

PREA AUDIT: AUDITOR'S SUMMARY REPORT JUVENILE FACILITIES

INTERIM FINAL



AUDITOR INFORMATION			
Certified Auditor:	Kurt Pfisterer		
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Dates of on-site audit:	January 13-15, 2015		
FACILITY INFORMATION			
Name of Facility:	Nampa Juvenile Correctional Center		
Physical Address:	1650 11 th Ave. North, Nampa Idaho, 83687		
Facility Mailing Address:	Same		
Telephone number:	(208) 465-8443		
This Facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for Profit
	<input type="checkbox"/> Private not for Profit		
Facility Type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of Facility's Chief Executive Officer: Lynn Viner [REDACTED]			
Number of staff assigned to the Facility in the past 12 months: 157			
Designed Facility Capacity: 84			
Current Population of Facility: 56			
Age Range of the Population: 11 - 20			
Name of PREA Compliance Manager: April Horak		Title: Quality Improvement Program Specialist	
Email Address: [REDACTED]		Telephone: [REDACTED]	
AGENCY INFORMATION			
Name of Agency:	Idaho Department of Juvenile Corrections		
Governing Authority or Parent Agency:	Idaho Department of Juvenile Corrections		
Address:	954 W. Jefferson P.O Box 83720 Boise, Idaho		
Telephone Number:	(208) 334-5100		
AGENCY CHIEF EXECUTIVE OFFICER			
Name:	Sharon Harrigfeld	Title: Director	
Email Address:	[REDACTED]	Telephone: [REDACTED]	
AGENCY WIDE PREA COORDINATOR			
Name:	Joe Blume	Title: Correctional Program Coordinator	
Email Address:	[REDACTED]	Telephone: [REDACTED]	

NARRATIVE: The Nampa Juvenile Corrections Center is a secure 84 bed coed facility operated by the State of Idaho. The on-site portion of the PREA Audit took place January 13-15, 2015 and covered the audit period of January 13, 2013 to January 13, 2015. On the morning of January 13, 2015 this auditor entered the facility for purposes of conducting an on sight tour of the facility and interviewing youth, staff, volunteers and contractors. The facility provided a list of all staff by shift and employee job categories and a list of all youth by housing unit. Prior to arrival this auditor reviewed pertinent agency policies, procedures, and related documentation used to demonstrate compliance with the Juvenile Facility PREA Standards. The pre-audit review of documents contained in the Pre-Audit Questionnaire submitted by the facility prompted few questions. Answers to those questions were submitted to this auditor by the facility staff and any additional remaining questions were resolved during the audit. This auditor interviewed thirteen (ten male and three female) of the current 56 youth. Length of stay for those interviewed ranged from three days to 12 months. There were two youth who identified themselves as lesbian, bisexual, gay, transgender or intersex youth one youth who needed translation services. No youth had specifically requested to speak with this auditor nor had this auditor received any written correspondence from youth or staff.

During the tour, additional questions were answered by executive and upper-level management staff. Staff and youth interviews followed and were conducted privately in a room with video surveillance. There are no SANE or SAFE staff employed at the facility. These services are available at the local hospital through an agreement. This auditor reviewed the Memorandum of Understanding (MOU) between the facility and Nampa Family Justice Center to provide SANE and SAFE services, and crisis counseling. This auditor interviewed members of the incident review team and the staff member charged with monitoring retaliation. Administrative investigations (sexual harassment only) are conducted by trained IDJC staff and criminal investigations are conducted exclusively by the Nampa Police Department. There were no volunteers or contractors interviewed as none were at the facility or available during the audit. The agency Executive Director had been previously interviewed in a recent PREA audit and the information from that interview was made available to this auditor.

DESCRIPTION OF FACILITY CHARACTERISTICS: The Nampa Juvenile Corrections Center is an 84 bed secure juvenile correctional facility operated by the Idaho Department of Juvenile Corrections (IDJC). The facility consists of two brick and mortar structures within a secure, fenced perimeter. The facility's physical plant was purpose-built as a juvenile correctional facility. The main building contains the housing units, school, medical department, food service, gym and administrative offices. The second building contains the facility's maintenance department. There are three distinct programs within the Nampa JCC; the Observation and Assessment Program, Choices and Solutions.

The Observation and Assessment Program is comprised of three 8-bed housing units. This program serves as the reception center for all youth placed with the IDJC. The program is short-term with an average length of stay of 28 days. The program serves adolescent females and males. On the first day of the audit there were 9 youth in the program (8 male and 1 female).

Choices is comprised of three 12-bed housing units. On the first day of the audit there were 25 youth in the program. The Choices program provides individualized rehabilitative treatment specifically designed to treat juvenile offenders between 14 and 19 years of age who have serious drug and alcohol as well as other behavioral problems. Exceptions to the age range can be made on a case-by-case basis. The treatment program follows a philosophy that believes effective treatment for juvenile

offenders with substance abuse and behavioral disorders involves a holistic approach. This approach includes attention to emotional growth, family relations, academic success, social supports, and cultural diversity along with physical and psychological healing. Credentialed, addiction counselors work with other professionals to provide a safe, balanced and flexible treatment environment.

The Therapeutic Community (T.C.) is the structure utilized in the Choices program. Therapeutic communities produce an environment that is immediately safe and functional, as well as challenging and supportive of meaningful life changes, sustained sobriety, and "right living." The therapeutic community structure generalizes to successful living in society. The Choices program T.C. emphasizes education as a means to rehabilitate juvenile offenders across all disciplines. Highly qualified clinical, educational, medical, and rehabilitation staff all are committed to facilitating the juvenile offender's successful completion of the rehabilitation program and reintegration into the home community. As a team, staff members educate youth through direct instruction, role modeling, group processing, individual therapy and group activities that facilitate and provide real opportunities for youth to practice and generalize pro-social skills.

The Solutions program consists of a 12-bed unit for females and a 12-bed unit for males. There were 21 youth in the program on the first day of the audit (12 males and 9 females). The typical length of stay in Solutions is 12-15 months. The Solutions program that is tailored to meet the mental health and substance abuse needs for juveniles committed to the Idaho Department of Juvenile Corrections. Youth in the Solutions program struggle with extreme emotional responses, impulsivity/harmful behaviors, and extreme thinking.

Solutions is a therapeutic community that promotes individual change and positive growth. This is accomplished through creating a community of positive peers working together to help themselves and each other. Youth learn to become members of the Solutions community and play a role in managing the community and act as positive role models for others.

Solutions utilizes Dialectical Behavior Therapy (DBT). DBT is a form of behavioral therapy that teaches youth the skills necessary to regulate emotions, avoid self-destructive behaviors, cope with difficult life situations, and improve interpersonal skills. Solutions offers DBT skills training groups that teach juveniles how to better regulate their emotions and how to replace dysfunctional coping strategies with more effective behaviors that create a life worth living.

The program maintains 24 hour supervisory coverage as well as an On-Call Administrator.

SUMMARY OF AUDIT FINDINGS: Auditor arrived at the facility the morning of January 13, 2015. An entrance meeting was held with the Facility Superintendent, Education Supervisor, PREA Compliance Manager, Safety and Security Supervisor, Clinical Supervisor, Unit Managers, Maintenance Supervisor and the IDJC PREA Coordinator.

A complete tour of the facility took approximately one and a half hours. All areas were well maintained. The facility has a video surveillance system. The system provides coverage of the gym/cafeteria, all housing units, hallways and education areas. There are no cameras in the youths' rooms. There is a camera view of all doors in areas where youth are permitted. Observed staffing (6: 1), while this auditor was on site exceeds the standards requirement of 8: 1. For the most part showers and bathrooms are for individual use. The units with double showers are appropriately partitioned for

privacy. This was confirmed by all staff and youth interviewed, and observation of practice. Sight lines were excellent in all housing areas (there are no unmitigated blind spots on the housing units).

Youth were observed during work details, in school, during movement, and at meals. Observations of staff supervision practices were consistent with the agencies policies.

The PREA screening for risk is conducted by the clinical staff on the date of admission, and documented. All youth interviewed acknowledged being screened on the date of admission as well as being seen by medical staff within one hour of admission.

Administrative investigations regarding allegations of sexual harassment are conducted by trained facility investigators. Interviews with investigators confirmed an aggressive response to all allegations of harassment. Criminal investigations of sexual abuse and assault are conducted by the Nampa Police Department. Telephone and email contact with the Deputy Chief of Police confirm that there were no incidents of sexual abuse or assault during this audit period. Forensic examinations and evidence collection are performed at the Nampa Family Justice Center. An MOU is in place to provide victims services.

This auditor interviewed the following staff titles (number in parentheses indicates more than one staff in that title was interviewed):

- Facility Director
- Clinician
- Unit Manager
- Intake Manager
- IDJC PREA Coordinator
- Nurse Administrator
- Rehabilitation Technician (7)
- Rehabilitation Specialist (4)
- Maintenance Supervisor
- Facility Investigator (2)
- Human Resource Manager
- Facility PREA Compliance Manager

Random direct-care staff were selected for interviews to include staff from all housing units. Experience levels ranged from two to over 19 years. All presented as very knowledgeable about their jobs and highly dedicated to keeping youth safe. The agency's commitment to PREA was also very evident during interviews. Staff members were not only aware of their agency's policies and procedures, but were able to discuss PREA and how it related to the overall mission of the program and the agency's mission as a whole.

All staff members knew their obligations as mandated reporters and first responders. All felt well supported by facility management, and had no fear regarding retaliation for reporting abuse. All staff have received PREA specific training as first responders and all knew what to do if they were a first responder. All felt empowered to proactively address issues related to sexual violence and were able to describe actions they would take to prevent and/or deter possible acts of sexual violence.

A total of 13 youth at the program were interviewed, and included youth from all housing units. Ages ranged from 13 to 18 years. There were no youth currently at the facility that had made an allegation of abuse. There was one youth interviewed who had reported an allegation of sexual harassment. Per this youth, and confirmed via interview with the facility investigator, the allegation was investigated and responded to appropriately (as required by the standards). There were two youth at the program who identified as LGBTI (one male and one female). Both expressed no concerns regarding their treatment, access to programs and services, housing assignment or personal safety. One youth, who did not speak English, was interviewed via an interpreter. He had only been in the program for three days, but knew about PREA, his right to be free from abuse and all methods of reporting abuse. All but two youth acknowledged being asked about sexual orientation upon admission. All youth interviewed had extensive knowledge of the right to be free from sexual abuse, assault or harassment. All youth were aware of multiple methods for reporting abuse, although only one had ever had the need to use them. All youth acknowledged being screened upon admission (screening actually occurs on date of admission, which far exceeds the standard) and receiving information upon admission on their right to be free from abuse in any form. Only one youth reported ever having fear for their safety while at the facility. All said they currently felt safe at the facility.

The quality and organization of the documentation provided to this auditor was outstanding. The pre-audit questionnaire completed by the IDJC State-Wide PREA Coordinator is one of the best I have ever received. The referenced documents in the questionnaire were provided on a thumb-drive.

The organized manner in which the interviews were facilitated by the PREA Compliance Manager and the IDJC State-Wide PREA Coordinator made the process go very smoothly and allowed for lengthy interviews with no wasted time in between.

The only standard found to be non-compliant related to the screening of youth for risk and the requirement to ask youth specifically about their gender identity. While the majority of youth acknowledged being asked the question during screening, the agency policy states that the information may only be gained through voluntary spontaneous disclosure. Further, the screening instrument used by the agency does not contain the question.

The Nampa Juvenile Correctional Center is an excellent juvenile justice facility. The scope of this audit (PREA compliance) does not afford the opportunity to go into all the positive aspects of the program.

STANDARDS DETERMINATION TOTALS:

Exceeds Standard – 1 (One) Standards or approximately 2% of total standards.

Meets Standard - 40 (Forty-one) Standards or approximately 96% of total standards.

Does Not Meet Standard – 1 (One) Standards or 2% of total standards

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

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

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.

The Idaho Department of Juvenile Corrections’ (IDJC) PREA Compliance Policy 914, page 1, second paragraph of the policy statement clearly articulates the agency’s zero tolerance policy. Agency and facility organization charts clearly depict the roles of State-wide PREA Coordinator and Facility PREA Compliance Manager. Interviews with the PREA Coordinator and Compliance Manager proved their knowledge of the PREA standards and their commitment to the implementation of the PREA standards. Additionally, the IDJC is undergoing PREA compliance audits even though the Governor of Idaho declined to certify or assure compliance as a state entity. Notice of the PREA compliance audit was posted on all living units and other prominent locations throughout the facility.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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.

This auditor was provided with copies of contracts the State of Idaho has for the confinement of juvenile justice youth. The contracts clearly require full compliance with the PREA standards as a condition of the contract. The Nampa Juvenile Corrections Center does not enter into such contracts.

Standard 115.313 Supervision and monitoring

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

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.

IDJC policies 608, Juvenile Supervision, and 621, Duty Officer Responsibilities, were reviewed by this auditor. Policy 608 requires Nampa JCC to have a staffing plan in compliance with the PREA standards and that the plan is reviewed annually. The facility has a staffing plan which was provided to this auditor. Documentation of annual review of the plan was also provided. Policy 621 requires unannounced rounds (page 3, section I,B4). This auditor was provided documentation of these rounds and interviews with supervisory staff confirmed that they occur. There is a video surveillance system which provides video coverage of all housing units, program areas and hallways. The system has a video retention period of at least 14 days. Observed staffing ratios of 6 : 1 during the on-site audit exceeded the standards during program hours. Over-night staffing in compliance with the standards was documented on staffing schedules, housing unit logs as well as interviews with staff and youth. The facility noted on the Pre-Audit Questionnaire that there are instances of deviations from the staffing plan due to training, vacations, Family Medical Leave and other types of leave. These ratios do not become effective until October 2017 and therefore the facility is currently in compliance with this standard.

Standard 115.315 Limits to cross-gender viewing and searches

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

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.

Per IDJC Policy 620, Contraband Acquisition & Disposition/Searches, Page 3, Section IV.B.2, cross gender searches of any kind are prohibited. All random staff interviewed confirmed that cross-gender searches do not occur. IDJC Policy 672, Non-Discriminatory, Developmentally-Sounds Treatment of Lesbian, Gay, Bi-sexual, Transgender and Intersex Youth, section 1, A, prohibits searching youth for the purpose of determining if the youth is transgender or intersex. All of the youth interviewed denied ever being searched for this purpose. There are no cameras in bathrooms, showers or youth rooms. IDJC Policy 608, Juvenile Supervision, Page 2, Section I.G, provides for all youth to shower separately. All youth interviewed acknowledged that they have privacy when showering, toileting and changing clothes. With the exception of two living units, all showers are for individual use. The units with double showers are appropriately partitioned. It was recommended to the facility that half-shower curtains (curtains that leave the youth visible from the knee down) be added to supplement the shower stall doors. This would improve the youths' sense of privacy while showering.

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

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

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.

IDJC Policy 640, O&A Intake, page 2, section V.F, requires compliance with this standards. It further states on the same page that the use of resident interpreters is prohibited. This auditor received copies of intake materials in Spanish. The facility has multiple Spanish speaking staff. A language interpretation service is available for other languages should the need arise. This auditor interviewed the one youth in the program who does not speak English. There was no delay in the youth being presented for the interview along with his interpreter. This youth was knowledgeable about PREA and his right to free from any form of abuse. He knew multiple ways to report abuse. It should be noted that this auditor had previously interviewed the youth’s interpreter as a part of the random staff interviews. The way the youth phrased answers to my questions was different than how his interpreter phrased answers to similar questions. To this auditor that is an indication that the interpreter was accurately translating the youth’s answers.

Standard 115.317 Hiring and promotion decisions

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

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.

IDJC Policy 340, Criminal History Background Checks, Page 1, policy statement, complies with all parts of this standard. Documentation of background checks and re-checks were provided to this auditor. During the past year all new employees who were hired received background checks, to include child abuse registries. Background checks are conducted according to the Idaho Police Officer Standards and Training (POST) IDAPA rule 11.11.01.055 of the POST Council Criminal Records. The Human Resources Department Head at the facility was interviewed and confirmed adherence of the required applicant background processes which ensured all individuals being considered for employment (including contract staff) and all existing staff considered for promotions are free of legal charges, convictions and civil or administrative adjudications of sexual abuse/harassment. Material omissions of sexual abuse or harassment incidents or the provision of materially false information are grounds for termination.

Standard 115.318 Upgrades to facilities and technologies

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

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.

There have been no physical plant upgrades or renovations during this audit period. The facility did upgrade some of its cameras to improve picture quality and added a camera to an area that was cited as a potential problem area.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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.

IDJC Policy 865, Sexual Assault, was reviewed by this auditor. The policy addresses all aspects of this standard. There were no instances of sexual abuse or assault during this audit period, and therefore there was no documentation to review. Physical evidence collection of criminal acts and forensic examinations are not conducted by facility staff. All staff are trained to preserve incident scenes and measures to prevent evidence from being destroyed. This was confirmed via interviews with random staff and IDJC trained investigators. Criminal investigations are conducted by the Nampa Police Department. There is an MOU for evidence collection and forensic examinations with the Nampa Family Justice Center. There were no instances of sexual abuse or assault during this audit period. This was confirmed with the Nampa Police Department.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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.

IDJC Policy 911, PREA Investigations was reviewed by this auditor. The policy meets all the requirements of this standard. It requires that all allegations of sexual harassment and sexual abuse be investigated. It requires that allegations that may be criminal in nature be referred to law enforcement and provides clear guidance for when IDJC may conduct an administrative investigation once a referral to law enforcement has been made. All IDJC staff are mandated reporters of abuse and all staff interviewed were aware of their obligations to report abuse under Idaho law. The facility reported 37 allegations of sexual harassment during this audit period. One of these allegations was referred to the Nampa Police Depart for investigation. The Nampa Police Department determined that this allegation was unfounded. None of the allegations rose to the level of sexual harassment as defined by the PREA standards (the standards specifically state “repeated” as a condition of the definition). Nampa JCC is intentionally reporting and investigating single occurrences of sexual harassment in order to improve the conditions of confinement at the facility as they relate to PREA compliance, and they should be applauded for their efforts.

Standard 115.331 Employee training

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

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.

IDJC Policy 914, PREA Compliance, addresses all aspects of this standard. All staff interviewed acknowledged that they had received the initial training and refresher training. Documentation was provided to this auditor confirming staff completes a post training test to confirm understanding of the material presented. Contract employees and volunteers complete the training. All staff interviewed were aware of their obligations related to the agency’s PREA policy, their obligations as mandated reporters of abuse, their duties as a first responder and agency protocols related to evidence collection.

The training curriculum utilized by the facility meets all aspects of this standard as follows:

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

Standard 115.332 Volunteer and contractor training

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

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Per IDJC policy and confirmed via interview with the Nampa JCC Human Resources department head, all volunteers and contractors receive the same training as employees of IDJC. There were no contractors or volunteers available at the time of the on-site audit.

Standard 115.333 Resident education

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

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.

IDJC's resident education video is posted on the agency website in both English and Spanish versions. Youth receive materials about PREA and their rights to be free from abuse upon admission. This document is available in English and Spanish. This initial handout is reviewed with youth by intake staff and the youth signs an acknowledgement that they understood the material presented. All youth interviewed were aware of the right to be free from abuse and multiple means of reporting allegations of abuse. This included the non-English speaking youth who had only been in the facility for three days. As the reception center for all IDJC youth, JCC Nampa does not receive transfers from other IDJC facilities. All youth entering the facility receive the training. Posters, in both English and Spanish were clearly visible on all living units and throughout the facility.

Standard 115.334 Specialized training: Investigations

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

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.

IDJC Policy 914, PREA Compliance Page 3. Section II. E, mandates that its investigators receive specialized training as per the standard. Documentation of completion of the National Institute of Corrections (NIC) PREA investigators training was provided to this auditor. This auditor interviewed two facility staff that had been trained as investigators. Both were knowledgeable of the training they received and the agency’s protocols related to PREA investigations. IDJC investigators do not investigate criminal allegations. These are handled by the Nampa Police Department. Nampa JCC has ample documentation of the efforts to inform the Nampa Police Department of the PREA standards.

Standard 115.335 Specialized training: Medical and mental health care

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

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IDJC Policy 914, PREA Compliance, Page 3. Section II. E, mandates specialized training for medical and mental health staff as per the PREA standards. Documentation of this training, including training for contract providers and interns, was provided to this auditor. One medical staff member was interviewed Nampa JCC medical staff does not conduct forensic examinations or collect evidence. The agency’s protocol is to preserve/avoid destruction of evidence and then transport to the Nampa Family Justice Center. The Nampa Police Department is also notified.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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.

IDJC Policies 640, O&A Intake, page 3. Section V. H, and 404, O&A Evaluations, page 2. Section 2.E.2, address the standards related to screening youth for risk of victimization and abusiveness. Youth are administered the Risk of Sexual Victimization/Perpetration (RSVP) screener within 72 hours of intake by clinical staff. While the policy allows for 72 hours from time of admission, the majority of the youth interviewed stated that screening occurred shortly after admission. The RSVP screening instrument addresses all required elements except gender identity. The RSVP does not consider sexual orientation or gender non-conforming behavior as risk factors for abusiveness. 11 of the 13 youth interviewed acknowledged being asked questions related to gender identity, however IDJC Policy 672 does not appear to allow for staff to ask gender identity questions. Due to the conflicting policies this standard was deemed non-compliant and a corrective action plan was developed.

CORRECTIVE ACTION PLANS

Standard	Deficiency	Action(s) Needed	Documentation
115.431	Screening instrument does not include question about gender identity.	Add gender identity question to instrument.	Copy of revised form and notification to Nampa by IDJC of need to use revised form.
115.431	IDJC Policy 672 does not allow for staff to ask gender identity question.	Amend policy to require the gender identity question.	Copy of amended policy and notification to Nampa by IDJC of need to comply with revised policy.

Revised policy and form were submitted to this auditor for review. Both were deemed to address the deficiency noted. Formal notice from IDJC advising Nampa JCC of the policy revision and revised form was provided to this auditor. As the practice already existed (as confirmed via youth interviews) and the issue was strictly related to the conflict between policies, this standard is now deemed to be compliant.

Standard 115.342 Use of screening information

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

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.

IDJC Policy 404, O&A Evaluations, page 5, section 4.D.E.F.G addresses how the information obtained during screening is utilized to inform programming and housing decisions. Isolation, as it relates to this standard, was not used during this audit period. There is a policy (IDJC Policy 604, Special Management Interventions, page 1) in place to cover this standard. Two youth who identified as LGBTI were interviewed and neither youth believed they were placed on a housing unit because of their gender identity. The youth resided on different housing units. IDJC Policy 672, Non-Discriminatory, Developmentally-Sound Treatment of Lesbian, Gay, Bisexual, Transgender & Intersex Youth, page 3. section V.A.I & section V.A.II, prohibits youth from being assigned to a housing unit based on gender identity and prohibits gender identity from being used as a risk factor for abusiveness.

Standard 115.351 Resident reporting

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

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.

All youth interviewed knew multiple means (tell staff, 800 number, tell parent, call lawyer, file grievance) to report abuse of any kind. All knew where to find the 800 number to report abuse outside the agency. One youth interviewed had reported sexual harassment by other youth. This youth's description of how they allegation was addressed by the facility supports compliance with this standard and the standards related to investigations. Youth receive a handout at admission regarding how to report abuse and there are posters throughout the facility and on all housing units (in English and Spanish) with the information. All staff are mandated reporters of abuse per IDJC Policy 914, PREA Compliance, page 2, section I.F. All staff interviewed were aware of their obligations as mandated reporters. IDJC Policy 675, Privileged Communications addresses multiple means for youth to report abuse outside the facility and the agency, as well as the youth's right to privacy and anonymity if they so choose.

Standard 115.352 Exhaustion of administrative remedies

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

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.

IDJC Policy 671, Juvenile Grievances complies in full with this standard. A review of grievance records and interview with the Nampa JCC PREA Compliance Manager confirm that there were no grievances filed related to sexual abuse during this audit period. All youth interviewed were aware of the grievance procedures and several had filed grievances (un-related to sexual abuse). Of this group, all but one youth believed the grievance process was an effective means of resolving issues with peers and staff. The one youth who did not find the process effective cited not getting the housing unit transfer requested in the grievance as the reason for the dissatisfaction.

Standard 115.353 Resident access to outside confidential support services

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

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.

Nampa JCC has a Memorandum of Understanding with the Nampa Family Justice Center for the provision of these services. IDJC Policy 675, Privileged Communications, page 3, section IV, addresses access to these services. Interviews with medical and clinical staff confirmed that youth are advised about confidentiality to prior to accessing the services. Information is provided to youth in the follow:

- JCCN OA Handbook page 11
- PREA Basic's for Juvenile PowerPoint Training-Slide 9
- PREA Posters are on display in all living units & common areas throughout the JCC-Nampa Facility. These display the contact information (phone # & mailing address for juveniles to contact.

Standard 115.354 Third-party reporting

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

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.

IDJC's public website has a "contact us" feature, with a prompt to contact IDJC if sexual abuse or harassment is suspected. <http://www.idjc.idaho.gov>

Standard 115.361 Staff and agency reporting duties

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

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.

IDJC Policy 914, PREA Compliance, page 1, section I.B and page 4, section VI (A-C) address the requirements of this standard. All staff are mandated reporters and staff interviewed were aware of the obligations as mandated reporters. Documentation of verbal reports of abuse being documented by staff was provided to this auditor. All staff, volunteers and contractors receive training regarding mandated reporting.

Standard 115.362 Agency protection duties

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

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.

IDJC Policy 914, PREA Compliance, page 3, section VI.A, addresses the requirements of this standard. There were no instances of a youth being determined to be in substantial risk of imminent sexual abuse. All staff interviewed were able to articulate means that they would use to protect youth should this occur.

Standard 115.363 Reporting to other confinement facilities

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

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.

IDJC Policy 914, PREA Compliance, page 4. section VII. A, complies with this standard. JCC Nampa did not receive any reports of youth being sexually abused at another confinement facility during this audit period and therefore had no documentation to show this auditor regarding such actions.

Standard 115.364 Staff first responder duties

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

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.

All staff, volunteers and contractors receive training regarding first responder duties. IDJC Policy 914, PREA Compliance, page 3, section IV. A-C, complies with this standard. There were no instances of sexual assault during this audit period, therefore there is no documentation of staff performing these duties. All staff interviewed were able to articulate their first responder duties.

Standard 115.365 Coordinated response

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

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.

A copy of Nampa JCC’s coordinated response plan was provided to this auditor. There were no instances of sexual assault during this audit period and therefore there was no documentation of the plans use available for review.

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

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

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.

There have been no new collective bargaining agreements entered into by Nampa JCC or IDJC on behalf of Nampa.

Standard 115.367 Agency protection against retaliation

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

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.

IDJC Policy 307, Harassment and Discrimination, page 6, Section V & VI, addresses this standard. The designated staff member to monitor for retaliation is the Facility PREA Compliance Manager. The Facility PREA Compliance Manager was interviewed regarding this standard. Facility PREA Compliance Manager maintains an impressive set of tracking records for this audit period. The incidents being tracked do not rise to the level of sexual harassment as defined in the standards. Regardless, the incidents are tracked, followed up on and documented. This is commendable.

Standard 115.368 Post-allegation protective custody

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

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.

There were no instances of sexual abuse during this audit period. Nampa JCC did not use isolation for the purpose of this standard during this audit period.

Standard 115.371 Criminal and administrative agency investigations

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

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.

IDJC and Nampa JCC do not conduct investigations of allegations that rise to the level of criminal behavior. These are conducted by the Nampa Police Department. IDJC Policy 911, PREA Investigations, complies with this standard relative to administrative investigations. IDJC investigators completed PREA investigations training through the NIC and follow the protocols there in when conducting investigations related to allegations of sexual harassment. Interviews with Nampa JCC investigators and a review of prior sexual harassment investigation reports confirmed their understanding of this policy and their training. Nampa JCC has made documented efforts to advise the Nampa Police Department of the requirements of this standard.

Standard 115.372 Evidentiary standard for administrative investigations

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

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.

Per IDJC Policy 911, PREA Investigations, page 2, section IV.B, a preponderance of evidence is the standard. Interviews with Nampa JCC investigators confirmed their understanding of “preponderance of evidence” being the standard. A review of sample investigation reports confirmed this as well.

Standard 115.373 Reporting to residents

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

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.

There were no instances of sexual abuse alleged to have occurred during this audit period. There were allegations of sexual abuse that occurred prior to this audit period that were investigated during this audit period. Those allegations are not a part of this audit and are not being addressed regarding current compliance considerations. IDJC Policy 911, PREA Investigations, page 2, section IV.B.2, meets the requirements of this standard. No youth who made allegations of sexual abuse were still at the facility to receive notification under this standard.

Standard 115.376 Disciplinary sanctions for staff

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

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.

IDJC Policy 914, PREA Compliance, page 1, Section I.D, addresses the requirements of this standard. There were no instances of sexual abuse, assault or harassment by Nampa JCC staff occurring during this audit period, and therefore there was no documentation to review for compliance.

Standard 115.377 Corrective action for contractors and volunteers

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

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.

IDJC Policy 914, PREA Compliance, page 1, Section I.D, addresses the requirements of this standard. There were no instances of sexual abuse, assault or harassment by Nampa JCC contractors or volunteers occurring during this audit period, and therefore there was no documentation to review for compliance.

Standard 115.378 Disciplinary sanctions for residents

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

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.

Each program component within Nampa JCC (Choices, O&A, and Solutions) has a youth handbook that outlines various levels of rule violations and the possible sanctions for such violations. Based upon the therapeutic nature of the Choices and Solutions programs the general tenor of responses are therapeutic in nature. In other words, behavioral change is the goal versus punitive actions. The O&A program, which serves as the reception center for the IDJC, also includes due process protections. Based upon the fact that Nampa JCC’s primary goal related to disciplinary sanctions in response to rule violations is treatment oriented this auditor finds this standard to be in compliance.

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

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

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.

Youth admitted to Nampa JCC are screened by medical staff within 30 minutes of arrival and receive a full medical examination within three hours. All youth interviewed confirmed that they were seen by medical staff shortly after arrival at the facility. Interview with medical staff confirmed that screening includes history of sexual abuse. Clinical staff then conducts the RSVP screening on date of admission. Per medical staff interview, youth have access to all the same medical services available to youth in the community. When a disclosure of prior abuse occurs, and services are offered by Medical and Mental Health staff, this is documented in the Observation and Assessment report, in the IJOS contact notes and on a Notification of Disclosure (IDJC 131) form.

Standard 115.382 Access to emergency medical and mental health services

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

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.

The Nampa JCC Coordinated Response Plan addresses the requirements of this standard. IDJC Policy 914, PREA Compliance, page 2, section I.M also requires that youth medical and mental health needs are met. The MOU with Nampa Family Justice Center clearly states that services will be provided to the youth free of charge. There were no incidents of sexual abuse or sexual assault occurring at Nampa JCC during this audit period, and therefore there was no documentation to be reviewed.

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

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

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.

There were no incidents of sexual abuse or sexual assault occurring at Nampa JCC during this audit period. In the event that an incident was to occur the victim would receive services from the Nampa Family Justice Center (a community provider). As previously noted, service from the Nampa Family Justice Center are provided at no cost to the victim. All ongoing medical care beyond the scope of facility medical staff would be provided by community providers. The youth would have the option of facility clinical staff or community providers for ongoing mental health services.

Standard 115.386 Sexual abuse incident reviews

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

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.

There were no incidents of sexual abuse or sexual assault occurring at Nampa JCC during this audit period. However, Nampa JCC conducts incident reviews for substantiated incidents of sexual harassment. Documentation of these reviews was provided to this auditor. The reviews are completed in a thorough and timely manner. These reviews are clearly above and beyond the requirements of this standard and are a clear example of IDJC’s commitment to improving safety, and therefore this auditor deems that Nampa JCC exceeds this standard.

Standard 115.387 Data collection

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

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.

IDJC Policy 914, PREA Compliance, page 2, section II.B, addresses this standard. Form DJC-262, PREA Incident Review Sheet, is one of the means by which the data is collected. IDJC also maintains electronic records for youth and staff. Combined these systems allow IDJC to access data sufficient to complete the annual survey of sexual violence. The agency's public website was reviewed by this auditor. Aggregate data for all contract and IDJC operated facilities is posted.

Standard 115.388 Data review for corrective action

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

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.

The agency's public website was reviewed by this auditor. The most recent, available annual PREA report for Nampa JCC was posted. The annual report addresses all elements of this standard.

Standard 115.389 Data storage, publication, and destruction

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

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.

The IDJC Quality Improvement Program handbook addresses the data storage requirements of this standard. A review of the data available on the IDJC website supports full compliance for this standard. Aggregate data posted goes back to 2009. There is no individual identifying information contained in the aggregate data or the reports related to the data posted.

AUDITOR CERTIFICATION

This auditor certifies that no conflict of interest exists with respect to his ability to conduct an audit of the Idaho Department of Juvenile Corrections or the Nampa Juvenile Corrections Center.

Kurt Pfisterer/s/
Kurt Pfisterer, Dual Certified PREA Auditor

March 19, 2015
Date