart and the IDJC Quality Improvement Bureau Organizational Chart, the agency employs an agency-wide PREA Coordinator. The PREA Coordinator position is listed one level below the Quality Improvement Director and two levels below the agency Director. The PREA Coordinator advised they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. They indicated they are in contact with the three facility PREA Compliance Managers on a regular basis, to address issues, share information, and improve the quality of all agency efforts toward PREA compliance.</p> <p><u>115.311 (c)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 3, Section III, states, "Each of the state facilities will identify a facility PCM..." The PREA Compliance Manager advised they have sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards.</p> <p><u>RECOMMENDED ACTION:</u></p> <p><u>115.311 (a)</u> - As noted above, the zero tolerance language for sexual harassment is not explicitly stated in the IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, but is addressed in the IDJC Policy No. 614, Investigations-PREA. The facility cited the Glossary of Terms and Acronyms in the Pre-Audit Questionnaire to lead the reader to understand sexual harassment is included in the agency definition of sexual activity. However, the Glossary of Terms and Acronyms is not an appendix to the IDJC Policy No. 613, nor is it available to the public in conjunction with the posting of the IDJC Policy No. 613 to the agency website. During the on-site audit it was agreed that either the IDJC Policy No. 613 would be modified to address the zero tolerance standard for sexual harassment, attach the Glossary of Terms and Acronyms as an appendix to the IDJC Policy No. 613, or post the Glossary of Terms and Acronyms to the agency website.</p>

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <p>*Contracts Administrator</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Contract for Confinement with 3-B Juvenile Detention Center</p> <p>*IDJC Inspection Report and Certificate for 3-B Juvenile Detention Center</p> <p>*IDJC Contract for Confinement with Five County Juvenile Detention Center</p> <p>*IDJC Inspection Report and Certificate for Five County Juvenile Detention Center</p> <p>*IDJC Contract for Confinement with Region II Juvenile Detention Center</p> <p>*IDJC Inspection Report and Certificate for Region II Juvenile Detention Center</p> <p>*IDJC Contract for Confinement with Southwest Idaho Juvenile Detention Center</p> <p>*IDJC Inspection Report and Certificate for Southwest Idaho Juvenile Detention Center</p> <p>*IDJC Contract for Confinement with Nez Perce County Juvenile Detention Center</p> <p><u>115.312 (a)</u> – The facility provided five contracts for confinement services for the 3-B, Five County, Region II, Southwest Idaho, and Nez Perce County Juvenile Detention Centers. All of the contracts reflect the contracted facilities' obligation to adopt and comply with the PREA standards.</p> <p><u>115.312 (b)</u> – The facility provided Inspection Reports and Certificates for the aforementioned contracted facilities. The Inspection Reports and Certificates acknowledge the contracted facility's PREA policies and procedures, staff training, compliance findings at their last audit and when the next audit is due, as well as the number of PREA-related incidents occurring in the contracted facility. The Contract Administrator advised the agency's Quality Assurance division is responsible to monitor PREA compliance for all contracted facilities. They indicated all contracted facilities have submitted compliance verification over the past 12 months.</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee *PREA Coordinator *PREA Compliance Manager *Intermediate or Higher-Level Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 608, Juvenile Supervision *IDJC Policy No. 324, Ethics and Standards of Conduct *JCC Lewiston Staffing Plan and Review Documentation *JCC Lewiston Staffing Plan Deviation Documentation *IDJC Policy 621, Duty Officer Responsibilities *Staff Schedules - February-August 2021 *Site Review <p><u>115.313 (a)</u> – The IDJC Policy No. 608, Juvenile Supervision, Page 7, Section VI, Staffing Plan, Subsection A states, "Whenever necessary, but no less frequently than once each year, for each facility IDJC operates, in consultation with the Agency PREA Coordinator, the facility shall assess, determine, and document whether adjustments are needed to: 1. The facility staffing plan; 2. Prevailing staffing patterns; 3. The facility's deployment of video monitoring systems and other monitoring technologies; and, 4. The resources the facility has available to commit to ensure adherence to the staffing plan." Subsection B of this section of policy states, "The facility PREA compliance manager at each facility shall work with facility management to complete the Annual Staffing Plan (DJC-270) form and submit it to the agency PREA coordinator for review." Subsection C states, "Deviations from the staffing plan shall be documented by the staff supervisor on the staff schedule." The JCC Lewiston Staffing Plan reflects the 11 factors required to be considered when creating and reviewing a facility staffing plan according to this standard. The JCC Lewiston Staffing Plan is signed by the Unit Manager, Education Program Manager, PREA Compliance Manager, Clinical Supervisor, Superintendent, Deputy Director of Facility Operations, and the Agency Head, and the signatures are dated between April 20 and June 7, 2021. The Superintendent advised they post the Staffing Plan annually, but meet more frequently to address issues with the staffing plan as needed. They indicated they look at the number of staff who are fully trained to have direct supervision responsibilities, what part of the interior and exterior have sufficient audio or video, staffing ratios and deviations, resident risk assessment scores, and individual resident needs when reviewing the facility staffing plan. The Superintendent stated they spot check video and the unannounced rounds log to check for compliance with the staffing plan.</p> <p><u>115.313 (b)</u> – The facility provided the JCC-Lewiston Staffing Plan Deviation Documentation Log and staff schedules for the past month to demonstrate compliance with this provision. The log lists 122 staffing plan deviations between April 1 and July 25, 2021. Many of the deviations listed were due to no staff available to schedule as a result of staff injury, sick and vacation leave, and training. The majority of the deviations occur on second shift, and none were noted for third shift. It was reported on the Pre-Audit Questionnaire that the facility has only been recording deviations in this manner since April 1, 2021. The Superintendent indicated staff shortages and the inability to hire and retain staff create the circumstances where they have been unable to meet the requirements of the staffing plan. Staff to resident ratios were observed to be compliant with PREA staffing ratios during the site review.</p> <p><u>115.313 (c)</u> – The IDJC Policy No. 608, Juvenile Supervision, Page 5, Section I, C states, "In alignment with national best practices, IDJC facilities shall maintain a staff to juvenile ratio of a minimum of 1:8 per group during waking hours. Any deviation from this planned staffing ratio should be limited, involve exigent circumstances, and shall be fully documented. Only staff who have completed the training necessary for sole supervision may be counted in this ratio." Page 7, Section V,</p>

D of the same policy states, "Staff shall maintain a staff to juvenile ratio of a minimum of 1:16 per group during sleeping hours. Any deviation from this planned staffing ratio should be limited, involve exigent circumstances, and shall be fully documented. Only staff who have completed the training necessary for sole supervision may be counted in this ratio." According to the Superintendent, the facility is required by Idaho State Code to adhere to a 1:8 + 1 staffing ratio during waking hours and a 1:12 staffing ratio during sleeping hours.

115.313 (d) – The IDJC Policy No. 608, Juvenile Supervision, Page 7, Section VI, Staffing Plan, Subsection A states, "Whenever necessary, but no less frequently than once each year, for each facility IDJC operates, in consultation with the Agency PREA Coordinator, the facility shall assess, determine, and document whether adjustments are needed to: 1. The facility staffing plan; 2. Prevailing staffing patterns; 3. The facility's deployment of video monitoring systems and other monitoring technologies; and, 4. The resources the facility has available to commit to ensure adherence to the staffing plan." Subsection B of this section of policy states, "The facility PREA compliance manager at each facility shall work with facility management to complete the Annual Staffing Plan (DJC-270) form and submit it to the agency PREA coordinator for review." The facility provided annual staffing plan reviews for 2019 and 2020, as well as email conversations between the PREA Compliance Manager and facility and agency administration to substantiate compliance with this provision. These documents reflect the consideration of the 11 factors required in a PREA-compliant staffing plan. According to the PREA Coordinator, they contact facility PREA Compliance Managers regarding any changes to their facility staffing plans at least annually, as well as when a substantial update to a facility is made.

115.313 (e) – The IDJC Policy 621, Duty Officer Responsibilities, designates management or administrative staff to serve as Duty Officer (DO) on a rotational basis. Page 7, Section 4 of the policy states, "The DO conducts and documents (in the DJC-275) unannounced rounds for purposes including but not limited to, ensuring the safety and security of juveniles and staff and helping to identify and deter staff sexual abuse and sexual harassment in all areas of the facility, both during day as well as night shifts, The frequency of the rounds is determined by each facility Superintendent, but not less than twice per rotation." The facility provided unannounced rounds logs from August 2020 to July 2021. The logs reflect rounds were conducted on all shifts on a random basis. The IDJC Policy No. 324, Ethics and Standards of Conduct, Page 5, Section H.1.a. states, "During unannounced supervisor rounds, an employee is prohibited from alerting other staff members that supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility." Interviews with Intermediate or Higher- Level Staff reflect they conduct unannounced rounds on all shifts, and they typically prevent staff from alerting other staff by conducting the rounds on a random, unpredictable basis.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.313 (b)(c) - Based on the JCC-Lewiston Staffing Plan Deviation Documentation Logs and staff schedules provided by the facility, it appears the facility struggles to maintain the 1:8 waking staffing ratio as required by this standard. The facility began documenting deviations in earnest in April 2021 and has kept transparent records of deviations. The reasons for the deviations do not describe exigent circumstances, but rather frequent and predictable reasons for staffing shortages. The facility will need to address its staffing shortages and provide documentation of sustained compliance with the 1:8 waking staffing ratio to achieve compliance with this provision.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation on March 7, 2022 to substantiate corrective actions taken for this standard.

115.313 (b)(c) - The facility provided the direct care staff schedules for November 1, 2021, to February 28, 2022, the facility teacher schedule for 2022, the facility PREA Staffing Ratio Deviation Log, and the resident rosters for the 15th and 30th days of October 2021, through February 2022 to substantiate the required corrective action. The PREA Staffing Ratio Deviation Log reflects recorded staffing deviation entries through November 7, 2021. There are no additional entries in the PREA Staffing Ratio Deviation Log past that date. This auditor reviewed the staff and teacher schedules and cross-referenced the schedules to the resident rosters and found no additional unrecorded deviations. It is noted the resident population declined from 26 residents at the time of the on-site audit to 19 residents, which resulted in the facility placing residents in two of its three units. This decrease in the resident population assisted the facility in maintaining PREA staffing ratios.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Random Staff *Random Residents <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 608, Juvenile Supervision *IDJC Policy No. 620, Contraband Detection and Disposition/Searches *IDJC Policy No. 672, Non-Discrimination of Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning Juveniles *Mechanical Restraints Training/Power Point Presentation *Search Training Records *Site Review <p><u>115.315 (a)</u> – The IDJC Policy No. 620, Contraband Detection and Disposition/Searches, Page 6, Section 3 states, "Manual or instrument body cavity searches for contraband are not performed by IDJC staff under any circumstances." Section 3.b. of the same policy states, "When there is reasonable suspicion that a juvenile may be carrying contraband, and with the approval of the Superintendent or designee, a visual inspection of a juvenile showering may be conducted privately by a nonmedical staff of the same sex pursuant to search procedures as outlined in 640 policy/procedure." Interviews with staff and residents did not produce evidence that cross-gender strip or cross-gender visual body cavity searches are conducted at the facility.</p> <p><u>115.315 (b)</u> – The IDJC Policy No. 620, Page 6, Section 2 states, "Pat-dawn (sic) searches of individual juveniles must be conducted only by staff of the same sex as the juvenile and must be witnessed by another staff or done in view of a camera." Interviews with random staff revealed the practice of cross-gender pat-down searches is prohibited. Random residents indicated they have never been pat searched by staff of the opposite sex, nor had they seen cross-gender searches performed on other residents.</p> <p><u>115.315 (c)</u> – The IDJC Policy No. 620, Page 6, Section 3 states, "Manual or instrument body cavity searches for contraband are not performed by IDJC staff under any circumstances." Section 3.b. of the same policy states, "When there is reasonable suspicion that a juvenile may be carrying contraband, and with the approval of the Superintendent or designee, a visual inspection of a juvenile showering may be conducted privately by a nonmedical staff of the same sex pursuant to search procedures as outlined in 640 policy/procedure." Section 4 of the same policy states, "An incident report fully detailing the incident is completed by staff involved in the search." Documentation of cross-gender strip, visual body cavity, or pat-down searches was not provided or discovered during the on-site audit, and interviews with random staff and residents indicated cross-gender searches of any kind are not conducted in the facility.</p> <p><u>115.315 (d)</u> – The IDJC Policy No. 608, Juvenile Supervision, Page 6, Section I states, "Staff will not enter shower/toilet areas or observe juveniles of the opposite sex in shower/toilet areas except in emergencies or when deemed necessary. In situations in which intensive staff supervision in toilet/shower areas is needed to reduce safety and security threats, there must be Unit Manager/designee approval. All staff must provide a reasonable accommodation for privacy for all toilet/shower areas and areas where juveniles change their clothing. Each living area will use a sign that will indicate if juveniles are showering or changing. Staff entering the living area during times juveniles are changing or showering, must announce their presence." During the site review this auditor observed all camera angles within the facility living units and none were observed to be directed at areas where showering/toileting/changing clothing occurs. This auditor also observed posted "STOP-Juveniles Showering/Dressing-Please announce: "Male/Female Staff Entering". Interviews with random staff reflect they announce their presence when hygiene activities are taking place, and some random staff members indicated they announce their presence each time they walk onto a unit. Interviews with random residents reflect they are able to shower, change clothing, and use the toilet without being observed by staff of the opposite sex. The majority of resident interviews reflected female staff announce their presence when they enter the housing units.</p>

115.315 (e) – The IDJC Policy No. 620, Page 6, Section F.1. states, "The facility shall not search or physically examine any juvenile for the sole purpose of determining the juvenile's' genital status." Interviews with random staff reflect they would not search or physically examine a transgender or intersex resident to determine their genital status, and that such a search would need to be conducted by medical personnel. The Transgender/Intersex Resident interview protocol was not conducted, as the facility did not house a transgender or intersex resident at the time of the on-site audit.

115.315 (f) – The facility provided the Mechanical Restraints Training/Power Point Presentation as evidence of compliance with this provision. Slides 23-25 of the Power Point address agency policy and procedure regarding the search of transgender/intersex residents. The facility also provided Mechanical Restraint Training verification for 35 employees, dated between 2018 and 2021. Interviews with random staff reflect they received training on how to conduct pat-down searches of transgender and intersex residents in a professional and respectful manner.

115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Agency Head *PREA Coordinator *Random Staff *Residents With Disabilities or Who Are Limited English Proficient <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 640, Observation and Assessment/Intake *Language Link Invoice Summary *Site Review <p><u>115.316 (a)</u> – The IDJC Policy No. 640, Observation and Assessment/Intake, Page 5, Section B. 7. states, "The following IJOS entries and forms are completed by intake staff and juvenile. If the juvenile is unable or unwilling to read the forms, intake staff must read and explain the forms to the juvenile. Accommodations are made for any other disabilities or language barriers. Staff e-mails the Clinical Supervisor and education staff to inform them of observed disabilities." The facility indicated in the Pre-Audit Questionnaire that staff will read to juveniles who do not know how to read, or are blind or vision impaired, IDJC's zero tolerance expectations and how to report incidents of sexual abuse or sexual harassment. This auditor observed "Zero Tolerance" postings throughout the facility, with instructions on how to report sexual abuse or sexual harassment. The facility provided documentation for Language Link, its contracted interpretation service. The Agency Head advised they have access to sign language interpreters for residents who are deaf or hard of hearing. The Agency Head indicated all printed PREA information is written at a third grade reading level, to assist those with intellectual challenges. The PREA Coordinator advised the facility would be alerted to any limited English proficient or disabled residents through the Observation and Assessment/Intake process and would be prepared to provide communication assistance as necessary. They advised the facility has access to the Language Link language interpretation service for any limited English residents they may house. The PREA Coordinator also advised they have a relay system provided by the Idaho School for Deaf and Blind to access American Sign Language interpreters. The PREA Coordinator reported the facility clinical staff is trained and knowledgeable in communication with residents with mental health disorders. An interview with a disabled resident reflected they were able to understand the facility's PREA educational information, through videos, posters, and the handbook. They advised they did not require assistance to understand the material, but if they did, they reported staff would be able to assist them.</p> <p><u>115.316 (b)</u> – The facility indicated on the Pre-Audit Questionnaire the IDJC PREA Understanding Form is available in English and Spanish and has been written at a third grade reading level. According to the Agency Head, JCCL utilizes a language interpretation line when needed to communicate PREA information to residents who are limited English proficient. The PREA Coordinator advised the facility has access to the Language Link language interpretation service for any limited English residents they may house and provided documentation for a paid contract for service. The facility did not house a resident who was limited English proficient at the time of the on-site audit and, as a result, that interview protocol was not completed.</p> <p><u>115.316 (c)</u> – The IDJC Policy No. 640, Observation and Assessment/Intake, Page 1, Policy Section states, "The IDJC shall not rely on juvenile interpreters, juvenile readers, or other types of juvenile assistants to facilitate the intake process except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the safety of the juvenile(s) and staff." Interviews with random staff members reflect they would not rely on a resident to interpret PREA information to another resident and would seek the assistance of an interpreter. The facility did not house a resident who was limited English proficient at the time of the on-site audit and, as a result, that interview protocol was not completed with a limited English proficient resident. The interview with the Disabled resident reflected they would seek staff assistance if they did not understand something.</p>

115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Administrative Staff</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance</p> <p>*IDJC Policy No. 324, Ethics and Standards of Conduct</p> <p>*IDJC Policy No. 340, Background Checks</p> <p>*IDJC Rehabilitation Specialist (00033S) Application for Employment</p> <p>*IDJC Annual Performance Evaluation Template</p> <p>*Employee Records</p> <p><u>115.317 (a)</u> – The IDJC Policy No. 340, Background Checks, Page 1, Policy Section states, "The IDJC does not hire or promote anyone who may have contact with juveniles, and does not enlist the services of any volunteers, interns, and contractors who may have contact with juveniles, who: 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in (2) above." This auditor reviewed ten electronic employee files selected at random. Four of the ten employee records reflected hire dates within the 12-month period of August 2020 to August 2021. Of those four employee records, three of the four included criminal and child abuse registry record checks. All four employee records contained prior institutional employer verification, including inquiries into prior sexual abuse or sexual harassment.</p> <p><u>115.317 (b)</u> – The IDJC Policy 340, Page 1, Policy Section states, "The IDJC considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any volunteers, interns, contractors, or subcontractors who may have contact with juveniles in custody." Administrative Staff advised applicants for employment, contractors, and volunteers are asked on the application if they have been involved in incidents of sexual harassment and, if the applicant indicates they have been involved in incidents of sexual harassment, they are disqualified from consideration.</p> <p><u>115.317 (c)</u> – The IDJC Policy 340, Page 3, Section II states, "An offer of employment is contingent on a prospective employee passing the required history and background check process designated for their position. These checks include, but are not limited to: 1. Background checks conducted prior to an offer of hire; a. Pre-hire drug screening (all safety sensitive positions); b. Background check (Idaho Law Enforcement Tracking System—ILETS) includes driver's license record check, sex offender registry check, I-Court Records Check (POST-certified positions); c. I-Court Record check (POST Certified, safety sensitive and security sensitive positions); d. Driver's License Record Check (positions where this is a requirement); e. National Sex Offender Registry Check (all agency positions); 2. Background checks conducted after an offer of hire: a. Child Abuse Registry Check (POST-certified and safety sensitive positions); Consult any child abuse registry maintained by Idaho as well as the state(s) or localities in which the employee has resided within the past ten years (as disclosed on Criminal History Check Authorization and Self-Declaration Form [DJC-058]); b. Fingerprint Background Check (all positions). B. Consistent with federal, state, and local law, the hiring manager, or designee, makes a best effort attempt 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." This auditor reviewed ten electronic employee files selected at random. Four of the ten employee records reflected hire dates within the 12-month period of August 2020 to August 2021. Of those four employee records, three of the four included criminal record checks. Administrative Staff indicated the agency conducts background checks on all perspective employees, as well as for promotions. They advised the background checks include checks with the State of Idaho Child Abuse Registry, as well as the child abuse registries in the states the applicant previously resided for Peace Officer Standards and Training (POST) positions. Administrative Staff reported they contact all prior institutional and law enforcement employers to inquire if the applicant had a prior history of sexual abuse or sexual harassment in their prior employment.</p> <p><u>115.317 (d)</u> – The IDJC Policy 340, Page 2, Section B states, "1. Facilities designate a staff to be responsible for tracking the use of facility contractors and subcontractors. This staff maintains files for all contractors and subcontractors; 2. Contractors,</p>

subcontractors, and employees of each that may have contact with juveniles will either (1) submit to a background check and be cleared to perform services prior to use, or (2) they must have their services supervised by security staff; 3. If security staff are not available to supervise the contractor services, supervision occurs in accordance with the Juvenile Supervision (608) policy/procedure to ensure that under no circumstances will juveniles and contractors who are not cleared via background check have unsupervised contact." This auditor reviewed background checks for five facility contractors, and criminal and child abuse registry checks were made for all five contractors. According to Administrative Staff, the agency completes background checks, including child abuse registry checks, on all contractors and volunteers prior to their having contact with residents.

115.317 (e) – The IDJC Policy 340, Page 2, Section C states, "All current volunteers, interns, contractors, and sub-contractors have a fingerprint background check conducted at least every five years, which is processed and reviewed and must meet the same requirements as all other background checks conducted pursuant to this policy." Administrative Staff advised they complete background checks every five years on all employees, contractors, and volunteers. They indicated they utilize a tracking sheet to alert them when an employee is due for a background check and when the checks are completed. Administrative Staff reported the PREA Compliance Manager at each facility tracks the background checks for contractors and volunteers.

115.317 (f) – The facility provided a blank IDJC Rehabilitation Specialist (00033S) Application for Employment to substantiate compliance with this provision. Page 3, Question 9 of the application contains the questions regarding previous misconduct as required by this provision. The facility also provided a Annual Performance Evaluation template. Page 9 of the template reflected the previous misconduct questions as required by this provision. Administrative Staff advised the questions regarding sexual misconduct are asked on each employee's annual performance evaluation and documentation for the employee's six-month end of probation. They indicated staff is required to report any contact with law enforcement or involvement within two days of the incident.

115.317 (g) – The IDJC Policy 340, Page 5, Section IV.C. states "Any material omissions or false information provided on the DJC-058 form could be grounds for termination, rescinding an offer of employment, or disqualification for consideration to be a volunteer, intern, or contractor." The IDJC Policy No. 324, Ethics and Standards of Conduct, Page 2, Section II.A. states," 1. All law enforcement contact which involves the recording of the employee's name, except as a witness, must be reported, in writing, to the employee's supervisor within two working days. This would include all misdemeanors (e.g., inattentive driving, reckless driving or driving under the influence). This would not include minor traffic infractions in personal vehicles such as improper signals, unsafe lane change or speeding; 2. All court appearances in which the employee is the defendant (including dismissal in lieu of bond forfeiture) must be reported in writing to the employee's supervisor at least two working days prior to the court appearance. Exceptions would be appearances required by the employee's official duties, those in which the employee is appearing only as a witness, or those in which an employee is appearing for traffic infractions in personal vehicles, such as improper signals, unsafe lane change or speeding; 3. Any conviction, including a withheld judgment or plea of nolo contendere for illegal activities and related sentencing details (including license suspensions) must be reported in writing to the employee's supervisor within two working days."

115.317 (h) – Administrative Staff indicated that unless prohibited by law, they would disclose a former employee's prior sexual misconduct or sexual harassment to another institutional employer inquiring about that employee's prior employment history.

115.318	<p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Agency Head *Superintendent or Designee <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *JCC Lewiston Facility Operations Manual *Site Review <p><u>115.318 (a)</u> – The JCC Lewiston Facility Operations Manual, Page 7, Standard Operating Procedure (SOP), New Construction or Modification, outlines the purpose, scope, and responsibilities for this standard when new construction or modification to the facility is planned. This SOP directs agency facilities and management staff to consider how the proposed changes consider the protection of residents from sexual abuse. The Agency Head advised they keep sexual safety in mind when designing, acquiring, or planning substantial modifications to facilities. They indicated the agency is designing housing modifications, such as single rooms rather than dormitory-style sleeping accommodations, and video surveillance upgrades to another state facility. They stated each facility is mindful to identify and address blind spots and technology upgrades to improve their efforts to keep residents safe.</p> <p><u>115.318 (b)</u> – The facility reported on the Pre-Audit Questionnaire they had added two video surveillance cameras to the facility greenhouse subsequent to their last PREA Audit. This auditor observed the video monitoring system, including the added greenhouse cameras. The Agency Head advised their facilities use technology as an assistance, not a replacement, for staff supervision. They indicated they are upgrading the video surveillance recording capability from a 30-day cycle to a 60-day cycle to store recordings. The Superintendent advised the facility considers the placement of additional cameras to address any blind spots in the facility.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *PREA Compliance Manager *Random Staff *SAFE/SANE Staff *Residents Who Reported A Sexual Abuse *Investigative Staff *Community Advocate Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy 910, Administrative Investigations *IDJC Policy 614, Investigations-PREA *IDJC Policy No. 835, Sexual Abuse *JCC-Lewiston Coordinated Response Plan *State of Idaho Sexual Assault Response Guidelines *Memorandum of Understanding Between JCC-Lewiston and the YWCA of Lewiston *Email Communications <p><u>115.321 (a)</u> – The IDJC Policy 910, Administrative Investigations, Page 4, Section IV states, "A. If the original allegation is a criminal act or it appears at any time during the investigation that a criminal act has been committed, law enforcement of the appropriate jurisdiction will be notified to conduct a separate criminal investigation. 1. If the need to involve law enforcement is determined during the investigation, the DAG, Human Resources Officer, and the Director must be notified immediately. 2. Investigators will suspend their investigations and coordinate and cooperate with local law enforcement through the conclusion of the criminal investigation or until directed to resume by the DAG. B. If, during the course of an investigation, there appears to be a possible violation of the PREA, IDJC's statewide PREA Coordinator will be contacted immediately by the DAG. C. All investigations shall be conducted in a reasonable amount of time and in a professional and unbiased manner by a trained investigator identified by the DAG." The IDJC Policy 614, Investigations-PREA, Page 1, Policy Section states, "It is therefore the policy of the IDJC that upon receiving an allegation of sexual abuse or harassment in an IDJC facility or contract provider, an investigation is conducted according to the procedures below, in an impartial, objective, confidential, and expeditious manner. These procedures ensure compliance with established PREA standards and determine validity of allegations so that a proper response can be implemented." The facility advised the Lewiston Police Department (LPD) would be responsible for any criminal investigation, and facility investigators would complete an administrative investigation. The JCC-Lewiston Coordinated Response Plan First Responder Duties include contacting the LPD in the event of a sexual assault. The facility provided email documentation between the PREA Compliance Manager and a Detective with LPD which confirmed they would follow a uniform evidence protocol. Random staff indicated the PREA Compliance Manager and/or local law enforcement is responsible for conducting investigations in the facility. The majority of random staff members indicated they do not collect evidence of sexual abuse, but several staff members indicated they would be responsible for collecting physical evidence.</p> <p><u>115.321 (b)</u> – The facility provided the State of Idaho Sexual Assault Response Guidelines to substantiate compliance with this provision. The Sexual Assault Response Guidelines reflect the practice of a trauma-informed, victim-focused approach to investigating sexual abuse. Page 13 of the Sexual Assault Response Guidelines details victim needs and rights and how to provide victim-centered, trauma informed care to victims of sexual abuse. The Sexual Assault Response Guidelines are comprehensive and addressed the needs of adolescent victims. This auditor spoke with the LPD Sexual Assault Detective, who advised they were trained in forensic interviewing for child victims and understood the needs of young victims of sexual abuse.</p>

115.321 (c) – The IDJC Policy No. 835, Sexual Abuse, Page 1, Section I.B. states, "The alleged victim is referred to a community facility and an IDJC staff member accompanies and supports the juvenile through the forensic medical examination process." Page 1, Section III.A. of the same policy states, "Juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge as medically indicated." The facility provided the Memorandum of Understanding (MOU) Between JCC-Lewiston and the YWCA of Lewiston to address the use of SAFE/SANE Nurses for forensic examinations. However, the MOU does not reflect the YWCA provides SAFE/SANE examinations as part of their agreement. Contact with the YWCA advised they provide supportive services for victims of sexual abuse and would accompany a resident victim to and through the forensic examination process as requested. They also advised St. Joseph's Hospital in Lewiston is staffed with SAFE/SANE Nurses and they provide that service for the surrounding area. This auditor made contact with Emergency Room staff at St. Joseph's Hospital. Although a SANE-trained nurse was not available, they were able to confirm a victim of sexual abuse would be brought to St. Joseph's for a forensic medical examination and they have SANE-certified nurses available to conduct those examinations. St. Joseph's Hospital staff indicated there may be an instance where a SANE Nurse is not available, and a non-SANE-trained nurse would follow written instructions to collect the forensic evidence. The facility reported no residents in need of a forensic medical examination over the 12 months preceding the on-site audit.

115.321 (d) – The IDJC Policy No. 835, Sexual Abuse, Page 1, I.B. states, "The alleged victim is referred to a community facility and an IDJC staff member accompanies and supports the juvenile through the forensic medical examination process. The facility provided the MOU Between JCC-Lewiston and the YWCA of Lewiston to address compliance with this provision. Page 1, Article 1 of the MOU reflects the YWCA will provide sexual abuse victim advocate services to juveniles reporting sexual abuse while placed in IDJC facilities. The PREA Compliance Manager indicated the facility has an MOU with the YWCA for victim supportive services to ensure resident victims are provided with appropriate care. Interviews with Residents Who Reported a Sexual Abuse revealed they did not remember calling anyone after they made the report.

115.321 (e) – The IDJC Policy No. 835, Sexual Abuse, Page 1, Section I.B. states, "The alleged victim is referred to a community facility and an IDJC staff member accompanies and supports the juvenile through the forensic medical examination process." The MOU with the YWCA, Page 1, Article 1 of the MOU reflects the YWCA will provide sexual abuse victim advocate services to juveniles reporting sexual abuse while placed in IDJC facilities. This auditor made contact with the Victim Advocate Coordinator at the YWCA and they confirmed the YWCA would accompany a facility resident through the forensic medical examination process and provide any support the resident requested. The PREA Compliance Manager indicated the facility has an MOU with the YWCA for victim supportive services to ensure resident victims are provided with appropriate care. Interviews with Residents Who Reported a Sexual Abuse revealed they did not remember calling anyone after they made the report.

115.321 (f) – The facility provided email documentation between the PREA Compliance Manager and a Detective with LPD. The LPD Detective confirmed their procedures are compliant with the requirements of 115.321 (a) through (e). This auditor spoke with the LPD Sexual Assault Detective, who advised they were trained in forensic interviewing for child victims and understood the needs of young victims of sexual abuse.

115.321 (h) – The facility provided training verification for ten Medical/Mental Health staff who completed the specialized PREA training for Medical/Mental Health staff. Facility Medical/Mental Health staff would augment the victim services provided by the YWCA.

115.322	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interviews conducted:

*Agency Head

*Investigative Staff

Documents reviewed:

*Pre-Audit Questionnaire

*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance

*IDJC Policy No. 614, Investigations-PREA

*IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles

*IDJC Policy No. 910, Investigations-Administrative

*JCC Lewiston Sexual Abuse/Sexual Harassment Incident Reviews

*Agency Website

115.322 (a) – The IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles, Page 4, Section III states, "Notification and Further Action—The Superintendent, or appropriate staff, notifies the appropriate authorities of any incident of abuse, neglect or exploitation according to the requirements of the law and reports the matter to the Director as required by policy....The Superintendent may also direct subordinate supervisory staff to conduct an initial inquiry after consulting with the Director and Legal Services to determine if a formal investigation should be conducted by one of the IDJC's trained investigators who works outside of the facility where the alleged abuse took place. An investigation undertaken by the IDJC must in no way impede any investigation conducted by law enforcement if that action is anticipated or has already begun." The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 1, Section I.A. states, "The IDJC will aggressively respond to, investigate, and support the prosecution of sexual abuse and sexual harassment, both internally and externally, in partnership with law enforcement and prosecutors." The IDJC Policy No. 614, Investigations-PREA, Page 1, Policy Section states, "It is therefore the policy of the IDJC that upon receiving an allegation of sexual abuse or harassment in an IDJC facility or contract provider, an investigation is conducted according to the procedures below, in an impartial, objective, confidential, and expeditious manner. These procedures ensure compliance with established PREA standards and determine validity of allegations so that a proper response can be implemented." The IDJC Policy No. 910, Investigations-Administrative, Page 2, Section III.A states, "If the original allegation is a criminal act or it appears at any time during the investigation that a criminal act has been committed, law enforcement of the appropriate jurisdiction will be notified to conduct a separate criminal investigation; 1. If the need to involve law enforcement is determined during the investigation, the DAG, Human Resources Officer, and the Director must be notified immediately; 2. Investigators will suspend their investigations and coordinate and cooperate with local law enforcement through the conclusion of the criminal investigation or until directed to resume by the DAG." According to the Agency Head, the agency insures an administrative or criminal investigation is conducted for each reported incident of sexual abuse or sexual harassment. They advised agency internal investigators are trained annually. They also reported the agency works in conjunction with the State of Idaho Attorney General's Office, who reviews all of their PREA investigations and reports to make sure they are complying with policy and law. This auditor reviewed 16 Incident Review Reports and all of the Incident Reviews reflected an administrative investigation was conducted and the findings were documented. None of the Incident Review Reports reflected substantiated allegations of sexual abuse.

115.322 (b) – As indicated in the analysis for 115.322 (a), the agency has several policies addressing criminal investigations, and that law enforcement must be contacted in the event of allegations of sexual abuse or criminal sexual harassment. The IDJC Policy No. 614, Page 1, Section I states, "Allegations involving clearly-criminal actions, or those where an initial investigation reveals evidence supporting criminal prosecution, are referred to the appropriate law enforcement agency for criminal investigation." The agency website states, "If you suspect that a juvenile committed to the custody of IDJC has been subject to sexual abuse or harassment that has occurred at an IDJC facility or a provider contracted by IDJC, you may contact IDJC, contact Child Protection at 1.855.522.5437, or contact law enforcement in the area where the facility is located. All reports are taken seriously and investigated as outlined in the PREA standards. Any knowingly false accusations may be prosecuted." Interviews with Investigative Staff revealed they would conduct an internal investigation into the allegation or refer criminal conduct to local law enforcement.

115.322 (c) – Contact with the Sexual Assault Detective at the LPD revealed their agency is responsible for conducting sexual abuse investigations.

115.331	Employee training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 464 300"><u>Interviews conducted:</u></p> <p data-bbox="242 329 392 358">*Random Staff</p> <p data-bbox="242 387 464 416"><u>Documents reviewed:</u></p> <p data-bbox="242 445 496 474">*Pre-Audit Questionnaire</p> <p data-bbox="242 504 954 533">*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance</p> <p data-bbox="242 562 695 591">*IDJC Policy No. 665, Training Requirements</p> <p data-bbox="242 620 1106 649">*Idaho Peace Officer Standards and Training Prison Rape Elimination Act Power Point</p> <p data-bbox="242 678 651 707">*IDJC On-Line PREA Refresher Training</p> <p data-bbox="242 736 644 766">*IDJC Lewiston PREA Training Records</p> <p data-bbox="242 795 1497 1151"><u>115.331 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 3, Section II.E states, "The agency PREA Coordinator will be responsible for...Ensuring all staff, volunteers, interns and contractors receive training on IDJC's sexual abuse response procedures, including required specialized PREA training for all full- and part-time medical and mental health care practitioners and specialized PREA training for investigators." The IDJC Policy No. 665, Training Requirements, Page 2, Section I.B.3 states, "Within 45 days of being hired, all IDJC staff will successfully complete the following training and meet the refresher standards as indicated: PREA Basics for First Responders (one-hour initial classroom training and/or online annual refresher with bi-annual one-hour classroom training)" The Idaho Peace Officer Standards and Training Prison Rape Elimination Act Power Point reflects facility staff is trained on the topics contained in 115.331 (a) 1-11. The facility provided the IDJC Lewiston PREA Training Records for 54 staff members, which reflected PREA training completed between August, 2020 and July, 2021. Interviews with random staff revealed they received training on the topics contained in 115.331 (a) 1-11.</p> <p data-bbox="242 1180 1497 1406"><u>115.331 (b)</u> – The facility indicated in the Pre-Audit Questionnaire that they are a male-only facility. A review of the Idaho Peace Officer Standards and Training Prison Rape Elimination Act Power Point did not reflect any training topics of a gender-specific nature, but it addressed other issues unique to the attributes of residents in confinement. The facility provided the IDJC Lewiston PREA Training Records for 54 staff members, which reflected PREA training completed between August, 2020 and July, 2021. A review of the agency website revealed the other two IDJC institutions house male and female residents. As a result, staff transferring from one of the other two state facilities would be familiar with the needs of a male population.</p> <p data-bbox="242 1435 1497 1639"><u>115.331 (c)</u> – This auditor reviewed the IDJC On-Line PREA "First Responder Zero Tolerance" Refresher Training. The refresher training provides an overview of the passage of the PREA standards, first responder duties, and liability for failure to report incidents of sexual abuse and sexual harassment. The facility indicated in the Pre-Audit Questionnaire that facility staff is provided refresher training every other year, and in-person PREA training in opposite years. The facility provided the IDJC Lewiston PREA Training Records for 54 staff members, which reflected PREA training completed between August, 2020 and July, 2021.</p> <p data-bbox="242 1668 1497 1794"><u>115.331 (d)</u> – The facility provided the electronic IDJC Lewiston PREA Training Records for 54 staff members, which reflected PREA training completed between August, 2020 and July, 2021. According to the PREA Coordinator, staff members names are listed on completed training records only after they check a box where they acknowledge understanding of the training material.</p>

115.332	<p>Volunteer and contractor training</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Volunteers/Contractors That Have Contact With Residents</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Volunteer/Intern/Contractor (VIC) Prison Rape Elimination Act Training Power Point</p> <p>*IDJC Volunteer/Intern/Contractor (VIC) Orientation Checklist</p> <p>*IDJC Volunteer/Intern/Contractor PREA Refresher Information and Acknowledgments</p> <p><u>115.332 (a)</u> – The facility provided the IDJC Volunteer/Intern/Contractor (VIC) Prison Rape Elimination Act Training Power Point, the IDJC Volunteer/Intern/Contractor PREA Refresher Information, and the IDJC Volunteer/Intern/Contractor (VIC) Orientation Checklist to substantiate compliance with this standard. Slides 17 and 18 of the Power Point address volunteer/intern/contractor responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. The Power Point training includes a quiz at the end of the training, which the volunteer/intern/contractor must pass. The Refresher Information is in pamphlet form and details the definitions of sexual abuse and sexual harassment, what to do in an instance of sexual abuse/harassment, how to avoid sexual abuse and harassment and how to promote a zero-tolerance culture in the facility. The Orientation Checklist records completion of basic and specialized PREA training for volunteers/interns/contractors. Interviews with facility volunteers and contractors revealed they received PREA training.</p> <p><u>115.332 (b)</u> – The IDJC Volunteer/Intern/Contractor PREA Refresher Information and Acknowledgments include specific information about the agency's zero tolerance policy, required reporting of all information or knowledge of sexual abuse and sexual harassment, and how to make such reports. The facility indicated on the Pre-Audit Questionnaire that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. Interviews with facility volunteers and contractors revealed they received PREA training, including the agency's zero tolerance policy and how to report incidents of sexual abuse and sexual harassment.</p> <p><u>115.332 (c)</u> – The facility provided 17 signed PREA training acknowledgements signed by facility contractors and volunteers and dated between March and July, 2021. One of the acknowledgements was signed in February, 2020.</p>
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115.333	Resident education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Intake Staff *Random Residents <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 404, Observation and Assessment Evaluations *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 640, Observation and Assessment/Intake *IDJC Juvenile Understanding of Prison Rape Elimination Act (PREA) (Form DJC-162) *IDJC JCC Lewiston Milestone Manual *JCC Lewiston Resident Education List *Site Review <p><u>115.333 (a)</u> – The IDJC Policy No. 640, Observation and Assessment/Intake, Page 3, Section II.B.7.v. states, "The juvenile is provided the necessary information and documents, including explanation and clarification by staff as needed, and is asked to sign related forms. The following forms go directly to the file manager for filing in the case management file. A copy is not placed in the intake working file: Juvenile Understanding of Prison Rape Elimination Act (PREA) (DJC-162)." The IDJC Juvenile Understanding of Prison Rape Elimination Act (PREA) (Form DJC-162) requires the resident to acknowledge understanding of PREA, the agency's zero tolerance policy for sexual activity between residents or staff and residents, and how to report instances of sexual abuse or sexual harassment. This auditor observed a resident intake at the facility where the resident was provided PREA information by way of a Power Point presentation and signed the Form DJC-162. It was this auditor's observation that the Power Point presentation was somewhat complex and may not have been easily comprehended by all residents. The IDJC JCC Lewiston Milestone Manual, Page 9, covers PREA information. This auditor reviewed 36 Form DJC-162's, signed by the residents present at the time of the on-site interview, as well as residents who were admitted during the preceding 12 months but no longer present in the facility. The Form DJC-162's require the resident to indicate if they read the acknowledgment or had the acknowledgement read to them by staff. Interviews with Intake Staff revealed they provide forms and reading material for residents to educate them on the facility's PREA practices, and the residents watch a Power Point and a video. Interviews with random residents revealed they received information about the facility's rules against sexual abuse and harassment when they first arrived at the facility.</p> <p><u>115.333 (b)</u> – As indicated in the analysis for 115.333 (a), residents watch the PREA Power Point at the time of admission and sign the Form DJC-162 after watching the presentation. The PREA Compliance Manager advised that Power Point is the facility's comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents. As a result, the comprehensive PREA education occurs at the time of admission. The PREA Coordinator advised residents may have been housed at one of the other two IDJC facilities for Observation and Assessment (to determine appropriate program placement) and would have been provided the comprehensive PREA education prior to their admission date at the facility. This auditor watched the Power Point presentation as part of the intake process and found it to be comprehensive, if not somewhat advanced to be considered age appropriate. The IDJC JCC Lewiston Milestone Manual, Page 9, covers PREA information in an easily understandable fashion. Interviews with Intake Staff revealed in addition to the Power Point presentation upon their arrival at the facility, the PREA Compliance Manager does refresher trainings on PREA with residents and the resident handbook also covers PREA. Interviews with random residents revealed they received information on their right to not be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment when they arrived at the facility.</p> <p><u>115.333 (c)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 5, Section X.A. states, "...Within ten days of intake, juveniles shall be educated regarding the following: 1. Their right to be free from sexual abuse and sexual harassment; 2. Their right to be free from retaliation for reporting such incidents, and; 3. IDJC policies and procedures for responding to such incidents." This auditor reviewed 36 Form DJC-162's, signed by the residents present at</p>

the time of the on-site interview, as well as residents who were admitted during the preceding 12 months but no longer present in the facility. The Form DJC-162's were dated on or before the residents' date of admission (in instances where the Observation and Assessment took place at a different facility). The PREA Coordinator advised the comprehensive PREA education is the same for all IDJC facilities. Interviews with Intake Staff revealed they provide forms and reading material for residents to educate them on the facility's PREA practices, and the residents watch a Power Point and a video.

115.333 (d) –The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 5, Section X.A. states, "PREA education provided to juveniles shall be age-appropriate and accessible to juveniles who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills." The IDJC Policy No. 404, Observation and Assessment Evaluations, details the multiple assessments and testing each resident receives, including educational assessments and a physical examination. The PREA Coordinator advised the evaluation is used to identify a resident's individual needs and would identify language limitations, as well as physical or developmental deficiencies. As a result, the facility would equip itself to address these needs in advance of the resident's arrival or within a short period of time after admission if the evaluation is conducted at the facility. The facility provided a link to the Spanish version of the comprehensive PREA video available for Spanish-speaking residents. The facility advised in the Pre-Audit Questionnaire they would use the video relay televisions available to deaf or hard of hearing residents, which were provided by the Idaho School for the Deaf and Blind to communicate PREA information. It is noted the PREA information in the IDJC JCC Lewiston Milestone Manual is translated into Spanish and that translation is listed as an appendix to the manual.

115.333 (e) – The facility provided the JCC Lewiston Resident Education List, which provides the date and location where each resident received their comprehensive PREA education.

115.333 (f) – The facility provided photos of PREA information posted throughout the facility in the Pre-Audit Questionnaire, and this auditor observed the posted PREA information throughout the facility during the Site Review. This information included "Zero Tolerance" posters, which detailed the facility's policy prohibiting sexual abuse and sexual harassment, the means of reporting, and victim supportive services information. These postings were posted in both English and Spanish. As previously indicated, the PREA information in the IDJC JCC Lewiston Milestone Manual is translated into Spanish and that translation is listed as an appendix to the manual.

RECOMMENDED ACTION FOR THE FOLLOWING:

115.333 (b)(c) - The State of Idaho "PREA and Sexual Safety Education for Residents in a Confinement Facility" video is a widely available and well-circulated comprehensive PREA education tool that is presented in a clear, age-appropriate manner. However, it appears IDJC has moved away from using this video and is utilizing the Power Point presentation in its place. During the resident intake, this auditor observed the resident seemed to have difficulty comprehending some of the material, as demonstrated in the quiz questions at the end of the presentation. If possible, it is recommended the facility return to using the State of Idaho "PREA and Sexual Safety Education for Residents in a Confinement Facility" video to more clearly communicate PREA information to its residents.

115.334	<p>Specialized training: Investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Investigative Staff</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Policy No. 665, Training Requirements</p> <p>*National Institute of Corrections "Investigating Sexual Abuse in a Confinement Setting" Training Records</p> <p><u>115.334 (a)</u> – The IDJC Policy No. 665, Training Requirements, Page 6, Section VI.C. states, "Requirements for Special PREA Training (as outlined in PREA Standards for specific positions)...Investigating Sexual Abuse in a Confinement Setting (National Institute of Corrections – online) as determined by Division Administrators." The facility provided seven successful course completion records from the National Institute of Corrections "Investigating Sexual Abuse in a Confinement Setting" Training for the facility's investigative staff. Interviews with Investigative Staff revealed they received specialized training for conducting sexual abuse investigations in confinement settings. They advised they completed the online training for PREA investigations in confinement settings, which covered interviewing techniques, the difference between interviewing victims and perpetrators, using Miranda and Garrity Warnings, collecting evidence, and the criteria for a referral to law enforcement for criminal investigation.</p> <p><u>115.334 (b)</u> – The facility provided seven successful course completion records from the National Institute of Corrections "Investigating Sexual Abuse in a Confinement Setting" Training for the facility's investigative staff. Interviews with Investigative Staff revealed they received specialized training for conducting sexual abuse investigations in confinement settings. They advised they completed the online training for PREA investigations in confinement settings, which covered interviewing techniques, the difference between interviewing victims and perpetrators, using Miranda and Garrity Warnings, collecting evidence, and the criteria for a referral to law enforcement for criminal investigation.</p> <p><u>115.334 (c)</u> – As previously indicated, the facility provided verification of investigative staff's specialized training.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <p>*Medical/Mental Health Staff</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Policy No. 665, Training Requirements</p> <p>*Specialized Medical and Mental Health PREA Training Quiz Results</p> <p>*General PREA Training Quiz Results for Contracted Staff</p> <p>*JCC Lewiston Course Completion Records for PREA Training</p> <p>*JCC Lewiston Course Completion Records for PREA Health and Mental Health</p> <p><u>115.335 (a)</u> – The IDJC Policy No. 665, Training Requirements, Page 5, Section VI.B. states, "Requirements for Special PREA Training (as outlined in PREA Standards for specific positions): A. Basic PREA First Responder (one-hour initial classroom and annual refresher with bi-annual one-hour classroom training); B. Specialized class for Mental Health and Medical First Response for PREA (online and annual online refresher)." Interviews with Medical/Mental Health Staff revealed they received specialized PREA training. They reported the training included how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment, how and whom to report allegations or suspicions of sexual abuse and sexual harassment, appropriate documentation, and providing medical/mental health treatment to victims.</p> <p><u>115.335 (b)</u> – The facility reported on the Pre-Audit Questionnaire, and Medical Staff confirmed, forensic examinations are not conducted at the facility. The facility provided specialized Medical/Mental Health training verification for ten facility Medical/Mental Health staff (JCC Lewiston Course Completion Records for PREA Health and Mental Health) and seven contracted staff (Specialized Medical and Mental Health PREA Training Quiz Results).</p> <p><u>115.335 (c)</u> – As indicated above, the facility provided documentation to verify Medical/Mental Health Staff received specialized training.</p> <p><u>115.335 (d)</u> – The facility provided seven general PREA training quiz results for contracted staff and ten JCC Lewiston Course Completion Records for PREA Training for facility Medical/Mental Health Staff.</p>

115.341	Obtaining information from residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

Interviews conducted:

*PREA Coordinator

*PREA Compliance Manager

*Staff Responsible for Risk Screening

*Random Residents

Documents reviewed:

*Pre-Audit Questionnaire

*IDJC Policy No. 404, Observation and Assessment Evaluations

*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance

*Resident Risk of Sexual Victimization/Perpetration Screeners (DJC-269)

115.341 (a) – The IDJC Policy No. 404, Observation and Assessment Evaluations, Page 2, Section II.E.2. states, "Every juvenile receives various assessment protocols to assist in the development of the O&A Evaluation. A summary of all results is included in the O&A Evaluation report...Every juvenile admitted to O&A is administered a Risk of Sexual Victimization/Perpetration Screener (DJC-269) by a Clinician within three calendar days of the juvenile's entry into O&A."

The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 2, Section I.H. states, "Juveniles shall be screened for risk of sexual victimization/perpetration using the Risk of Sexual Victimization/Perpetration Screener (RSVP) (DJC-269) form by a mental health professional within 72 hours of O&A intake. In order to guide placement and management strategies the RSVP shall also be administered at least every six months after the date of placement." The facility provided 32 Risk of Sexual Victimization/Perpetration Screeners (RSVP), which were completed either before transfer to the facility or, with the exception of one resident, within 72 hours of admission. Interviews with Staff Responsible for Risk Screening revealed the RSVP is completed on every resident upon admission. They indicated they may complete the RSVP telephonically if the resident is off site pending transfer. Staff Responsible for Risk Screening reported the RSVP takes into consideration the resident's age, history and length of prior confinement, the resident's feeling of safety, history of abuse, whether the resident was ever bullied, IQ scores, whether the resident has limited cognitive functioning, reported identification as lesbian, gay, bisexual, transgender, questioning, or intersex (LGBTQI), and any history of prior sexual abuse as a victim and perpetrator. They stated they read the questions to the resident, as opposed to giving the RSVP to the resident to complete. They also advised they review information from social investigations, psychiatric evaluations, notes from previous counselors, and police reports. Staff Responsible for Risk Screening advised residents are screened again every six months. Random resident interviews revealed they were asked the questions related to these topics when they first got to the facility. The majority of residents indicated they have been asked the questions again since their admission.

115.341 (b) – The RSVP is an objective screening instrument, which takes into consideration the following factors: age, duration of confinement, the resident's perception of vulnerability, history of being bullied/attacked/abused, current charges, staff's observations regarding characteristics that may contribute to vulnerability, history of mental health issues or limited cognitive functioning, identification as LGBTQI, history of sexual victimization and/or perpetration, history of aggression or violence, peer relations, and negative attitudes toward authority/rules. Scores are attributed to each subject and risk scores for risk of victimization and risk of sexual perpetration are calculated as Low, Moderate, or High.

115.341 (c) – As indicated above, the RSVP takes into consideration the factors outlined in this provision. Staff Responsible for Risk Screening reported the RSVP takes into consideration the resident's age, history and length of prior confinement, the resident's feeling of safety, history of abuse, whether the resident was ever bullied, IQ scores, whether the resident has limited cognitive functioning, reported identification as LGBTQI) and any history of prior sexual abuse as a victim and perpetrator.

115.341 (d) – Staff Responsible for Risk Screening stated they read the questions to the resident, as opposed to giving the RSVP to the resident to complete. They also advised they review information from social investigations, psychiatric evaluations, notes from previous counselors, and police reports.

115.341 (e) – The PREA Coordinator advised their data collection system has permission levels to various positions. They indicated clinicians and facility administration have access to the RSVP, but line staff does not have access. According to the PREA Coordinator, clinicians share RSVP scores with staff, but not the actual RSVP or its details. The PREA Compliance Manager indicated the agency has a Confidentiality Policy and ethics training, and the agency data collection system has lockdown features to limit access. They indicated clinical and medical staff has access to the RSVP, as well as members of the management team. Staff Responsible for Risk Screening reported only clinicians and possibly the PREA Compliance Manager can access the RSVP.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee *PREA Compliance Manager *Staff Responsible for Risk Screening *Medical/Mental Health Staff *Staff Who Supervise Residents In Isolation *Residents In Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) *Transgendered/Intersex/Gay/Lesbian/Bisexual Residents <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 404, Observation and Assessment Evaluation *IDJC Policy No. 604, Special Management Interventions *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 672, Non-Discrimination of Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning Juveniles *Resident Risk of Sexual Victimization/Perpetration Screeners (DJC-269) and Email Documentation *Resident Observation and Assessment Evaluations *Site Review <p><u>115.342 (a)</u> – The IDJC Policy No. 404, Observation and Assessment Evaluation, Page 6, Section III.D. states, "Following the O&A staffing, the Clinical Supervisor or designee will refer the juvenile to the appropriate program placement. If the juvenile is referred to a facility or contract provider other than JCCL, the JCCL transport coordinator will arrange transportation and if necessary, create a staging placement plan for Region II (NPC) Detention Center in IJOS. The juvenile will be moved to the staging plan in IJOS upon completion of the staffing." The facility provided a Resident Risk of Sexual Victimization/Perpetration Screeners (RSVP)(DJC-269), along with subsequent email documentation from Intake Staff. The email communication references the date the RSVP was completed and the findings of the RSVP, to communicate any concerns to staff making housing determinations. The facility provided initial RSVP screenings for 32 residents admitted to the facility over the previous 12 months, all which provided risk for sexual victimization and perpetration. The PREA Compliance Manager indicated the RSVP information is placed into the resident's Observation and Assessment Report, which is shared with unit supervisors and used to determine appropriate housing. Interviews with Staff Responsible for Risk Screening indicated the RSVP is considered along with other testing results to determine placement. They advised if a resident scores at high risk for perpetration, the facility would look to place that resident in a group that does not house vulnerable residents.</p> <p><u>115.342 (b)</u> – The facility provided the IDJC Policy No. 604, Special Management Interventions to substantiate compliance with this provision. Page 1, Policy Statement states, "It is the policy of the Idaho Department of Juvenile Corrections (IDJC) that use of an intervention which results in room confinement, isolation, or segregation from their current treatment program is to be used solely as an adjunct to the treatment process when a juvenile's behavior seriously endangers the safety and security of others or the facility. There will be documentation that all other lesser restrictive means to control behaviors and maintain safety and security have been exhausted. Use of juvenile room confinement, isolation, or segregation for behavioral management as a means of arbitrary imposition of punishment will not be tolerated." A review of the IDJC Policy No. 604 in its entirety revealed the policy is directed at resident behavior management and, although the policy addresses isolation, it does not address placing a victim resident in isolation for protective measures. Page 4, Section V.D.4-5 states, "The juvenile...4. Has the right to have daily recreation/exercise of at least one hour outside the individual room. A juvenile with medical or physical limitations as documented by the medical staff has appropriate recreation/exercise activities developed according to needs; 5. Has the right to daily visits by licensed medical staff to express medical complaints and concerns.</p>

These visits are documented on the Special Management Close/Observation Activity Log (DJC-133) or through the use of the Guard Tour System." The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 3, Section IV.A. states, "Upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center, staff will: Ensure the safety of the alleged victim and take steps to separate the alleged offender, alleged victim and any witnesses. Separation does not mean isolation, unless other less restrictive measures to ensure the safety of those involved have failed." The Superintendent advised they would not place a victim resident in isolation unless the victim requested it. They indicated in that instance, it would be for a maximum of 24 hours unless approved by a behavioral assessment board. Staff Who Supervise Residents In Isolation advised victim residents would only be placed in temporary isolation if the victim requested it and management approved it. Interviews with Medical/Mental Health Staff revealed they typically do not utilize isolation as a housing designation for any resident. However, if a resident is placed in isolation, Medical sees the resident every hour and Medical checks are logged. Although the facility housed a Resident In Isolation, that placement was not for risk of sexual victimization or subsequent to reporting sexual abuse in the facility.

115.342 (c) – The IDJC Policy No. 672, Non-Discrimination of Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning Juveniles, Page 3, Section IV.A.1-2. states, "LGBTIQ juveniles are not placed in a particular housing unit, bed or other placement based solely on the juvenile's LGBTIQ status, or perceived status. The IDJC shall not consider a juvenile's LGBTIQ status, or perceived status, as an indicator or likelihood of being sexually abusive." The PREA Coordinator and PREA Compliance Manager advised the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents. The interview with the Transgendered/Intersex/Gay/Lesbian/Bisexual Resident revealed they had not been put in a housing area only for gay, lesbian, transgendered, intersex and/or bisexual residents.

115.342 (d) – The IDJC Policy No. 672, Page 3, Section IV.A.3. states, "3. Transgender and Intersex Juveniles: a. Placement and programming assignments for transgender or intersex juveniles are reassessed at least every six months to review any threats to safety experienced by the juvenile; b. When making a placement decision, placement staff consider whether a transgender or intersex juvenile would prefer to be placed with males or females and the reason for that preference, with the final decision for placement being made by the Clinical Supervisor and/or Program Manager." The PREA Compliance Manager advised the agency/facility determines housing and program assignments for transgender or intersex residents based on the resident's individual needs. As the facility did not house a Transgendered or Intersex Resident, this interview protocol was not completed.

115.342 (e) – The IDJC Policy No. 672, Page 3, Section IV.A.3. states, "3. Transgender and Intersex Juveniles: a. Placement and programming assignments for transgender or intersex juveniles are reassessed at least every six months to review any threats to safety experienced by the juvenile." As the facility did not house a Transgendered or Intersex Resident over the preceding 12 months, documentation of reassessment of programming assignments for each transgender or intersex resident was unavailable. The PREA Compliance Manager advised placement and programming assignments for each transgender or intersex resident is reassessed to review any threats to safety experienced by the resident every six months. Staff Responsible for Risk Screening advised transgender or intersex resident's views of their safety is given serious consideration in placement and programming assignments.

115.342 (f) – The PREA Compliance Manager advised the agency/facility determines housing and program assignments for transgender or intersex residents based on the resident's individual needs. Staff Responsible for Risk Screening advised transgender or intersex resident's views of their safety is given serious consideration in placement and programming assignments and they are given the opportunity to shower separately from other residents. As the facility did not house a Transgendered or Intersex Resident, this interview protocol was not completed.

115.342 (g) – This auditor observed the showers in each of the three living units. Each living unit has two single-occupancy showers with a door similar to a bathroom stall, where the occupant's head and feet are visible (the head may not be visible for a shorter resident). The PREA Compliance Manager advised all residents shower separately, and transgendered or intersex residents would be given different shower time from their group. Staff Responsible for Risk Screening advised transgender or intersex residents are given the opportunity to shower separately from other residents. As the facility did not house a Transgendered or Intersex Resident, this interview protocol was not completed.

115.342 (h) – As indicated in the analysis for 115.342 (b), the facility reported no residents at risk of sexual victimization were held in isolation over the past 12 months, and facility administration and staff reported this is not an authorized practice.

115.342 (i) – As indicated in the analysis for 115.342 (b), the facility reported no residents at risk of sexual victimization were held in isolation over the past 12 months, and facility administration and staff reported this is not an authorized practice.

115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *PREA Compliance Manager *Random Staff *Random Residents *Residents Who Reported A Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 671, Juvenile Grievance *Notification of Disclosure (DJC-131) Fact Sheet *JCC Lewiston Milestone Manual *Site Review <p><u>115.351 (a)</u> – This auditor observed postings that describe internal ways to report sexual abuse and sexual harassment. The "Zero Tolerance" postings, in both English and Spanish, were observed in the facility lobby, each of the three housing units, the family visitation room, hallways, medical examination room, multipurpose/recreation room, classrooms, and the intake area. The Zero Tolerance postings list the methods of reporting, including telling staff or the PREA Compliance Manager, writing a grievance, or telling a family member, friend, legal counsel, JPO or JSC. The Zero Tolerance Poster also lists 855-552-5437 as a number to call and report sexual abuse or sexual harassment, but the number is not identified. The poster also lists the mailing address for Child Protection to send written allegations. Interviews with random residents revealed they could report by filing a grievance or telling a peer or staff member they trusted. None of the residents reported they could contact the phone number listed on the Zero Tolerance Poster to report sexual abuse or sexual harassment.</p> <p><u>115.351 (b)</u> – The Zero Tolerance poster provides a telephone number to call to report sexual abuse or sexual harassment; however, the telephone number (855-552-5437) does not list where the call is going. It was determined the telephone number goes to the Idaho Department of Health and Welfare's Child Abuse Hotline. As previously indicated, this auditor contacted the Child Abuse Hotline to test the facility's outside reporting mechanism, and that call did not provide confirmation the facility's outside reporting source would result in the facility being notified of the report. The PREA Compliance Manager advised a resident can request to make a phone call to the hotline, their probation officer or attorney, or their parents. They also indicated the Child Abuse/Neglect Hotline will contact the facility and advise a report from a resident was made. Interviews with random residents revealed they could report by telling their parents, Juvenile Service Coordinator (JSC), attorney, or parole/probation officer. None of the random residents reported calling the Child Abuse/Neglect Hotline as a way to report outside of the agency. The facility reported they do not house residents detained solely for civil immigration purposes.</p> <p><u>115.351 (c)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 2, Section I.F. states, "Staff shall accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports. The appropriate designated staff shall contact law enforcement if requested by the alleged victim." The Notification of Disclosure (DJC-131) Form and accompanying Fact Sheet instructs staff to document information regarding resident past or present criminal, abusive, or neglectful behavior, whether as a victim or perpetrator, on the DJC-131 form. According to the PREA Coordinator, this fact sheet is distributed to new staff during PREA training or handed out in team meetings if management feels like there is a need to review reporting requirements. Interviews with Random Staff and Random Residents revealed they understand residents can make reports of sexual abuse or sexual harassment verbally, in writing, anonymously and through third parties.</p> <p><u>115.351 (d)</u> – The IDJC Policy No. 671, Juvenile Grievance, Page 1, Sections II.A. and B. state, "A. Grievance boxes are accessible in each living unit, the education area of each facility, and other areas deemed appropriate. They are maintained in good working order at all times. The grievance boxes are locked and only the, designee, has a key to the boxes; B. Juvenile Grievance Filing Forms (DJC-126) are made readily available to all juveniles without having to ask a staff member. Envelopes are made available to put the DJC-126 forms in when they are completed by the juvenile." This auditor observed</p>

grievance boxes in each living unit, classrooms, and the multi-purpose room during the Site Review. The grievance boxes were locked and had folders containing blank grievance forms. According to the PREA Compliance Manager, residents have access to the grievance forms and pens/pencils throughout the day and turn in the writing implements at the end of the day.

Two of the three residents who were identified as reporting a sexual abuse indicated they were able to complete grievances to report the allegations without assistance from staff.

115.351 (e) – Interviews with Random Staff revealed they would be able to report sexual abuse or sexual harassment of residents privately by asking to speak with their supervisor, contacting the hotline, or sending an email to their supervisor or the PREA Compliance Manager.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.351 (a) - As discussed in the Audit Narrative, the procedure for residents to report privately to the Child Abuse/Neglect Hotline requires additional resident education. Although the call itself can be made privately, the current practice does not provide any privacy as to the nature of the call to the Child Abuse/Neglect Hotline, which residents must request through staff. Residents must be educated they can contact the Child Abuse/Neglect Hotline to report any abuse or neglect, not just sexual abuse or sexual harassment. That will allow some level of anonymity to the reason a resident would request to make that call. Residents must also be educated they can and should report retaliation by other residents or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. This will also require an update to the Milestone Manual to include these additional reporting scenarios.

115.351 (b) - The Zero Tolerance Poster does not identify where the call to the listed number is going, so it is not clear it is to an agency outside of the facility. The Zero Tolerance Poster and Milestone Manual will need to be updated to clearly identify the hotline number. It appears there needs to be some clarification with the Child Abuse/Neglect Hotline in reference to reporting allegations of sexual abuse or sexual harassment from facility residents back to facility administration.

Documentation that the procedure to report allegations to facility administration has been reviewed with Child Abuse/Neglect Hotline staff is required to demonstrate compliance with this standard.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation on October 20, 2021, November 17, 2021, and March 15, 2022 to substantiate corrective actions taken for this standard.

115.351 (a) - The facility provided the updated Milestone Manual and an "Availability of Anonymous Reporting" document with 26 resident signatures, dated October 26, 2021, to substantiate compliance with this corrective action. The Availability of Anonymous Reporting document informs residents the contact phone number listed in the Milestone Manual and on facility postings can be contacted to report any form of abuse or neglect occurring in the facility. The document reflects 26 residents received the information and were instructed to ask questions if the information was unclear. The Milestone Manual, Page 9 now reflects residents may contact the Child Abuse/Neglect Hotline to disclose criminal activity not involving sexual behavior, prior sexual abuse in which the resident was the victim, physical abuse in which the resident was the victim, retaliation for reporting sexual abuse/sexual harassment, and staff neglect of responsibilities contributing sexual abuse or sexual harassment, in addition to reporting sexual abuse/harassment.

115.351 (b) - The facility provided the updated Zero Tolerance Poster and documentation of email communication between the PREA Coordinator and the Child Abuse/Neglect Hotline Supervisor dated October 20, 2021 to substantiate compliance with this corrective action. The email correspondence reflects Child Abuse/Neglect Hotline Supervisor met with the other supervisor and leadership staff in Central Intake and addressed the process to respond to a report of sexual abuse or harassment from a facility resident. The email details Hotline staff, who were working from home at the time of the email, were provided specific instructions for handling calls of abuse or neglect from facility residents. The email also details the automated system notification to the agency PREA Coordinator. The email also reflects Hotline supervisors should catch any report from a resident, as they review all reports before they are closed. The updated Zero Tolerance Poster now identifies the listed reporting number as an outside reporting option and identifies the number as the Child Protection Hotline.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Residents Who Reported A Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 671, Juvenile Grievance *Facility Grievances - August 2020 to August 2021 *Milestone Manual <p><u>115.352 (a)</u> – The IDJC Policy No. 671, Juvenile Grievance, Page 1, Policy Statement states, "It is the policy of the Idaho Department of Juvenile Corrections (IDJC) to provide an administrative means for handling complaints from juveniles related to their care and confinement as well as a means for juveniles to report incidents relating to the Prison Rape Elimination Act (PREA). The juvenile grievance process is available to all juveniles placed at an IDJC facility without reprisal. All complaints receive a written, signed response within a reasonable timeframe. This policy requires problem solving without intimidation. Staff that uses acts of intimidation with juveniles in regards to this problem-solving process will be subject to disciplinary action."</p> <p><u>115.352 (b)</u> – The IDJC Policy No. 671, Page 2, Sections IV.A.2.b. and c. state, "Any grievance marked as "Sexual Abuse/Sexual Harassment" is handled as an emergency grievance; Any grievance envelope marked "Sexual Abuse/Sexual Harassment" is immediately delivered to the facility PREA Compliance Manager and is processed according to the emergency grievance procedures in section IV.B. Any other grievance will be routed according to the local operating procedures. If a grievance is not marked "Sexual Abuse/Sexual Harassment" on the envelope but is discovered to be marked on the grievance form, it will be routed as an emergency grievance at that point. No grievance, including those marked "Sexual Abuse/Sexual Harassment", will be referred to a staff member who is the subject of the grievance; There is no time limit on when a juvenile may submit a grievance for allegations of sexual abuse." The Milestone Manual does not address a timeline for submitting a grievance.</p> <p><u>115.352 (c)</u> – The IDJC Policy No. 671, Page 2, Section IV.A.2.b. states, "Any grievance envelope marked "Sexual Abuse/Sexual Harassment" is immediately delivered to the facility PREA Compliance Manager and is processed according to the emergency grievance procedures in section IV.B. Any other grievance will be routed according to the local operating procedures. If a grievance is not marked "Sexual Abuse/Sexual Harassment" on the envelope but is discovered to be marked on the grievance form, it will be routed as an emergency grievance at that point. No grievance, including those marked "Sexual Abuse/Sexual Harassment", will be referred to a staff member who is the subject of the grievance."</p> <p><u>115.352 (d)</u> – The IDJC Policy No. 671, Page 2, Section IV.A.2.,5., 7., and 8. state, "2. Any grievance marked as "Sexual Abuse/Sexual Harassment" is handled as an emergency grievance; 5. The supervisor, or designee, talks with the juvenile and others involved in the grievance situation. The supervisor, or designee, completes the review and discusses the findings/resolution with the juvenile within three working days of receipt of the DJC-126 form. If the grievance involves a staff from another administrative unit, the supervisor or designee involves the supervisor of the staff in question in the interview process; 7. If the grievance remains unresolved, this is indicated on the form and it is forwarded to the Superintendent, or designee, for resolution. The Superintendent, or designee, reviews the facts presented in the material forwarded by the Unit Manager/supervisor and may undertake further investigation as indicated. The juvenile is advised of the Superintendent's decision within five working days of receipt of the grievance; 8. If necessary to fully investigate a grievance, an extension of 30 days to the above timelines is permitted, so long as the juvenile is notified of the need for the extension within five working days of receipt of the grievance. The notice includes the date by which the decision shall be made." The facility indicated on the Pre-Audit Questionnaire that no grievance should take any longer than 38 days to resolve, and most grievances are resolved within three to five days. The facility provided five grievances where residents alleged sexual abuse or sexual harassment. All five of these grievances were resolved within four days. Residents who Reported a Sexual Abuse reported they were not told the outcomes of their grievances. However, their signatures are on the findings section of the grievance and dated later than the original grievance. A random selection of the total number of facility grievances for the past 12 months did not reveal additional sexual abuse or sexual harassment allegations.</p> <p><u>115.352 (e)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 2, Section F states, "Staff</p>

shall accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports. The appropriate designated staff shall contact law enforcement if requested by the alleged victim." The IDJC Policy No. 671, Page 2, Section III.C.1 and 2 states, "Grievances may be filed by any juvenile or by a third party on behalf of the juvenile; 1. If a grievance is filed by a third party on behalf of the juvenile, the grievance will not be handled unless the juvenile agrees to have the grievance filed on their behalf; 2. If a grievance is filed by a parent or legal guardian of a juvenile on the juvenile's behalf, it will be handled regardless of whether or not the juvenile agrees to have the grievance filed on their behalf." The facility provided no documentation of third-party reports or declination of third-party assistance.

115.352 (f) – The IDJC Policy No. 671, Page 3, Section IV.B. states, "Any grievance envelope that is marked "Sexual Abuse/Sexual Harassment" or alleges any substantial risk of imminent sexual abuse will be treated as an emergency grievance. If the envelope or form is marked "Sexual Abuse/Sexual Harassment," the staff member picking up the grievance notifies the facility PREA Compliance Manager by e-mail prior to the end of their shift. If the facility PREA Compliance Manager is unavailable, the Duty Officer is contacted." Section IV.B.2 of the same policy states, "An initial response, including immediate corrective action that may be necessary, is provided within 48 hours." Section IV.A.7. of the policy states, "If the grievance remains unresolved, this is indicated on the form and it is forwarded to the Superintendent, or designee, for resolution. The Superintendent, or designee, reviews the facts presented in the material forwarded by the Unit Manager/supervisor and may undertake further investigation as indicated. The juvenile is advised of the Superintendent's decision within five working days of receipt of the grievance." The facility reported receiving no grievances alleging substantial risk of imminent sexual abuse and none were discovered in the random sample of all facility grievances.

115.352 (g) – The IDJC Policy No. 613, Page 5, Section X.F. states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." The facility reported no disciplinary action against a resident who alleged sexual abuse, and none was discovered in the random sample of all facility grievances.

115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee *PREA Compliance Manager *Random Residents *Residents Who Reported A Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 674, Correspondence and Communication *IDJC Policy No. 675, Privileged Communications *IDJC Notice of Limited Confidentiality Form *Memorandum of Understanding Between IDJC and Sequoia Counseling *Memorandum of Understanding Between IDJC and the YWCA of Lewiston, ID and Clarkston, WA *Milestone Manual *Site Review <p><u>115.353 (a)</u> – The Milestone Manual, Page 9, lists Sequoia Counseling (external sexual abuse counseling services) and the YWCA (external victim advocacy services) as victim resources. The address and telephone number are listed for both agencies. The IDJC Policy No. 675, Privileged Communications, Page 3, Section IV states, "In the event a juvenile who is the victim of an incident of sexual abuse/sexual harassment desires to access victim advocacy services outside of the IDJC, they are allowed to do so and the communication is considered privileged. 1. If a juvenile wishes to report by phone, staff follow the same procedures and afford the juvenile the same level of privacy as described in Section I.A; 2. Juveniles may submit sealed mail which is addressed to the Victim Advocacy service provider in their region. Juveniles may remain anonymous when using this method of reporting and are not required to include a return address. The IDJC has identified the outside providers to receive these calls and letters in order to facilitate the appropriate services. The names, telephone numbers, and address are visibly available to all juveniles. Memorandum of Understanding's are on file with the IDJC PREA Coordinator and Facility PREA Compliance Managers." During the site review, this auditor observed information with these resources posted in the clinical offices. Interviews with random residents revealed two of the seven residents had some understanding of outside supportive services, but no specific knowledge of available resources. The interviews with Residents Who Reported a Sexual Abuse reflected they had no knowledge or interaction with outside supportive services. The facility reported it does not house persons detained solely for civil immigration purposes.</p> <p><u>115.353 (b)</u> – The IDJC Policy No. 675, Page 1, Section I.A. and B. state, "Communications and Correspondence: A. Telephone – Incoming or outgoing telephone contacts with attorneys are not limited or declined unless the juvenile is demonstrating an immediate threat to the safety of themselves or others. A call is returned as soon as the immediate threat is no longer present. Staff must verify that incoming calls are from the said attorney by recalling the number if necessary. An area is made available for the juvenile to converse with the attorney in private; B. Mail – Incoming or outgoing privileged correspondence is treated as privileged mail only if the name and official status of the sender appears on the envelope. Privileged correspondence is exempt from the standard procedures for inspection. In no case is privileged mail read by staff. If there is a suspicion of abuse of privileged correspondence, or contraband suspected, the mail is opened by the juvenile with staff present. The facility pays postage for all privileged mail sent by first class postage. It does not pay for registered, certified, nor insured mail." Residents are required to sign the IDJC Notice of Limited Confidentiality Form, which details circumstances in which information must reported to law enforcement, juvenile services coordinators, and juvenile probation officers. Contact with representatives with Sequoia Counseling and the YWCA revealed they would disclose the limitation of confidentiality for disclosures of abuse occurring in the facility. Interviews with random residents revealed two of the seven residents had some understanding of outside supportive services, but no specific knowledge of available resources. The interviews with Residents Who Reported a Sexual Abuse reflected they had no knowledge or interaction with outside supportive services.</p>

115.353 (c) – The facility provided two Memoranda of Understanding (MOU), one with Sequoia Counseling and the other with the YWCA for confidential emotional support services related to sexual abuse. Contact was made with a representative of each agency, and they were able to confirm the MOUs were current and active.

115.353 (d) – The IDJC Policy No. 674, Correspondence and Communication, Page 1, Policy Statement states, "The Idaho Department of Juvenile Corrections (IDJC) recognizes that support networks are vital to a juvenile's success and therefore, in conjunction with meeting the intent of the Balanced Approach, parents, legal guardians, and other members of a juvenile's immediate family are encouraged to maintain involvement via correspondence, telephone and visitation. Maintaining involvement during a juvenile's placement with the IDJC increase the likelihood that the juvenile will successfully reintegrate into the community upon discharge from the IDJC." The IDJC Policy No. 675, Page 2, Section II. states, "Access to Legal Counsel: In the event a juvenile wishes to obtain legal counsel but has no attorney of record, or the juvenile simply does not know how to go about obtaining legal counsel, the RS ensures the following assistance is provided to the juvenile; 1. Appropriate telephone numbers and addresses are given to the juvenile to assist them in making contact with legal counsel. This is normally the juvenile's committing court; i.e., the public defender, as it is viewed as the committing court's ongoing responsibility to provide legal counsel to juveniles pertaining to legal matters relating to their placement in IDJC custody. Resource material is available at the Superintendent's office to help staff locate appropriate telephone numbers and addresses." The Superintendent advised residents are given time to get or make a call to their attorney if staff is not involved in an emergency incident, and residents would be placed in the family visitation room to make the call privately. They indicated parents/legal guardians can visit weekly, and residents can receive two incoming and place two outgoing phone calls to family on their approved contact lists. The PREA Compliance Manager advised a resident fills out form to request contact with their attorney, and they have those contacts in family visitation in private, with the door closed. They indicated parents/guardians are automatically allowed to visit and call residents, and others can be added. They stated the number of phone calls residents can make/receive depends on their level. The PREA Compliance Manager indicated the only way parents/legal guardians would not have this access is if there was a subsequent disclosure of abuse, and in that instance, contact may be monitored as opposed to no contact with the resident. Interviews with random residents revealed they are allowed to make private phone calls to their attorneys, and they have regular phone and in-person contact with parents/legal guardians. One of the residents who was interviewed as a Resident Who Reported a Sexual Abuse indicated they believe they spoke with their parent after they filed the grievance (for behavior alleging sexual harassment).

115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Agency Website</p> <p><u>115.354 (a)</u> – This auditor accessed the agency's public website at http://www.idjc.idaho.gov and located the PREA section. The PREA section of the website provides instruction on how to report sexual abuse of a resident by clicking a link to IDJC, contacting the Child Abuse/Neglect Hotline (with the telephone number listed), or contacting law enforcement in the jurisdiction where the facility is located.</p>

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interviews conducted:

*Superintendent or Designee

*PREA Compliance Manager

*Random Staff

*Medical/Mental Health Staff

Documents reviewed:

*Pre-Audit Questionnaire

*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance

*IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles

115.361 (a) – The IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles, Page 1, Policy Section states, "It is therefore the policy of the IDJC that the abuse, neglect or exploitation of any juvenile in IDJC custody is absolutely prohibited. No employee will subject any juvenile to any form of abuse, neglect or exploitation, nor will they allow any other person to do so. Any employee participating in, witnessing, or having knowledge of such an incident must report it in accordance with the procedures listed in this policy. Failure to report may warrant disciplinary action against the employee." Interviews with random staff revealed they are required to report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment of residents, as well as any retaliation against a resident or staff for reporting sexual abuse or sexual harassment and any staff neglect of duties that may have contributed to an incident of sexual abuse or sexual harassment.

115.361 (b) – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 1, Section I.B. states, "The IDJC will comply with all mandatory reporting laws. The IDJC will contact law enforcement and any relevant licensing bodies when staff, volunteers, interns or contractors violate IDJC sexual abuse or sexual harassment policy, unless the activity was clearly not criminal." Interviews with random staff revealed they are required to comply with mandatory child abuse reporting laws and have received training on mandated reporting.

115.361 (c) – The IDJC Policy No. 613, Page 2, Section I.E and G state, "All staff will respect the dignity and privacy of those involved in an allegation of sexual abuse, including the alleged offender, alleged victim, and any witness. Incidents of sexual abuse are not topics for casual conversation with staff or juveniles...Staff shall not reveal information related to an allegation of sexual abuse to anyone, including other staff, except for purposes of reporting as outlined below or to the extent necessary to assist in an investigation, to provide medical or mental health treatment, or for other security purposes." One of the 12 staff members interviewed indicated they were aware they were not to reveal information regarding a sexual abuse report to anyone other than management, assigned investigators, or other staff with a need to know the information.

115.361 (d) – Interviews with Medical/Mental Health staff revealed they are required to report any knowledge, suspicion, or information regarding resident sexual abuse to designated supervisors and officials. They advised they explain the limits of confidentiality and their duty to report resident abuse when they first meet with residents and have residents sign an acknowledgment that they understand the limits of confidentiality.

115.361 (e) – The Superintendent indicated they would ensure law enforcement, the Idaho Deputy General, Child Welfare, attorneys, and the parent/legal guardian were notified as soon as possible, but no longer than 24 hours after the reported incident. The PREA Compliance Manager advised they report any incident of resident sexual abuse to the PREA Coordinator, parent/guardian, Juvenile Service Coordinator, law enforcement, child welfare caseworker, and attorney within 24 hours of the reported incident. The facility reported no substantiated incidents of sexual abuse and the one allegation of sexual abuse did not rise to the level of a criminal investigation over the past 12 months. As a result, no records of notifications were available for review.

115.361 (f) – The IDJC Policy No. 613, Page 1, Section I.A. states, "The IDJC will aggressively respond to, investigate, and support the prosecution of sexual abuse and sexual harassment, both internally and externally, in partnership with law enforcement and prosecutors." According to the Superintendent, all allegations of sexual abuse and sexual harassment are reported directly to designated facility investigators, including third-party and anonymous reports.

RECOMMENDED ACTION FOR THE FOLLOWING:

115.361 (a) - Agency policy does not specify that staff are required to report any retaliation against residents or staff who reported such an incident or any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. It is recommended the facility update the IDJC Policy No. 613 to include those requirements or otherwise reinforce to staff they are required to report such incidents.

115.362	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Agency Head *Superintendent or Designee *Random Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance <p><u>115.362 (a)</u> – The facility cited the IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 3, Section IV.A as evidence of compliance with this standard. That section of policy states, "Upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center, staff will: Ensure the safety of the alleged victim and take steps to separate the alleged offender, alleged victim and any witnesses. Separation does not mean isolation, unless other less restrictive measures to ensure the safety of those involved have failed." The Agency Head advised facility staff is required to respond to any situation where a resident is in imminent danger of sexual abuse. They indicated facility staff is trained to separate the parties immediately and make a safety assessment and plan to address the issue. The Superintendent indicated staff would remove the alleged perpetrator from the area and clinical, management, and line staff would assess and resolve the situation. Interviews with random staff reflected they would immediately separate the alleged victim and perpetrator, contact a supervisor, and advise their coworkers of the situation.</p>

115.363	<p>Reporting to other confinement facilities</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Agency Head</p> <p>*Superintendent or Designee</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance</p> <p><u>115.363 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 5, Section IX.A. states, "Upon suspicion of and/or becoming aware of a possible sexual abuse incident that is reported to have occurred at another facility: The Superintendent of the facility where the juvenile is located, or the IDJC Director, shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, and shall also notify the appropriate investigative agency." The facility reported no such allegations over the course of the preceding 12 months.</p> <p><u>115.363 (b)</u> – The IDJC Policy No. 613, Page 5, Section IX.B. states, "Such notification shall be provided as soon as possible, but no later than 24 hours after receiving the allegation."</p> <p><u>115.363 (c)</u> – The IDJC Policy No. 613, Page 5, Section IX.C. states, "The PREA coordinator shall document that such notification has been made." The facility reported no such allegations over the course of the preceding 12 months. As a result, documentation of notifications to other facilities was not available for review.</p> <p><u>115.363 (d)</u> – The IDJC Policy No. 613, Page 1, Policy Statement states, "It is therefore the policy of the IDJC that all facilities and contract providers will adhere to a zero tolerance standard for incidences of sexual abuse or misconduct. Furthermore, it is the policy of the IDJC that all allegations of sexual abuse or misconduct within IDJC facilities will be investigated and responded to accordingly. The IDJC will provide a coordinated response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership." The Agency Head advised if they receive an allegation from another agency or facility that a resident was sexually abused in their facility, the fact finding would begin immediately. They indicated the PREA Compliance Manager would respond immediately and initiate an investigation. The Superintendent indicated advised they would ensure the allegations were reported to the PREA Coordinator, PREA Compliance Manager, Deputy Attorney General, and the matter would be staffed to see if law enforcement needed to be contacted.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interviews conducted:

- *Random Staff
- *Security and Non-Security Staff First Responders
- *Residents Who Reported A Sexual Abuse

Documents reviewed:

- *Pre-Audit Questionnaire
- *IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles
- *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance
- *IDCJ PREA Incident Reviews and Accompanying Documentation
- *IDJC Volunteer, Intern, and Contractor (VIC) PREA Training Power Point Presentation
- *IDJC Volunteer, Intern, and Contractor (VIC) PREA Refresher Information

115.364 (a) – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 3, Section IV.A-D. states, "Upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center, staff will: A. Ensure the safety of the alleged victim and take steps to separate the alleged offender, alleged victim and any witnesses. Separation does not mean isolation, unless other less restrictive measures to ensure the safety of those involved have failed; B. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; C. If the abuse occurred within a time frame that still allows for evidence collection from the alleged victim or abuser, staff shall request that the alleged victim or abuser not take any action that could destroy physical evidence; D. Immediately contact their supervisor or if not available, the designee or duty officer." This auditor reviewed seven IDCJ PREA Incident Reviews and the documentation that accompanied the reviews, which included email documentation of staff actions. A review of the seven Incident Reports revealed none of the reported incidents involved sexual abuse. As a result, evidence collection, securing a sexual abuse scene, or advising the parties to not take action which would destroy physical evidence were not demonstrated. Of the seven Incident Reviews, staff separated the alleged victim(s) and perpetrator in two of the incidents. The interview with the Security and Non-Security Staff First Responder revealed they separated the alleged victim and alleged perpetrator. However, the incident did not involve a sexual abuse incident and, as a result, they advised they did not take the other actions required for a sexual abuse incident. The First Responder Staff was asked what their response would be if the incident involved sexual abuse. They advised they would ask for staff to come in to remove the alleged perpetrator from the situation, ask if the victim would feel more comfortable having some privacy to discuss the incident, and make sure evidence is not disturbed, by not allowing showering, using the bathroom, or changing clothing. They indicated they would immediately start notifications to the PREA Coordinator and Medical/Mental Health. This auditor interviewed three of ten residents who the facility indicated had reported sexual abuse. Two of the three residents made their allegations by grievance and the third resident indicated they witnessed sexual harassment. Of the two residents who submitted grievances, the alleged incidents involved sexual harassment. As a result, information from residents regarding staff response to a report of sexual abuse was not available.

115.364 (b) - As indicated in the analysis for 115.364 (a), the agency's policy requires staff to prevent an alleged victim and perpetrator from taking actions that would jeopardize physical evidence and report the incident to their supervisor or the duty officer. The facility indicated that all staff members are considered security staff, as they have all been trained in the same fashion. The interview with the Security and Non-Security Staff First Responder revealed they would ask for staff to come in to remove the alleged perpetrator from the situation, ask if the victim would feel more comfortable having some privacy to discuss the incident, and ensure evidence is not disturbed, by not allowing showering, using the bathroom, or changing clothing. Interviews with Random Staff members revealed they would separate the victim and perpetrator, get Medical/Mental Health help, preserve the scene, document the incident, and notify the PREA Compliance Manager. The facility provided the IDJC Volunteer, Intern, and Contractor (VIC) PREA Training Power Point Presentation to substantiate compliance with this provision. Slide 19 of the presentation reflects all staff must report knowledge or suspicion of sexual abuse or sexual harassment to a supervisor immediately. However, there is no mention in the presentation of volunteers, interns, or contractors being required to request that the alleged victim not take any actions that could destroy physical evidence. The facility also provided the IDJC Volunteer, Intern, and Contractor (VIC) PREA Refresher Information, a two-page pamphlet with information on how to report sexual abuse or sexual harassment and avoiding inappropriate relationships with residents. This document did not address preventing actions that could destroy physical evidence in a sexual abuse incident. As this provision specifies "staff" and not volunteers, interns, or contractors, this information did not provide additional substantiation for compliance with this provision.

115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Superintendent or Designee</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*JCC-Lewiston Coordinated Response Plan to Reports of Sexual Abuse</p> <p><u>115.365 (a)</u> – The facility provided the JCC-Lewiston Coordinated Response Plan to Reports of Sexual Abuse to substantiate compliance with this standard. The Coordinated Response Plan outlines the duties for First Responders, the PREA Compliance Manager, Medical/Mental Health Staff, and the Superintendent in response to an incident of sexual abuse or sexual harassment that involves criminal conduct. The Superintendent advised they have a Coordinated Response Plan, on which staff is trained by the PREA Coordinator and PREA Compliance Manager, as well as in their academy.</p>

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <p>*Agency Head</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p><u>115.366 (a)</u> – The Agency Head advised the State of Idaho is a Right to Work state and there is no collective bargaining.</p>

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Agency Head *Superintendent or Designee *Designated Staff Member Charged with Monitoring Retaliation *Residents Who Reported A Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Quality Improvement Services (QIS) Handbook <p><u>115.367 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 2-3, Section I.O. states, "The IDJC will monitor for and respond to acts of retaliation. Page 3, Section III.B. pertains to the duties of the PREA Compliance Manager and states, "Monitoring the conduct and treatment of all juveniles and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, in an effort to protect juveniles and staff from retaliation. All monitoring efforts are documented." The Agency Head advised the PREA Compliance Manager is required to monitor for retaliation against residents or staff who reported sexual abuse or sexual harassment. They indicated Human Resources may become involved if there is a staff member involved and may be subject to discipline.</p> <p><u>115.367 (b)</u> – The Agency Head advised the facility is obligated to monitor for retaliation for a resident or staff member who reports sexual abuse or sexual harassment. They indicated Human Resources may be involved if the retaliation involves staff. The Agency Head stated they monitor residents and staff for a period of time and the PREA Compliance Manager checks in with them to see if there are any issues of concern. If retaliation is present, staff and/or resident moves or any other changes would be made to keep all parties safe. The Superintendent advised Human Resources will assist with addressing staff retaliation and sanctions would be put in place if staff or residents violate the policy against retaliation. The interview with the Staff Member Charged With Monitoring Retaliation revealed they meet every week with the resident or have another staff member make contact and, if there were any findings of retaliation, they would notify group leaders of the retaliation issues. They advised they would read shift debriefs, look for behavior or relationship changes, and maintain awareness of staff and youth interactions. Although the facility had a resident in isolation at the time of the on-site audit, that resident was not placed in isolation as a result of sexual victimization. Interviews with Residents Who Reported Sexual Abuse revealed that one of the residents felt protected against retaliation, while another said they did not feel protected. They indicated the person is going to know who made the grievance and staff is probably watching, but if the resident wants to retaliate, they will.</p> <p><u>115.367 (c)</u> – The facility provided the IDJC Quality Improvement Services (QIS) Handbook to substantiate compliance with this provision. Page 3 of the QIS Handbook, Monitoring for Retaliation Section, outlines the requirements of this standard and provides instruction on how to conduct retaliation monitoring. These instructions include periodic status checks with the staff/resident, review of incident reports, housing changes, or sanctions involving the resident, and review of negative performance reviews or staff reassignments. The instructions also provide for a minimum monitoring period of 90 days. The PREA Coordinator advised the PREA Compliance Managers for each facility are the QIS staff, and the QIS Handbook is required reading for those positions. The Superintendent indicated there would be immediate intervention with staff or resident sanctions if retaliation is suspected. The Staff Member Charged with Monitoring Retaliation advised they meet every week with the resident or have another staff member make contact and, if there were any findings of retaliation, they would notify group leaders of the retaliation issues. They advised they would read shift debriefs, look for behavior or relationship changes, and maintain awareness of staff and youth interactions. They also confirmed they received and reviewed the QIS Handbook.</p> <p><u>115.367 (d)</u> – The Staff Member Charged with Monitoring Retaliation advised they meet every week with the resident or have another staff member make contact and, if there were any findings of retaliation, they would notify group leaders of the retaliation issues.</p> <p><u>115.367 (e)</u> – The Agency Head advised the PREA Compliance Manager checks in with residents or staff who may be subjected to retaliation to see if there are any issues of concern. They indicated if retaliation is present, staff/resident moves,</p>

or other measures are employed to insure they are safe and free from retaliatory actions. The Superintendent indicated they would take measures to protect a resident or staff member who expressed fear of retaliation, and sanctions would be put in place if staff or residents violate the policy against retaliation.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee *Staff who Supervise Residents in Isolation *Medical/Mental Health Staff <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 604, Special Management Interventions *Site Review <p><u>115.368 (a)</u> – The facility provided the IDJC Policy No. 604, Special Management Interventions policy to substantiate compliance with this standard. Page 1, Policy Section states, "It is the policy of the Idaho Department of Juvenile Corrections (IDJC) that use of an intervention which results in room confinement, isolation, or segregation from their current treatment program is to be used solely as an adjunct to the treatment process when a juvenile's behavior seriously endangers the safety and security of others or the facility. There will be documentation that all other lesser restrictive means to control behaviors and maintain safety and security have been exhausted. Use of juvenile room confinement, isolation, or segregation for behavioral management as a means of arbitrary imposition of punishment will not be tolerated." This auditor reviewed the IDJC Policy No. 604 in its entirety, as well as the IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, and did not find any mention of protective placement for residents who allege sexual abuse. According to the Superintendent, they would not place a resident who alleged sexual abuse in isolation, unless it was requested by the victim. They also indicated any period of isolation would be for no more than 24 hours, and a behavioral assessment would be conducted to exceed the 24-hour period. In interviews with Staff Who Supervise Residents in Isolation, they advised a victim would only be isolated if the victim requested it and management approved it, and only until other alternative means of separation could be made. They stated isolation would only be temporary. Staff Who Supervise Residents in Isolation advised any resident in isolation would have access to programs, privileges on an individualized basis, and education/Special Education. They also advised a resident in isolation would receive visits from Medical/Mental Health staff. Staff Who Supervise Residents in Isolation reported they are not sure how frequently isolation placements are reviewed, but they are aware such placements are reviewed in management meetings. Interviews with Medical/Mental Health Staff revealed residents placed in isolation receive visits from medical or mental health care clinicians anytime a resident is in their room for longer than an hour. They advised residents are checked on every 15 minutes, assessments are done on each shift, and a resident can call for assistance with a button that is located in each room. Although the facility had one resident placed in isolation at the time of the on-site audit, that resident was not a reported victim of sexual abuse. That resident was on an individualized program, where their time in isolation was limited to sleeping and when certain group activities were taking place. As a result, the resident was not in isolation housing at the time of the site review, and the Resident in Isolation Who Alleged Sexual Abuse interview protocol was not applicable.</p> <p><u>RECOMMENDED ACTION FOR THE FOLLOWING:</u></p> <p><u>115.368 (a)</u> - Based on staff interviews, it appears the facility would not place an alleged victim of sexual abuse in involuntary isolation. It is recommended the facility clearly state this position in policy.</p>

115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee *PREA Coordinator *PREA Compliance Manager *Investigative Staff (including Lewiston Police Department Investigative Staff) *Residents Who Reported A Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 614, Investigations-PREA *IDJC Policy No. 910, Investigations-Administrative *Quality Improvement Services Handbook *IDJC PREA Incident Review Report, Form DJC-262-06 *IDJC PREA Record Retention Schedule <p><u>115.371 (a)</u> – The IDJC Policy No. 614, Investigations-PREA and the IDJC Policy No. 910, Investigations-Administrative are agency-level policies that address criminal and administrative agency investigations. Interviews with Investigative Staff revealed they initiate an investigation following an allegation of sexual abuse and sexual harassment as soon as they have the information, which would likely be within a few hours. They advised anonymous or third-party reports of sexual abuse and sexual harassment are handled in the same way. A review of the facility PREA investigative records revealed all allegations were responded to within one or two days.</p> <p><u>115.371 (b)</u> – Interviews with Investigative Staff revealed they have received specialized training in sexual abuse investigations involving juvenile victims. They advised their training covered techniques for interviewing juvenile sexual abuse victims, the proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral.</p> <p><u>115.371 (c)</u> – Investigative Staff indicated the first steps in initiating an investigation would be to notify the PREA Compliance Manager and/or the Duty Officer (the facility indicated all Duty Officers are trained as Investigative Staff). They advised the PREA Compliance Manager or the Duty Officer would interview the residents, staff and potential witnesses involved, and would review video surveillance footage. Investigative Staff advised they would gather evidence if the offense was determined not to be criminal, but if the offense appears criminal in nature, local law enforcement would collect physical evidence and facility Investigative Staff would ensure the scene was preserved. A review of the facility investigative reports revealed none of the allegations were of a nature that required evidence collection. The agency records retention schedule reflects administrative and PREA investigation reports and documentation are retained for ten years after case closure.</p> <p><u>115.371 (d)</u> – The IDJC Policy No. 614, Page 2, Section III.C. states, "An investigation is not closed solely based on the recanting of an allegation or the departure of the alleged abuser or victim from a facility, IDJC custody, or employment. All allegations are taken seriously and investigated fully." Investigative Staff advised they would still follow through if the source of the allegation recants his/her allegation.</p> <p><u>115.371 (e)</u> – Investigative Staff advised they would call law enforcement and have them begin the criminal investigation, including interviewing alleged staff perpetrators, when they discover evidence that a prosecutable crime may have taken place. A review of the facility investigative reports revealed none of the allegations rose to the level of a criminal offense.</p> <p><u>115.371 (f)</u> – The IDJC Policy No. 614, Page 2, Section A. 1. and 2. state, "1. Credibility of those interviewed is not determined by their status as a staff or juvenile and is assessed on an individual basis; 2. No polygraph or other truth-telling device is used." Investigative Staff advised they judge the credibility of an alleged victim, suspect, or witness in an unbiased, objective manner and credibility would be left to prosecutors who prepare the case. Residents Who Reported a Sexual</p>

Abuse stated they were not given a polygraph examination as part of the investigation into their allegation.

115.371 (g) – The IDJC PREA Incident Review Report, Form DJC-262-06, requires an assessment of all factors that may have contributed to an incident of sexual abuse or sexual harassment, including an assessment of the adequacy of staffing levels in the area of the alleged harassment or abuse. A review of the 16 facility PREA Incident Reports revealed a written Incident Report was generated for each incident, and the reports provided detailed descriptions of staff actions and factors that may have contributed to the incident. Investigative Staff advised all staff actions are considered to see how they may have contributed to the incident. They reported they would look at all facts and circumstances that occurred during the incident in order to prevent further incidents and correct any processes that may have helped create the situation.

Investigative Staff reported they document administrative investigations in written reports, which would include all notes, interviews, and physical/video surveillance evidence.

115.371 (h) – Investigative Staff indicated law enforcement would complete a written report for the criminal investigation.

According to the sexual abuse investigator from the LPD, they compile a written report of all criminal investigations, which would include a thorough description of physical, testimonial, and documentary evidence. They indicated they would not automatically provide the criminal report to the facility in the event of a sexual abuse incident involving a resident, but the report may be furnished once approval is received from the prosecuting attorney.

115.371 (i) – Investigative Staff advised local law enforcement would refer cases for prosecution. This was confirmed with the LPD sexual abuse investigator.

115.371 (j) – The Quality Improvement Services (QIS) Handbook, Page 2, Section 7 states, "The Agency PREA Coordinator shall retain all written reports related to PREA allegations 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 and applicable law requires a shorter period of retention. All documentation shall be maintained in a secure location." The agency records retention schedule reflects administrative and PREA investigation reports and documentation are retained for ten years after case closure.

115.371 (k) – Investigative Staff indicated they would still complete an investigation if a victim alleging sexual abuse and sexual harassment leaves the facility prior to a completed investigation into the allegation.

115.371 (m) – The Superintendent indicated the progress of a sexual abuse investigation is monitored by the Deputy Attorney General, and they typically do not find out about the outcome until the investigation is completed. The PREA Coordinator advised the LPD has jurisdiction, and they cooperate fully with the criminal investigation. They indicated they provide LPD a form to request whatever they need for the criminal investigation, and they make the victim and/or perpetrator available as needed. The PREA Coordinator stated they periodically check in on the status of the investigation by email, and they get a copy of the criminal investigation report. The PREA Compliance Manager reported they get the name and telephone number of the assigned criminal investigator to maintain contact on status of case. Investigative Staff advised they cooperate with law enforcement for the criminal investigation, turn over any information gathered, and make themselves available to provide further assistance as needed.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*Investigative Staff</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Policy No. 614, Investigations-PREA</p> <p><u>115.372 (a)</u> – The IDJC Policy No. 614, Investigations-PREA, Page 2, Section III.B. states, "The investigation is closed when the PREA Incident Review Team has reviewed the DJC-276 and supporting information, as applicable, and, based on the preponderance of the evidence provided, makes a determination whether the allegation is substantiated, unsubstantiated, unfounded, considered non-abusive contact, or does not fit the definition of PREA incident." According to Investigative Staff, they report the facts in unbiased, clear manner, and the findings are done by the PREA Coordinator and the District Attorney.</p>

115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Superintendent or Designee *PREA Coordinator *Investigative Staff *Residents Who Reported A Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 614, Investigations-PREA *IDJC PREA Incident Review Reports, Form DJC-262-06 <p><u>115.373 (a)</u> – The IDJC Policy No. 614, Investigations-PREA, Page 2, Section III.B.2. states, "The juvenile making the allegation receives a copy of Section D of the DJC-262 form notifying them of the investigation findings, when the finding is substantiated, unsubstantiated or unfounded." A review of the DJC-262-06 Form for the one allegation that was found to be unsubstantiated sexual abuse reflects the resident was advised of the findings in writing and signed an acknowledgment to that effect (Section D). The Superintendent advised they notify the resident of the outcome of the administrative investigation. Investigative Staff indicated residents receive information on the outcome of investigations, including on all grievances.</p> <p><u>115.373 (b)</u> – The facility had no allegations of sexual abuse that were referred to the LPD for investigation over the past 12 months. The PREA Coordinator advised the PREA Compliance Manager or they would maintain contact with the investigating detective throughout the course of the criminal investigative process.</p> <p><u>115.373 (c)</u> – In the instances where a staff member has committed sexual abuse on a resident, the DJC-262-06 Form, Section D records whether the staff member is no longer posted within the resident's unit, is no longer employed at the facility, has been indicted on a charge related to sexual abuse within the facility, and/or the staff member has been convicted on a charge related to sexual abuse within the facility. The facility had no allegations of sexual abuse that were referred to the LPD for investigation over the past 12 months. None of the residents who reported sexual abuse alleged a staff member was involved in the incident.</p> <p><u>115.373 (d)</u> – In the instances where another resident has committed sexual abuse on a resident, the DJC-262-06 Form, Section D records whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The facility had no allegations of sexual abuse that were referred to the LPD for investigation over the past 12 months. The one allegation of sexual abuse did not involve behavior rising to the level of a criminal investigation; therefore, no notifications were provided.</p> <p><u>115.373 (e)</u> – The IDJC Policy No. 614, Investigations-PREA, Page 2, Section III.B.2. states, "The juvenile making the allegation receives a copy of Section D of the DJC-262 form notifying them of the investigation findings, when the finding is substantiated, unsubstantiated or unfounded." A review of the DJC-262-06 Form for the one allegation that was found to be unsubstantiated sexual abuse reflects the resident was advised of the findings in writing and signed an acknowledgment to that effect (Section D).</p>

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles</p> <p>*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance</p> <p><u>115.376 (a)(b)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 1, Section I.D. states, "Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse, subject to Idaho rules and statutes and IDJC policies regarding due process."</p> <p><u>115.376 (c)</u> – The IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles, Page 5, Section V. states, "If it is determined that abuse, neglect, or exploitation of a juvenile occurred, disciplinary action against the offender, commensurate with the severity of the offense, is recommended to management in accordance with the Corrective and Disciplinary Action for IDJC Employees (325) policy and procedure and, when applicable, 613 policy and procedure. The complainant, if any, is informed that action was taken; however, details regarding the action are not shared." The facility did not report any instances of staff discipline in relation to allegations of sexual abuse, and none were discovered during the audit process.</p> <p><u>115.376 (d)</u> – The IDJC Policy No. 613, Page 1, Section I.C. states, "All resignations in lieu of terminations for violations of agency sexual abuse or sexual harassment policies shall be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal." The facility did not report any instances of referrals to law enforcement in relation to allegations of staff sexual abuse, and none were discovered during the audit process.</p>

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Interviews conducted:</u></p> <p>*Superintendent or Designee</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles</p> <p>*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance</p> <p>*IDJC Policy No. 631, Volunteers, Interns, and Contracted Service Providers</p> <p><u>115.377 (a)</u> – The IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles, Page 4, Section III. states, "Unless the activity was clearly not criminal, the volunteer, intern or contractor is reported to law enforcement and relevant licensing bodies." The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 1, Section I.B. states, "The IDJC will comply with all mandatory reporting laws. The IDJC will contact law enforcement and any relevant licensing bodies when staff, volunteers, interns or contractors violate IDJC sexual abuse or sexual harassment policy, unless the activity was clearly not criminal." The IDJC Policy No. 631, Volunteers, Interns, and Contracted Service Providers, Page 3, Section I.F.3. states, "A VIC's services can be terminated at the discretion of the IDJC. This includes when it is suspected that the VIC has done any of the following: a. Violated IDJC policy, procedure, or IDAPA rule; b. Been arrested or charged with a criminal act; c. Acted in a manner that endangers the safe and orderly operation of a facility; d. Acted in a manner that threatens the IDJC's rehabilitative process." The facility did not report any instances of referrals to law enforcement in relation to allegations of volunteer, intern, or contractor sexual abuse, and none were discovered during the audit process.</p> <p><u>115.377 (b)</u> – The IDJC Policy No. 606, Abuse, Neglect, and/or Exploitation of Juveniles, Page 4, Section III. states, "Any volunteer, intern or contractor who engages in juvenile abuse, neglect or exploitation is prohibited from contact with juveniles. The IDJC shall take appropriate remedial measures and shall prohibit further contact with juveniles in the case of any alleged violation of agency sexual abuse or sexual harassment policies by a volunteer, intern or contractor." The Superintendent advised that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, they would immediately be informed access to premises is prohibited.</p>

115.378	Interventions and disciplinary sanctions for residents
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 464 300"><u>Interviews conducted:</u></p> <ul data-bbox="242 329 533 470" style="list-style-type: none"> *Superintendent or Designee *PREA Coordinator *Medical/Mental Health Staff <p data-bbox="242 501 464 530"><u>Documents reviewed:</u></p> <ul data-bbox="242 560 954 701" style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 604, Special Management Interventions *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance <p data-bbox="242 730 1485 925"><u>115.378 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 5, Section X.B. states, "The IDJC prohibits all sexual activity between residents. Following an administrative finding that a juvenile(s) engaged in juvenile-on-juvenile sexual abuse, or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the IDJC will provide appropriate discipline." A review of the 16 Forms DJC-262-06 reflected five of the allegations were found to not be PREA-related, six were substantiated as sexual harassment, three were found to be non-abusive contact, and one was found to be unsubstantiated sexual abuse. As a result, there was no resident discipline as a result of resident-on-resident sexual abuse.</p> <p data-bbox="242 954 1493 1350"><u>115.378 (b)</u> – The IDJC Policy No. 604, Special Management Interventions, Page 4, Sections V.D.4 and 10. state, "The juvenile: 4. Has the right to have daily recreation/exercise of at least one hour outside the individual room. A juvenile with medical or physical limitations as documented by the medical staff has appropriate recreation/exercise activities developed according to needs; 5. Has the right to daily visits by licensed medical staff to express medical complaints and concerns. These visits are documented on the Special Management Close/Observation Activity Log (DJC-133) or through the use of the Guard Tour System; 10. Has the right to education and materials during scheduled school hours. Per Individual Disabilities Education Act (IDEA), the education manager, or designee, is notified of the juvenile's room confinement. If confinement exceeds ten school days, a Manifest Determination meeting is required to determine if the juvenile's behaviors are due to a disability." As indicated above, there was one unsubstantiated allegation of resident-on-resident sexual abuse in the past 12 months. As a result, there was no resident discipline or record of isolation as a result of resident-on-resident sexual abuse. The Superintendent advised the disciplinary sanctions for resident-on-resident sexual abuse would be to press charges on the abusing resident, moving the offender, losing levels, and losing privileges.</p> <p data-bbox="242 1379 1481 1442"><u>115.378 (c)</u> – The Superintendent indicated the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="242 1471 1477 1565"><u>115.378 (d)</u> – According to Medical/Mental Health Staff, a resident abuser would be provided sex offense specific treatment, and educational or general programming would not be conditional on participation in that treatment. The PREA Coordinator advised refusing to participate in treatment may affect a resident's ability to earn rewards.</p> <p data-bbox="242 1594 1425 1657"><u>115.378 (e)</u> – The IDJC Policy No. 613, Page 5, Section X.E. states, "The IDJC will only discipline a juvenile for sexual contact with staff upon a finding that the staff member did not consent to such contact."</p> <p data-bbox="242 1686 1437 1816"><u>115.378 (f)</u> – The IDJC Policy No. 613, Page 5-6, Section X.F. states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."</p> <p data-bbox="242 1845 1469 1939"><u>115.378 (g)</u> – The IDJC Policy No. 613, Page 5, Section X.B. states, "The IDJC prohibits all sexual activity between residents. Following an administrative finding that a juvenile(s) engaged in juvenile-on-juvenile sexual abuse, or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the IDJC will provide appropriate discipline."</p>

115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *PREA Coordinator *Staff Responsible for Risk Screening *Medical/Mental Health Staff *Residents Who Disclose Sexual Victimization at Risk Screening <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 640, Observation and Assessment/Intake *IDJC Policy No. 404, Observation and Assessment Evaluations *IDJC Policy No. 835, Sexual Abuse *IDJC Risk of Sexual Victimization/Perpetration Screener (RSVP) *Notice of Limited Confidentiality (DJC-206) *IDJC O&A and Intake Acceptance and Checklist Form *Clinical Contact Note *Site Review <p><u>115.381 (a)</u> – The IDJC Policy No. 404, Observation and Assessment Evaluations, Page 2, Section II.E.2. states, "Every juvenile admitted to O&A is administered a Risk of Sexual Victimization/Perpetration Screener (DJC-269) by a Clinician within three calendar days of the juvenile's entry into O&A." This auditor reviewed initial and six-month RSVP screening forms for all 26 residents at the facility at the time of the on-site audit and six residents who were placed at the facility during the preceding 12 months but no longer placed at the facility. Four of the residents reported prior victimization, one on the initial RSVP and three on the six-month screening. Three of the four residents were offered a follow-up appointment with Medical/Mental Health, with one accepting and two declining. The fourth six-month screening did not indicate a follow-up appointment was offered. This auditor was provided with a clinical contact note for the one resident who requested a follow-up appointment, dated 17 days after the RSVP screening was conducted. The clinical contact note did not provide any information specific to discussing the resident's prior sexual victimization. One of initial RSVP screenings did not have an answer listed for prior victimization. Staff Responsible for Risk Screening advised residents are offered a follow-up meeting with a medical and/or mental health practitioner if their screening indicates a resident has experienced prior sexual victimization. They indicated this appointment typically occurs within a week. In the interview with a Resident Who Disclose Sexual Victimization at Risk Screening, they advised they were asked if they wanted to speak with a therapist the same day they were asked the screening questions.</p> <p><u>115.381 (b)</u> – The RSVP Screener has a "Propensity Towards Sexual Perpetration" section, which records whether the resident has been arrested or charged with a sex offense or other crime against a person, has a history or pattern of aggression, violence, boundary issues, difficulty forming appropriate peer relationships, as well as current negative attitudes toward authority, and failure to accept responsibility. The RSVP Screener does not have a section to record the offer for follow-up with a mental health practitioner for a resident who has previously perpetrated sexual abuse. None of the RSVP Screener forms provided by the facility reflected a resident had perpetrated sexual abuse, but one RSVP reflected the resident had previously been arrested for a sexual offense. Staff Responsible for Risk Screening advised residents are offered a follow-up meeting with a medical and/or mental health practitioner if their screening indicates a resident has perpetrated prior sexual abuse. They indicated this appointment typically occurs within a week.</p> <p><u>115.381 (c)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 2, Section 1.G. states, "Staff shall not reveal information related to an allegation of sexual abuse to anyone, including other staff, except for purposes of reporting as outlined below or to the extent necessary to assist in an investigation, to provide medical or mental health</p>

treatment, or for other security purposes." The IDJC Policy No. 835, Sexual Abuse, Page 1, Section III.B. states, "The alleged perpetrator's health information (if the alleged perpetrator is in IDJC custody) as well as the alleged victim's health information (if the alleged victim is in IDJC custody) is shared on an as needed basis, with the community treatment facility and a qualified mental health professional for treatment purposes." It is noted this policy is specific to residents who have been the victim of or perpetrated sexual abuse while in IDJC custody. This auditor did not observe resident RSVP Screeners or other resident records in plain view during the site review. According to the PREA Coordinator, the agency data collection system (IJS) has permission levels to various positions. They advised line staff has limited access, and they do not have access to the resident RSVP Screeners. The PREA Coordinator indicated facility administration and clinicians have access to the RSVP Screeners.

115.381 (d) – The IDJC Juvenile Notice of Limited Confidentiality, which the facility reported each resident signs at the time of intake, reflects the facility is obligated to report prior sexual victimization or perpetration and sexual activity among residents while placed at the facility or other previous placements. The IDJC Policy No. 640, Observation and Assessment/Intake, Page 3, Section II.B.7.d.iii. states, "The juvenile is provided the necessary information and documents, including explanation and clarification by staff as needed, and is asked to sign related forms. The following forms go directly to the file manager for filing in the case management file. A copy is not placed in the intake working file:... iii. Juvenile Notice of Limited Confidentiality (DJC-206)." The facility provided the IDJC O&A and Intake Acceptance and Checklist Form, Section III of the checklist records whether the Notice of Limited Confidentiality (DJC-206) has been completed. Interviews with Medical/Mental Health Staff revealed they obtain informed consent from residents via the Notice of Limited Confidentiality, but they inform residents they are required to report any disclosures of prior sexual victimization.

CORRECTIVE ACTION IS REQUIRED FOR THE FOLLOWING:

115.381 (b) - The RSVP Screener will need to be updated to capture the offer of a follow-up appointment with a mental health practitioner for a resident who has previously perpetrated sexual abuse to be compliant with this standard. In addition, facility clinicians will need to document they addressed prior victimization and/or sexual perpetration with residents who request a follow-up appointment.

VERIFICATION OF CORRECTIVE ACTION:

This auditor was provided appropriate supplemental documentation on January 5, 2022 to substantiate corrective actions taken for this standard.

115.381(b) - The facility provided the updated RSVP Screener, as well as two completed RSVP Screeners for residents assessed by facility clinicians to substantiate compliance with this corrective action. The RSVP Screener has been updated to capture the offer of a follow-up appointment with a mental health practitioner for a resident who has previously perpetrated sexual abuse. Neither of the residents requested a follow-up appointment with a medical or mental health professional on the two completed RSVP Screeners. According to the PREA Coordinator, the facility's new admissions have decreased significantly, and additional admissions were not anticipated in the near future. This auditor made subsequent contact with Medical/Mental Health Staff to ascertain their understanding of the process for residents who request a follow-up appointment. Medical/Mental Health Staff reported they are required to document follow-up appointments.

Based on the above-noted additional evidence, the facility has demonstrated compliance with this standard.

115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <ul style="list-style-type: none"> *Medical/Mental Health Staff *Security Staff and Non-Security Staff First Responders *Residents Who Reported A Sexual Abuse <p><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 835, Sexual Abuse *IDJC PREA Incident Review Report, Form DJC-262-06 *Site Review <p><u>115.382 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 4, Section VII.C. states, "Upon receiving report of a possible sexual abuse incident, the supervisor or Duty Officer will: c. The facility PCM will ensure that medical and mental health services are offered to alleged victim." The IDJC Policy No. 835, Sexual Abuse, Page 1, Section III.A. states, "Juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge as medically indicated." Page 2, Section IV. of the same policy states, "The records obtained from the community treatment facility and/or qualified mental health professional pertaining to IDJC juveniles becomes part of that juvenile's electronic medical record. Any and all disclosures are made in accordance with state and federal law, including HIPAA (Health Insurance Portability and Accountability Act)." Medical/Mental Health Staff advised residents would be taken to the St. Joseph's Hospital Emergency Room for any medical treatment related to a sexual abuse incident. A review of the 16 Forms DJC-262-06 reflected five of the allegations were found to not be PREA -related, six were substantiated as sexual harassment, three were found to be non-abusive contact, and one was found to be unsubstantiated sexual abuse. None of the allegations involved situations where medical attention appeared to be warranted, and residents were offered follow-up with Mental Health in each instance that was determined to be a PREA allegation. As there were no instances of sexual abuse involving the need for medical attention, there were no secondary records documenting medical treatment. The DJC-262-06 Forms clearly identify offers of follow up with Mental Health for reporting residents in each instance. Interviews with Medical/Mental Health Staff revealed they would ensure resident victims of sexual abuse received immediate access to emergency medical treatment and crisis intervention services. They indicated they would assess the situation and make a judgment call to determine what services were necessary in each instance. The allegations made by the Residents Who Reported Sexual Abuse did not involve the need for medical attention. One of the three residents indicated they thought they were offered a follow-up with their therapist. This auditor observed postings providing information for victim supportive services during the site review.</p> <p><u>115.382 (b)</u> – Interviews with Security Staff and Non-Security Staff First Responders revealed they would immediately separate the victim and perpetrator and start notifications to the PREA Coordinator and Medical/Mental Health. As there were no instances of sexual abuse involving the need for medical attention, there were no records documenting staff referral for medical treatment. The DJC-262-06 Forms identify staff notifying Mental Health Staff of residents' allegations in each instance.</p> <p><u>115.382 (c)</u> – The IDJC Policy No. 835, Page 1, Section III. states, "Juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge as medically indicated." Medical/Mental Health Staff advised both facility and Emergency Room staff would provide residents information about sexually transmitted infections prophylaxis. The allegations made by the Residents Who Reported Sexual Abuse did not involve the need for medical attention, therefore, they were not offered such services. As the facility houses an all-male population, providing information about emergency contraception is not applicable.</p> <p><u>115.382 (d)</u> – The IDJC Policy No. 835, Page 1, Section III. states, "Juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge as medically indicated."</p>

115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Interviews conducted:

*Medical/Mental Health Staff

*Residents Who Reported A Sexual Abuse

Documents reviewed:

*Pre-Audit Questionnaire

*IDJC Policy No. 404, Observation and Assessment Evaluation

*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance

*IDJC Policy No. 835, Sexual Abuse

*Site Review

115.383 (a) – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 2, Section I.N. states, "The IDJC will provide for the medical and mental health needs of identified victims." According to Medical/Mental Health Staff, the victim resident's clinician would check in on the resident to assess their needs and provide additional individual counseling.

115.383 (b) – Medical/Mental Health Staff advised they would coordinate aftercare, mental health services, and family counseling, based on the needs of the individual and situation, and they would make any additional referrals for services. Of the three Residents Who Reported a Sexual Abuse, one said they did not remember, one said they were offered follow-up services, and the other said they were not offered follow-up services or referrals for continued care. As previously indicated, there are no reported or discovered incidents of sexual abuse in the facility over the past 12 months and, as a result, medical records or secondary documentation that demonstrate victims receive follow-up services were not available for review.

115.383 (c) – According to Medical/Mental Health Staff, medical and mental health services available to resident victims exceeds the community level of care.

115.383 (d) – As the facility houses only male residents, this provision is not applicable.

115.383 (e) – As the facility houses only male residents, this provision is not applicable.

115.383 (f) – The IDJC Policy No. 835, Sexual Abuse, Page 1, Section III.A. states, "Juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge as medically indicated." As previously indicated, there are no reported or discovered incidents of sexual abuse in the facility over the past 12 months and, as a result, medical records or secondary documentation regarding sexually transmitted infection testing were not available for review. None of the Residents Who Reported a Sexual Abuse reported an incident where sexually transmitted infection testing would be appropriate.

115.383 (g) – The IDJC Policy No. 835, Sexual Abuse, Page 1, Section III.A. states, "Juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge as medically indicated." None of the Residents Who Reported a Sexual Abuse indicated they thought their families had to pay for the cost of treatment.

115.383 (h) – The IDJC Policy No. 404, Observation and Assessment Evaluation, Page 4, Section G.1. states, "Juveniles committed to the IDJC for sexual misconduct, or with substantiated documentation of such behavior, receive a psychosexual evaluation if a previous assessment has not been completed within six months of the date of the commitment. The juvenile and parents, if appropriate, complete the Informed Consent for Psychosexual Evaluation/Sex Offense Risk Assessment (DJC-268) form. The psychosexual assessment follows the format and content as outlined in the Sexual Offender Management Board (SOMB) standards for juvenile psychosexual assessment." For resident-on-resident abusers, Medical/Mental Health Staff advised those residents could be evaluated more formally, including a sex offense risk assessment." Medical/Mental Health Staff indicated they conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment as appropriate. They advised a resident abuser may be evaluated more formally through a sex offense specific evaluation, which may take several weeks, or less formally through their clinician within a few days.

115.386	Sexual abuse incident reviews
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 464 300"><u>Interviews conducted:</u></p> <ul data-bbox="242 329 536 470" style="list-style-type: none"> *Superintendent or Designee *PREA Compliance Manager *Incident Review Team <p data-bbox="242 501 464 530"><u>Documents reviewed:</u></p> <ul data-bbox="242 560 954 815" style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *IDJC Policy No. 614, Investigations-PREA *IDJC PREA Incident Reviews, Form DJC-262 *IDJC Glossary of Terms and Acronyms <p data-bbox="242 844 1481 1072"> <u>115.386 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 2, Section I.K. states, "The IDJC will conduct incident reviews following an allegation of sexual abuse or harassment in order to identify opportunities to protect potential victims from sexually aggressive juvenile offenders in an effort to reduce the incidence of sexual abuse." A review of the 16 Forms DJC-262 reflected five of the allegations were found to not be PREA-related, six were substantiated as sexual harassment, three were found to be non-abusive contact, and one was found to be unsubstantiated sexual abuse. Although only one of the allegations was determined to involve sexual abuse, Form DJC-262s were completed for all 16 allegations. </p> <p data-bbox="242 1104 1469 1198"> <u>115.386 (b)</u> – The IDJC Policy No. 613, Page 3, Section II.D. states, "Within 30 days of concluding the PREA investigation, conducting a PREA incident review with appropriate staff. This is documented on the PREA Incident Review (DJC-262) form." All 16 Form DJC-262s previously indicated were completed within 30 days of the date the allegation was reported. </p> <p data-bbox="242 1229 1485 1453"> <u>115.386 (c)</u> – The IDJC Glossary of Terms and Acronyms, Page 14 defines the PREA Incident Review Team as "the team involved in the review of investigations concerning allegations of sexual abuse or sexual harassment. It included the Agency PREA Coordinator, the Deputy Attorney General, the Facility Superintendent, the Facility PREA Compliance Manager, and other facility staff with a need to know or with a high level of involvement in the specific incident being investigated." The Superintendent advised they have a PREA Incident Review Team, consisting of the PREA Compliance Manager, Deputy Attorney General, PREA Coordinator, Agency Director, themselves, and anyone relevant on site, including clinicians and line staff. </p> <p data-bbox="242 1485 1485 1816"> <u>115.386 (d)</u> – The Form DJC-262 is the report that documents the Incident Review findings and recommendations for improvement in response to the sexual abuse incident. The Form DJC-262 also captures review responses for the factors outlined in this provision. The PREA Compliance Manager is a participant in the Incident Review and contributes to any findings and recommendations. The Superintendent and Incident Review Team Member advised the Incident Review Team considers whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status or perceived status, gang affiliation and/or other group dynamics at the facility, physical barriers in the area of the incident, staffing levels at the time of the incident, and any needed improvements to video monitoring technology. The PREA Compliance Manager indicated the PREA Coordinator completes the Incident Review Report, and the report is shared with the necessary facility staff. They advised they debrief staff on the findings, check for staffing or video surveillance issues, and address the recommendations from the review. </p> <p data-bbox="242 1848 1390 1906"> <u>115.386 (e)</u> – The PREA Compliance Manager advised they debrief staff on the findings, check for staffing or video surveillance issues, and address the recommendations from the review. </p>

115.387	Data collection
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 462 300"><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> <li data-bbox="242 329 494 358">*Pre-Audit Questionnaire <li data-bbox="242 387 954 416">*IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance <li data-bbox="242 445 708 474">*IDJC PREA Incident Reviews, Form DJC-262 <li data-bbox="242 504 801 533">*Annual IDJC Prison Rape Elimination Act Report, 2021 <li data-bbox="242 562 646 591">*Idaho Juvenile Offender System (IJOS) <p data-bbox="242 620 1493 842"><u>115.387 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 3, Section II.B. states, "The IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: B. Establishing sexual abuse incident data collection systems, tracking this data, and compiling the data." The IDJC PREA Incident Reviews, Form DJC-262, Section A lists Review Team determinations as unfounded, unsubstantiated, substantiated, and non-abusive contact. Section C of the form categorizes the alleged conduct into youth-to-youth non-consensual sexual acts, youth-to-youth abusive sexual contacts, youth-to-youth sexual harassment, staff-to-youth sexual misconduct, and staff-to-youth sexual harassment.</p> <p data-bbox="242 875 1466 1037"><u>115.387 (b)</u> – The Annual IDJC Prison Rape Elimination Act Report provides incident-based sexual abuse data. This agency-wide data is aggregated and categorized by target year, allegations and findings, and type of facility (state run or contracted for confinement). The data also includes a breakdown of the number of residents held in and admitted to the three state facilities in the calendar year, the number of residents placed at contract providers in the calendar year, and the gender breakdown of the residents. The facility provided the most recent version of the Annual IDJC PREA Report (2021).</p> <p data-bbox="242 1068 1453 1193"><u>115.387 (c)</u> – Form DJC-262, Section C categorizes the alleged conduct into youth-to-youth non-consensual sexual acts, youth-to-youth abusive sexual contacts, youth-to-youth sexual harassment, staff-to-youth sexual misconduct, and staff-to-youth sexual harassment. These definitions mirror the definitions provided in the Survey of Sexual Violence (SSV) conducted by the Department of Justice.</p> <p data-bbox="242 1225 1474 1417"><u>115.387 (d)</u> – As the agency maintains facility-level PREA data electronically, this auditor viewed the incident-based data, including investigation data and incident review reports, in the IJOS system, which was accessed by the PREA Coordinator. The IDJC Policy No. 613, Page 3, Sections II.B. and C. state, "The IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: B. Establishing sexual abuse incident data collection systems, tracking this data, and compiling the data; C. Tracking sexual abuse investigation activities, reviewing sexual abuse incident responses, and maintaining records related to sexual abuse incidents and responses."</p> <p data-bbox="242 1449 1466 1610"><u>115.387 (e)</u> – The Annual IDJC Prison Rape Elimination Act Report provides incident-based sexual abuse data. This agency-wide data is aggregated and categorized by target year, allegations and findings, and type of facility (state run or contracted for confinement). The data also includes a breakdown of the number of residents held in and admitted to the three state facilities in the calendar year, the number of residents placed at contract providers in the calendar year, and the gender breakdown of the residents. The facility provided the most recent version of the Annual IDJC PREA Report (2021).</p> <p data-bbox="242 1641 1469 1767"><u>115.387 (f)</u> – The IDJC Policy No. 613, Page 3, Sections II.F. states, "The IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: F. Completing the annual Survey of Sexual Violence issued by the Department of Justice." The facility reported on the Pre-Audit Questionnaire it completes the Survey of Sexual Violence no later than June 30 of each calendar year.</p>

115.388	Data review for corrective action
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 464 300"><u>Interviews conducted:</u></p> <ul data-bbox="242 329 536 470" style="list-style-type: none"> *Agency Head *PREA Coordinator *PREA Compliance Manager <p data-bbox="242 501 464 530"><u>Documents reviewed:</u></p> <ul data-bbox="242 560 954 815" style="list-style-type: none"> *Pre-Audit Questionnaire *IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance *Annual IDJC Prison Rape Elimination Act Report, 2021 *JCC-Lewiston 2021 Facility PREA Report *Agency Website <p data-bbox="242 844 1493 1473"> <u>115.388 (a)</u> – The IDJC Policy No. 613, Prison Rape Elimination Act (PREA) Compliance, Page 2, Section II.A.-B. states, "The IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: A. Facilitating and advising IDJC leadership in the development and implementation of agency efforts to comply with PREA standards in all of its facilities and will oversee the application of those efforts; B. Establishing sexual abuse incident data collection systems, tracking this data, and compiling the data." The Annual IDJC Prison Rape Elimination Act Report, 2021 reflects the collection of agency sexual abuse and sexual harassment data. The report includes a summary of the findings and a "Moving Forward" section to indicate the steps the agency will take to improve its PREA compliance efforts. The JCC-Lewiston 2021 Facility PREA Report reflects the facility-level PREA data, including the data from the two previous years. The Facility PREA Report also details the corrective action plans taken as a result of the data review, including additional training on supervision practices and identification of barriers to adequate supervision. According to the Agency Head, they review agency data to assess and improve the agency's PREA efforts at both the agency and facility levels. They indicated they look for trends and work to address those issue. They Agency Head provided an example involving an increased number of incidents noted to have occurred in transport vehicles. They advised they worked with local law enforcement to obtain vehicle cameras to address the issue. The PREA Coordinator indicated they 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 and training for all state facilities and the agency as a whole. They advised they are responsible for the preparation of the Annual IDJC Prison Rape Elimination Act Report. The PREA Compliance Manager advised the facility generates the data for review. They indicated they look for trends in the data and respond to required changes to policy, video surveillance needs, or any other issue the data reveals. </p> <p data-bbox="242 1505 1469 1568"> <u>115.388 (b)</u> – Both the Annual IDJC Prison Rape Elimination Act Report and the Facility PREA Report reflect data from the two previous years for comparison. </p> <p data-bbox="242 1597 1445 1724"> <u>115.388 (c)</u> – This auditor accessed the Annual IDJC Prison Rape Elimination Act Report on the agency website at http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea. The Agency Head indicated they approve all PREA Annual Reports, and those reports are posted to the agency website. </p> <p data-bbox="242 1753 1474 1850"> <u>115.388 (d)</u> – The PREA Coordinator advised they do not include any personally identifying information in either the Annual IDJC Prison Rape Elimination Act Report or the Facility PREA Report. As a result, redaction is not required. This auditor reviewed both reports and found no personally identifying information in either report. </p>

115.389	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p><u>Interviews conducted:</u></p> <p>*PREA Coordinator</p> <p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Quality Improvement Services Handbook</p> <p>*Annual IDJC Prison Rape Elimination Act Report, 2021</p> <p>*JCC-Lewiston 2021 Facility PREA Report</p> <p>*Data Storage-PREA Retention Schedule</p> <p><u>115.389 (a)</u> – The Quality Improvement Services (QIS) Handbook, Page 2, Section 7 states, "The Agency PREA Coordinator shall retain all written reports related to PREA allegations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed to a juvenile and applicable law requires a shorter period of retention. All documentation shall be maintained in a secure location." According to the PREA Coordinator, they securely retain all incident-based and aggregate data in a limited access electronic file. This auditor observed the PREA Coordinator accessing the data on a password-protected computer account, with access limited to agency administration.</p> <p><u>115.389 (b)</u> – This auditor accessed the Annual IDJC Prison Rape Elimination Act Report on the agency website at http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea. This report included PREA data for the agency's contracted placement facilities.</p> <p><u>115.389 (c)</u> – The PREA Coordinator advised they do not include any personally identifying information in either the Annual IDJC Prison Rape Elimination Act Report or the Facility PREA Report. As a result, removal of personal identifiers is not required. This auditor reviewed both reports and found no personally identifying information in either report.</p> <p><u>115.389 (d)</u> – The Data Storage-PREA Retention Schedule reflects the agency maintains sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of case closure.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 464 297"><u>Documents reviewed:</u></p> <ul style="list-style-type: none"> <li data-bbox="240 329 496 356">*Pre-Audit Questionnaire <li data-bbox="240 387 416 414">*Agency Website <li data-bbox="240 445 740 472">*IDJC Policy No. 675, Privileged Communications <li data-bbox="240 504 373 530">*Site Review <p data-bbox="240 562 1437 620"><u>115.401 (a)</u> – The agency website reflects all three state-operated facilities were audited in the last audit cycle, calendar years 2017-2020.</p> <p data-bbox="240 651 1453 777"><u>115.401 (b)</u> – The agency website reflects the PREA Audit Reports for the three state-operated facilities. The facility provided the PREA Audit Reports for its four contracted placements. Since August 20, 2013, the agency ensured at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, has been audited.</p> <p data-bbox="240 808 1469 866"><u>115.401 (h)</u> – This auditor was allowed access to all areas of the audited facilities and was able to make observations in all areas of the facility.</p> <p data-bbox="240 898 1422 956"><u>115.401 (i)</u> – This auditor was able to request and receive copies of any relevant documents. The facility provided this auditor access to electronically stored information and the facility uploaded additional documentation through the OAS.</p> <p data-bbox="240 987 1075 1014"><u>115.401 (m)</u> – This auditor was allowed to conduct private interviews with residents.</p> <p data-bbox="240 1046 1485 1377"><u>115.401 (n)</u> – This auditor provided the facility with audit notices in English and Spanish on July 11, 2021, and received date stamped photographic confirmation the audit notices were posted on July 14, 2021. Audit notices were therefore posted 12 weeks prior to the on-site audit. This auditor observed the audit notices posted in all three housing units during the site review and confirmed residents were aware of the audit postings during random resident interviews. This auditor received no confidential correspondence from residents prior to or following the on-site audit. The IDJC Policy No. 675, Privileged Communications, Page 1, Section 2 states, "Mail – Incoming or outgoing privileged correspondence is treated as privileged mail only if the name and official status of the sender appears on the envelope. Privileged correspondence is exempt from the standard procedures for inspection. In no case is privileged mail read by staff. If there is a suspicion of abuse of privileged correspondence, or contraband suspected, the mail is opened by the juvenile with staff present. The facility pays postage for all privileged mail sent by first class postage. It does not pay for registered, certified, nor insured mail."</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p><u>Documents reviewed:</u></p> <p>*Pre-Audit Questionnaire</p> <p>*Agency Website</p> <p><u>115.403 (f)</u> – The final PREA Audit Reports for the three state-operated facilities are accessible by link on the agency website.</p>

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	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
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes

115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes

115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities)	yes
115.315 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.315 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes

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

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

115.316 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes

115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	no
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	na

115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes

115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	no
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes

115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked 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
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes

115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	no
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	no
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	no
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes

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

115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes
115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes

115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	no
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371 (f)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes

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

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

115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes
	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes

115.381 (c)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na

115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	no
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes