

# PREA Facility Audit Report: Final

**Name of Facility:** Juvenile Correctional Center Nampa

**Facility Type:** Juvenile

**Date Interim Report Submitted:** 10/20/2020

**Date Final Report Submitted:** 04/12/2021

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"/>
<b>Auditor Full Name as Signed:</b> J. Aaron Keech	<b>Date of Signature:</b> 04/12/2021

AUDITOR INFORMATION	
<b>Auditor name:</b>	Keech, Aaron
<b>Email:</b>	akeech37@gmail.com
<b>Start Date of On-Site Audit:</b>	08/24/2020
<b>End Date of On-Site Audit:</b>	08/26/2020

FACILITY INFORMATION	
<b>Facility name:</b>	Juvenile Correctional Center Nampa
<b>Facility physical address:</b>	1650 11th Avenue N., Nampa, Idaho - 83687
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Joe Blume
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<b>Superintendent/Director/Administrator</b>	
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<b>Facility PREA Compliance Manager</b>	
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<b>Facility Health Service Administrator On-Site</b>	
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<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	84
<b>Current population of facility:</b>	51
<b>Average daily population for the past 12 months:</b>	53
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	11-20
<b>Facility security levels/resident custody levels:</b>	1-4
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	128
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	22
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	39

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

Agency Chief Executive Officer Information:	
<b>Name:</b>	Monty Prow
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Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Joe Blume	<b>Email Address:</b>	joe.blume@idjc.idaho.gov

## AUDIT FINDINGS

### **Narrative:**

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

### **Audit Narrative**

The PREA certified audit of the Juvenile Correctional Center- Nampa was conducted by single auditor, J. Aaron Keech, US DOJ Certified PREA Auditor contracted through a single member limited liability company, JAK Correctional Consulting Services LLC. The PREA audit of the Juvenile Correctional Center- Nampa, ("The Facility"), operating under the governing authority of the Idaho Department of Juvenile Corrections, ("The Agency") was scheduled for three days, Monday, August 24 – Wednesday August 26, 2020. The Juvenile Correctional Center- Nampa underwent their first PREA audit on March 21-23, 2017 conducted by PREA auditor Talia Huff. In the Final Report dated September 26, 2017, the Juvenile Correctional Center- Nampa was certified as compliant with the PREA standards.

### **Pre-Audit Phase:**

During the pre-audit phase, on August 7, 2020, an introductory kickoff meeting was held by telephone conference call with the agency PREA Coordinator, facility Compliance Manager, facility Superintendent, and facility Program Manager and the auditor. The purpose of the meeting was to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explain the audit process, establish goals and objectives, and set timelines and milestones throughout the Pre-Audit phase.

On June 11, 2020, the facility received instructions both in English and Spanish to post the required PREA Audit Notice for confidential communications before July 13, 2020, six weeks prior to the on-site phase. On July 7, 2020, the auditor received photographs indicating the required audit notices were posted in various locations throughout the facility. On July 6, 2020, the notices were posted in color with decent sized text, both in English and Spanish versions. Due to the Covid-19 pandemic with limited to no visitation, the agency PREA Coordinator posted the PREA audit notices onto the Idaho Department of Juvenile Corrections website. The audit notices explained that correspondence would be treated as legal mail to ensure confidentiality and privacy. Throughout all the audit phases, this auditor did not receive any written confidential correspondence from facility staff, residents, or parents of the residents.

On July 24, 2020, four weeks before the on-site visit, the Pre-Audit Questionnaire along with supportive documentation was received via the PREA On-line Audit System (OAS) for the auditor to review. The auditor wishes to extend his appreciation to all Agency Staff, PREA Coordinator, facility PREA Compliance Manager, facility Administrative staff and employees of the Idaho Department of Juvenile Corrections for their professionalism, hospitality, and kindness.

The auditor completed a documentation review using the Pre-Audit Questionnaire, internet research, policies and procedures review, and additional supportive documentation. The information necessary for the audit was provided on the PREA Online Audit System (OAS) allowing the auditor to easily review relevant information. The results of the Pre-Audit Questionnaire and supporting documentation review

were shared on an issue log with the agency PREA Coordinator and facility PREA Compliance Manager. The auditor requested minimal documentation relating to procedures and clarification with facility and agency operations. Additional requests for information were exchanged throughout the pre-audit phase. The requested information was provided to the auditor in a timely and efficient manner. Phone conversations were conducted and emails exchanged with the agency PREA Coordinator and facility PREA Compliance Manager to discuss logistics for each phase of the audit process relative to having unimpeded access to the facility, explaining the audit process, establishing goals and objectives and setting timelines and milestones.

On August 17, 2020, the auditor received the staff roster, staff schedule for random and specialized staff for the on-site audit days. The auditor was also provided a complete resident roster in sufficient time. The auditor contacted Just Detention International to inquire if that agency or facility had received any information regarding the facility. A check of their records showed no complaints on file regarding the parent agency or facility. The group was contacted as well, resulting in no reports or complaints regarding the agency and facility. The auditor conducted internet research regarding the facility by searching the internet for any Department of Justice involvement, litigation and federal consent decrees, Bureau of Justice Statistics (BJS) data, local oversight bodies, and news articles resulting in no findings related to sexual abuse or sexual harassment. Again, during all audit phases, the auditor did not receive any written confidential correspondence from facility staff or residents as a result of the posted notices.

#### **Outreach to Outside Advocates:**

The auditor contacted and interviewed the Interim Executive Director from the Nampa Family Justice Center (NFJC) indicated the center provides victim advocates to help victims of abuse create safety plans, file for protection orders, and locate helpful community resources. Many of our partner agencies are on-site, making it easier for survivors to get assistance they need. Partner agencies professionals consist of law enforcement investigators, prosecutors, child protective services workers, medical and mental health professionals, and victim advocates.

The Family Justice Center (FJC) Foundation of Idaho supports the mission and activities of the Nampa Family Justice Center (NFJC). The NFJC assists victims of domestic violence, child abuse and sexual assault. Since its opening in 2005, the NFJC has grown exponentially both nationally and internationally and has served as a model program for other cities looking to open a Family Justice Center (FJC). It is considered one of the "healthiest" Family Justice Centers in the country. In January 2009, the NFJC was awarded national accreditation by the National Children's Alliance as an accredited Children's Advocacy Center (CAC). The NFJC is the only President's Family Justice Center Initiative site, of the original fifteen to gain this accreditation. The center provides services to include case review and tracking, forensic interviews, forensic medical examinations, victim support and advocacy, supportive counseling and community education and awareness services. Victim advocate services are provided by Victim Witness Coordinators with the Nampa Police Department.

In cases of sexual abuse, forensic medical examiners and victim advocates respond to which serves several local hospitals for the facility. Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There are thirteen (13) Sexual Assault Forensic Nurse Examiners (SAFE) that contract with the center. The Interim Executive Director indicated they provide their services to residents free and in a confidential manner. The Interim Executive Director further stated Nampa Family Justice Center has had a long standing relationship with the Juvenile Correctional Center- Nampa Juvenile to develop and update the Memorandum of Understanding Agreement between Idaho Department of Juvenile Corrections, Juvenile Corrections Center- Nampa and the Nampa Family Justice Center. The Interim Executive Director reported that they have not received a call on the hotline

or treated any youth victims from the facility during the past twelve (12) months.

Furthermore, another resource available to the agency/facility are Victim Witness Coordinators (VWCs) who work closely with Nampa Police Detectives in the Persons Crimes Unit on behalf of victims. The VWCs monitor the progress of the investigation and continuously update victims at various stages of the process. The VWC works very closely with victim advocates at the Nampa Family Justice Center. The VWC works with JCC-Nampa by making initial arrangements with the appropriate interviewer whether it is a Nampa Police Department detective or a CARES team member. The VWC attends the interview and follows up with the victim's guardian or family to articulate what was discussed in the interviews and update the family through the investigative process. The VWC provides additional assistance and resources such as counseling and crime victim compensation. The Nampa Police Department recognizes the value of informed victims, and the VWCs work to educate and empower victims by referring them to services, such as crime victim's compensation, counseling, safety planning and additional resources available.

### **On-Site Phase:**

Day one of on-site audit phase began on the morning of Monday, August 24, 2020 at 9:00 a.m. with an entrance meeting with the auditor, Quality Improvement Director, agency PREA Coordinator, facility Superintendent, Program Director, PREA Compliance Manager. With agency and facility administrators present for the entrance meeting, it was evident the agency and facility take PREA implementation very serious, clearly a team approach which resulted in staff buy in to PREA standard compliance. After introductions, a discussion was held about the audit process. The facility tour began at approximately 9:30 a.m. and concluded at 11:30 am. The facility tour was conducted with the PREA Coordinator, Compliance Manager, and the auditor. During the facility tour, the youth grievance system was tested on two different units and later that day the Compliance Manager informed the auditor of receipt and explained the grievance process step by step. The auditor was provided unimpeded access to all parts of the facility, including the administrative suite, intake and admission areas, medical area, staff offices, gymnasium, laundry area, storage rooms, dining area, kitchen, dry food storage, maintenance building, educational classrooms, Solutions living unit, Choices living unit, and the Observation and Assessment unit. During the tour, the telephone and reporting systems were observed and tested for verification purposes and compliance.

Following the tour, the auditor began and continuously interviewed random and specialized residents and staff. Day one concluded after providing a brief overview with the PREA Coordinator and PREA Compliance Manager, which ended at approximately 6:00 pm. On Tuesday, August 25, 2020, day two began at 5:00 a.m. with interviewing overnight random and specialized staff interviews and concluded with a brief meeting highlighting the day's activities at approximately 7:00 p.m. Day three, Wednesday, August 26, 2020 started at 8:00 a.m. with a meeting to discuss the facility issues log noting policy and procedure updates, discussing related questions, and obtaining additional documentation. After the meeting, several remaining responsibilities were completed such as a facility camera review, tests of the telephone reporting system, re-touring the facility's master control area, maintenance area, dry storage rooms, and vocational rooms. The auditor conducted resident file review, staff personnel files, medical and training files, and database review.

For scheduling purposes, an exit conference meeting was held at 3:00 p.m. with the auditor, Quality Improvement Director, Agency PREA Coordinator, facility Superintendent, Program Director, and the PREA Compliance Manager. The auditor gave an overview of the audit and commented on the on-site observations, interviews, and summarized the strengths and weaknesses after completing the pre-audit and on-site audit phases. After all on-site duties and responsibilities were reviewed and completed, day

three ended at approximately 6:30 p.m.

Based on the findings during the pre-audit and on-site phases, the auditor still needed to complete the full evaluation during the evidence review phase of the PREA audit by reviewing all evidence collected, including policies and procedures, observations of routine practices in the facility, what the auditor learned in the course of interviewing staff and residents, and documentation obtained while on-site in order to make a compliance determination for each standard resulting in an interim or final report.

**Tour:**

After the entrance meeting, the facility tour began with the auditor, PREA Coordinator, and Compliance Manager. The auditor was provided unimpeded access to all parts of the facility. The following observations were noted during the tour:

- As required by the auditor, on-site audit notices of the PREA audit were posted throughout the facility in areas accessible to the public such as the lobby and visitation area, intake area, staff break rooms, resident day rooms, and on all resident living units.
- There were several areas where youth had no access to which were the administrative suite, kitchen food preparation and dry storage rooms.
- The facility has five (5) segregated or isolation rooms/cells.
- Throughout the facility, literature and posters showed how residents can make reports of sexual abuse, and ways to report sexual abuse.
- The resident's paper files were kept in a secure area and electronic data was password protected to ensure information was secure.
- PREA information is posted and available in Spanish and English to include reporting information.
- The cameras do not have a line of sight into residents' rooms, or the toilet and showers.
- Cameras were placed strategically throughout the facility in areas to reduce blind spots.
- Bed assignment sheets were located on the living unit indicating resident bed location based on their vulnerability and aggressiveness assessments.
- Unannounced rounds were being conducted on the living units by Intermediate level staff.
- Opposite gender staff do not conduct showers or bathroom breaks and staff posts themselves in a visible area or off the living unit to ensure youth do not leave the area without approval.
- When residents take showers, they are clothed when going to and from the shower area.
- Reporting notices are in areas identifying the hotline name, number, and the purpose to report sexual abuse and offer outside counseling services. School classrooms were observed with proper staff to youth ratios, including the instructor, and residents were well behaved and engaged in classroom instruction.
- When the auditor paused to speak to a resident or staff, it was requested that the staff on the tour please step away so the conversation may remain private.
- The cleanness of the facility was excellent. During the tour, the residents were well behaved, and while randomly speaking with residents, they indicated they are aware of PREA. It was very evident the facility emphasizes order, structure, and staff, and resident safety.
- The auditor had the opportunity to view resident and staff interaction. There was also ample time to observe the nature and quality of resident supervision throughout the on-site audit process, and in all instances the auditor observed appropriate respect on the part of both residents and staff.

**Tour Recommendations:**

*Kitchen/Dry Storage Room-* Located off the kitchen area, just inside the dry food storage room there was



an ice machine which at times residents can access when participating in recreation or large muscle activity. When residents are permitted access, they are supervised by staff. This is a vulnerable area which is accessible by staff and residents. The dry storage room has no camera coverage, and the dry storage shelving limits line of sight if a staff or resident is standing in the rear corner of the dry storage room. The PREA Compliance Manager, in collaboration with the management team placed florescent pink tape on the floor identifying areas that are out of bounds. This change in procedure was shared with all staff during shift change meetings and residents group meetings. The PREA Coordinator provided the auditor with before and after photographs of the correction and confirmed all staff and residents were aware of the change.

*Choices Laundry Room-* During the tour and camera review, there were yellow storage containers stacked blocking the camera view in front and beside the washer and dryer unit creating a blind spot. When point out by the auditor, the containers were relocated and placed on an adjacent shelving unit. The change was verified by reviewing the camera a second time. The PREA Compliance Manager placed a sign to instruct staff not to stack items that can obstruct camera view and cause a blind spot.

*Maintenance area-* This area was identified as a vulnerable area due to its limited camera coverage and being accessible to residents. Even under staff supervision, a safety and security issue exists due to accessibility to tools. This concern was forwarded to the Safety and Security Supervisor and Maintenance is in support of creating signage to provide notice to staff and residents that access in certain areas is restricted. The PREA Compliance Manager noted the area where an additional need for a camera would be beneficial.

*Cloudy Camera-* Camera in the kitchen area had poor visibility due to the lens being foggy and dirty. While the auditor was on-site, the camera lens was cleaned, and the matter was resolved.

### **Random Staff Interviews:**

The auditor selected staff at random from the staffing roster provided by the facility prior to the on-site audit dates. The selections included a cross section of staff to ascertain the training levels of staff in various positions and all shifts. Fifteen (15) Random Staff from all four shifts were selected and formally interviewed while on-site. The auditor was provided a private room within the facility from which to work from and conduct confidential interviews with random and specialized staff. The private rooms were the staff supervisor's office and library located near the dayroom/dining area. Overall, all random staff interviewed revealed they have been trained and educated on PREA and were very knowledgeable of the agency's zero tolerance policy requiring staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, any retaliation against residents and staff, and any neglect or violation of responsibilities that may contribute to an incident.

Knowledgeable strengths from random staff were in the following areas:

- Prohibitions from searching or physically examining a transgender or intersex resident for the sole purpose of determining genital status (115.315),
- Policy and procedures on cross gender pat down searches and searches of transgender and intersex residents, and ability to provide an example of an exigent circumstances that would warrant a cross gender search (115.315),
- Agency's use of resident interpreters when making an allegation (115.316),
- Agency's protocol for obtaining physical evidence if resident alleges abuse (115.321),
- Staff understood the training topics: dynamics of sexual abuse and sexual harassment in confinement and communicating effectively and professionally with residents, including lesbian,

- gay, bisexual, transgender, intersex, or gender nonconforming residents (115.331),
- How can staff privately report sexual abuse of residents and how residents can privately report (115.351),
- Staff reporting requirements and the agency/facility's procedure for reporting (115.361),
- Knowing or learning a resident is at imminent risk and how quickly they take action (115.362),
- First responder duties when alerted that a resident has allegedly been the victim of sexual abuse (115.364).
- Knowledgeable weaknesses from random staff were in the following areas:
  - Policies and practices for opposite gender entering the housing unit and that residents are able to dress, shower, and use the toilet without being viewed by staff of the opposite gender (115.315),
  - Third party reporting, when a resident alleges sexual abuse or sexual harassment, he/she can do so by third party reporting (115.354).

After the on-site visit, staff were re-trained on the above-mentioned topics related to opposite gender announcement when entering the housing unit and staff knowing how residents can make a third-party report in an effort for residents to remain anonymous. The facility PREA Compliance Manager developed staff training material and the PREA Coordinator sent the documentation to this auditor prior to the submission of this report. The information was reviewed by this auditor and the facility is in full compliance of the standards.

#### **Administration/Agency Leadership and Specialized Staff Interviews:**

During the audit phases, specialized staff at the agency level were interviewed on-site and by telephone to include the following: Agency Designee- Director, Agency PREA Coordinator, Facility Superintendent, Youth Program Manager, Facility PREA Compliance Manager, Contract Administrator-Agency Purchasing Agent, Training Specialist, Human Resource Manager, Education Program Manager, Vocational Education Teacher, Instructional Education Specialist, Maintenance Officer, two (2) Investigative Staff (Facility), two (2) Medical Staff (Nurse Manager, Nurse), three (3) Mental Health Clinician, one (1) Mental Health Clinician Supervisor, three (3) Non-Medical Staff Involved in Cross-Gender Strip or Visual Searches, four (4) Intermediate or Higher-Level Facility Staff, four (4) Volunteers, three (3) Contractors, four (4) Staff who Perform Screening for Risk of Victimization and Abusiveness, three (3) Staff on the Sexual Review Incident Review Team, one (1) Designated Staff Member Charged with Monitoring Retaliation, one (1) Staff supervise residents in isolation, one (1) First Responder (Non-Security), four (4) First Responder (Security), two (2) Intake Staff, one (1) Victim Advocate Program Manager, one (1) Victim Witness Coordinator, and one (1) SANE/SAFE Staff, and fifteen (15) Random Staff covering all shifts. The number of targeted or specialized staff interviewed were fifty-two (52) and fifteen (15) Random Staff. The total number of staff interviewed were sixty-seven (67).

Overall, specialized staff interviews revealed that staff is very knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report. Of note, some randomly selected staff serve in one or more specialized roles and duties based on the facility size and characteristics of the facility. Some staff members were interviewed more than once if their duties covered more than one specialized area. All random staff were interviewed as first responder security and non-security staff. Random staff interviews revealed that staff is very knowledgeable of the PREA standards and were able to articulate their responsibilities and their mandated duty to report.

#### **Residents Interviews:**

The number of residents housed on the day of the on-site visit were fifty-two (52). The auditor selected a sample of residents geographically diverse by admission date, race, date of birth, disabilities, and overall

vulnerability and aggressiveness. The auditor was provided a private room within the facility from which to work from and conduct confidential interviews with residents. The private room was a conference room located near several staff offices. The location allowed for a non-threatening or intimidating environment, which resulted in the resident being comfortable during the interview process. For those specialized resident categories that were present at the time of the on-site audit, additional random resident interviews were added to the total number of interviews.

In cases where the auditor was unable to meet the required number of interviews in a particular targeted population, the auditor relied on interviewing additional random residents and specifically asking the residents while placed within this facility and to their knowledge, there have been any residents who have been blind, deaf, or hard of hearing; limited English proficient. Additionally, residents were aware of any resident who identify as transgender or intersex. When interviewing administrative and specialized staff, the auditor asked similar questions in order to gain additional information to meet the targeted number of residents.

The breakdown of specialized resident interviews (eight (8) male and three (3) female with a total of eleven (11) and were as follows: one (1) Resident with a Physical Disability, one (1) resident with a Cognitive Disability, three (3) Residents who Identify as Lesbian, Gay, or Bisexual, three (3) Residents who Reported Sexual Abuse or Sexual Harassment, three (3) Residents who Reported Sexual Victimization During Risk Screening, and ten (10) random resident interviews, nine (9) male and one (1) female resident. The total number of residents interviewed while onsite was twenty-one (21).

**Interviews with residents confirmed they are informed and educated on the following topics:**

- Agency's Zero Tolerance Policy,
- Knowing their rights to be free from sexual abuse and sexual harassment, and how to report sexual abuse or sexual harassment,
- Notified of the rules against sexual abuse and the right to be free from retaliation for reporting. Residents are never naked in full view of any male or female staff or resident,
- When staff conduct pat down or visual body searches, they are conducted by same gender staff and searched in a professional and respectful manner,
- Residents interviewed reported they feel safe and more importantly feel sexual safe with the facility, Residents are allowed privacy when speaking with their attorneys and allowed visitation with family,
- Thirteen (13) out of twenty-one (21) residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Eight (8) out of twenty-one (21) residents interviewed knew what kinds of services were available for dealing with sexual abuse, Approximately six (6) out of twenty-one (21) residents remember receiving mailing addresses, understood that the information remains private, and what is told to or listened to by someone else.
- When residents were asked, "does staff of the opposite gender announce their presence when entering your housing area or area where you shower or perform bodily functions?", all but one resident reported staff of the opposite gender announce their presence when entering the unit. The same number of residents knew the reason why staff of the opposite gender announce their presence, which is the cover up rule. However, half of the residents explained they only hear the announcement when taking showers or times when changing their clothes or using the bathroom.
- With regards to youth screening questions (115.341 and 342), all residents were asked "when first coming to the facility, do you remember being asked questions like whether you have ever been

sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse. The auditor asked if staff ever asked the screening questions again and, nineteen (19) out of twenty-one (21) residents indicated they have been asked the question more than one time.

**Partial Documentation list requested from the facility and received prior to on-site:**

- Complete resident roster
- Specialized residents-physical and cognitive disabilities, limited English proficient residents, residents who identify as lesbian, gay, bi-sexual, transgender, and intersex, residents who have been in isolation
- residents who reported sexual abuse, residents who reported sexual victimization during risk screening
- Staff roster
- Specialized staff
- Contractors who have contact with residents
- Volunteers who have contact with residents
- Grievances made in the 12 months preceding the audit
- Medical services: On-site medical area

**Sexual Abuse Allegations:**

During the past twelve (12) months, the total number of sexual abuse and sexual harassment allegations was thirty-seven (37). Eight (8) allegations, all youth on youth sexual abusive contact met the PREA definition and twenty-nine (29) were determined non-PREA allegations after an administrative or criminal investigation was conducted by the agency and law enforcement. Thirty-two (32) allegations resulted in an administrative investigation and five (5) were referred for criminal investigation. The breakdown of the eight (8) sexual abuse and sexual harassment allegations in the past twelve (12) months are as follows:

Eight (8) allegations identified as Youth on Youth Sexual Abusive Contact with an outcome of six (6) substantiated, two (2) unsubstantiated, and zero (0) unfounded. One of the Youth on Youth Sexual Abusive Contact allegation resulting in an unsubstantiated finding was reported by resident as having occurred at another facility. There were zero (0) incidents of staff sexual misconduct, staff sexual harassment, or Youth on Youth Non-consensual Sex Acts.

**On-site Documentation Review:**

- Ten (10) Resident medical and mental health files, paper and/or electronic files
- Fifteen (15) random resident files
- All current staff, volunteers, and contractors verifying 115.317 Hiring and Promotion standard
- Eighteen (18) Investigation files indicating findings and outcomes, and if referred for criminal investigations
- Logbook review, paper and electronic

**Post-Onsite Audit Phase:**

The auditor used a triangular approach to determine standard compliance, specifically, by connecting the PREA audit documentations, on-site observation, tour, practice, interviewed staff, residents, and local and national advocates to make determinations for each standard and provision. On October 10, 2020, the PREA audit interim report was submitted to the agency PREA Coordinator for agency designees and

facility administrator to review and plan for corrective action. Based on the findings, correction action was required for five (5) standards; 115.313-Supervision and monitoring, 115.315-Limits to cross-gender viewing and searches, 115.316- Residents with disabilities and residents who are limited English proficient, 115.318- Upgrades to facilities and technologies, and 115.367-Agency protection against retaliation.

After administrative review, within two (2) weeks a telephone conference call will be held to consult with staff and administrators to provide information and guidance on deficiencies, recommendations for corrective action and an agreed upon deadline for implementing all requirements. As a way of moving forward during the corrective action period, the auditor and PREA Coordinator will monitor completion requirements, note the status of all requirements, and the completion date of all corrective action requirements. Supporting documentation will be exchanged by using the secure OAS and email.

## AUDIT FINDINGS

### Facility Characteristics:

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

### Facility Characteristics

#### Mission Statement of the Idaho Department of Juvenile Corrections

"To develop productive citizens in active partnership with communities."

#### Values

##### *Balanced & Restorative Justice*

- We help juveniles become responsible citizens by developing life skills and holding them accountable for restoring their victims and communities while ensuring public safety.

##### *Effective Partnerships*

- We acknowledge our vital role in communities and with other state agencies and branches of government. We seek to understand and promote a unified relationship among all parties to prevent juveniles from breaking the law.

##### *Communication*

- We are committed to full-circle communication in our activities.

##### *Teamwork*

- We recognize that the power of combined efforts exceeds what can be accomplished individually.

##### *Respect*

- We treat juveniles, families, victim's and one another with respect, and in so doing, we demonstrate honesty, integrity, trust and ethical behaviors.

##### *Excellence and Quality*

- We are committed to deliver excellence and quality in every aspect of our work by establishing goals and monitoring outcomes and holding ourselves accountable. We value new ideas and plans which are evidence-based and results oriented.

##### *Employee Optimization*

- We value our staff and are dedicated to providing training which will develop leaders and maintain qualified, competent employees.

#### *Diversity*

- We are committed to fostering an inclusive environment where the individual differences among staff, juveniles and families are understood, respected, and appreciated.

#### *Effective Stewardship*

- We believe in promoting responsible government by the prudent management of resources to maximize efficiency and effectiveness.

#### *Legislative Intent*

It is the policy of the state of Idaho that the juvenile corrections system will be based on the following principles: accountability; community protection; and competency development. Where a juvenile has been found to be within the purview of the juvenile corrections act, the court shall impose a sentence that will protect the community, hold the juvenile offender accountable for his actions, and assist the juvenile offender in developing skills to become a contributing member of a diverse community. It is the further policy of the state of Idaho that the parents or other legal guardians of the juvenile offender participate in the accomplishment of these goals through participation in counseling and treatment designed to develop positive parenting skills and an understanding of the family's role in the juvenile offender's behavior. It is the further intent of the legislature that the parents of the juvenile offender be held accountable, where appropriate, through monetary reimbursement for supervision and confinement of the juvenile offender, and restitution to victims of the juvenile offender's delinquent acts. In enacting this legislation, the legislature finds that the juvenile corrections system should encompass the following aspects: day treatment, community programs, observation and assessment programs, probation services, secure facilities, after-care and assistance to counties for juvenile offenders not committed to the custody of the department of juvenile corrections.

Each state juvenile corrections center (facility) provides medical, educational, cognitive behavioral, residential rehabilitative services, and specialized programs for adjudicated sex offenders, female offenders, juveniles with mental health needs, juveniles with serious chemical dependency needs, and serious juvenile offenders. To the left is a Department district map that shows the locations of each correctional center.

The Juvenile Corrections Act is based on the Balanced Approach and Restorative Justice model. The foundations of the Balanced Approach are Community Safety, Offender Accountability, and Competency Development. Community justice requires that juvenile offenders work to restore the harm caused to their victims and communities to the greatest extent possible. In addition, the balanced approach involves communities in developing the solutions to address juvenile crime. Implementing the Juvenile Corrections Act is an ongoing process that involves not only members of the justice system, but all Idahoans as members of their communities.

#### *For Juveniles Committed to the Department's Custody*

- Community safety is addressed by providing secure confinement to offenders deemed a community risk, and by providing juveniles with the opportunity to learn skills to regulate their

behavior when they return to the community.

- Accountability is promoted through swift and appropriate consequences for actions, taking responsibility for criminal behavior, and providing victim restoration. Juveniles are taught how their crimes affect the community.
- Competency development is addressed through education, training in appropriate decision making, social skills development, job skills, etc. These programs require juveniles to examine the thinking patterns associated with their criminal behavior and learn to change them.

### *Performance-based Standards*

Performance-based Standards (PbS) is a set of national standards developed by Council of Juvenile Correctional Administrators (CJCA) based upon the results of the Conditions of Confinement study completed in the mid-1990s. That study identified key areas of institutional operation that, if managed well, would contribute to positive outcomes for juveniles. The standards are organized into nine goal areas: *Safety, Order, Security, Health, Behavioral Health, Family, Justice, Programs, Reintegration*

Idaho Department of Juvenile Corrections' staff, within the three state facilities and in district offices, collect data for over 100 performance measures twice annually in April and October. That data is then entered into a national website and compiled into graphs and reissued as site reports. Staff at each facility then works closely with the Superintendent and PbS site coordinator to develop a specific Facility Improvement Plan for the following six-month period, until data is collected again. Data is collected from surveys of staff and juveniles, from incident reports, and from reviews of juvenile records. PbS data allows the Department's Superintendents to review performance in several ways:

- Performance over time
- In comparison to the national average and to the statewide average
- Performance on outcomes targeted for improvement
- Outcomes critical to safe and effective operations

### **Facility Overview**

JCC-Nampa provides a highly structured, secure facility for the rehabilitation of male and female juveniles who have a history of various crimes and have failed in less secure community-based programs. The JCC-Nampa program follows the fundamental values of the five pillars (targeted treatment, education, counseling, family engagement, and skills building) to develop productive citizens. The programs at JCC-Nampa offer cognitive skill building to address criminal patterns of thought requiring the juveniles to be accountable for their behavior and progression through program.

JCC-Nampa has adopted the following operational principles:

- Staff and juveniles work together to create a safe and secure environment that is conducive to change.
- Juveniles are expected to demonstrate effective use of skills and reduction of risk in preparation for return to the community.
- Our program facilitates interaction and involvement between juveniles and their home communities.
- Program Treatment Components
- Conduct Disorder Treatment
- Substance Abuse Services



- Mental Health Treatment
- Sexual Misconduct Treatment
- Outdoor Program
- Medical Services

The health of all juveniles committed to the Idaho Department of Juvenile Corrections (IDJC) is important to IDJC staff, families, and our juvenile justice partners. During every juvenile's commitment they will receive a screening, health history review, and a physical when they are first committed and annually after that. Contract medical providers come to each state facility weekly. In addition, IDJC contracts with a psychiatrist and/or a physician assistant who specializes in psychiatry. These professionals meet with juveniles and treatment team members, as needed, to meet juveniles' mental health medication management needs. IDJC works with local dentists and eye doctors near the facilities where juveniles are placed to ensure their basic dental and vision needs are addressed. In addition, the IDJC works with the Idaho Immunization Program to provide a full immunization program to the juveniles in our custody.

All IDJC facilities have on-site licensed medical staff, supervised by Registered Nurses. When juveniles have medical concerns or questions, they have the opportunity to fill out a medical request. Licensed medical staff reviews these requests daily. Licensed medical staff offers education and treatment interventions for the juveniles' concerns. When necessary, licensed medical staff schedule medical appointments with the appropriate provider to address medical concerns. All direct-care staff are trained in First Aid and CPR to attend to medical needs when licensed medical staff are not on site. Licensed medical staff are available after-hours by phone, and, when necessary, for return to the facility. IDJC also works with local hospitals as well as local medical specialists for evaluating emergent situations and provide such services as x-rays, CT scans, referral for specialty services and other health emergencies requiring in-depth intervention. IDJC is committed to providing quality health care services to meet the needs of all juveniles in IDJC custody.

### *Clinical Services*

Clinical Services of the Idaho Department of Juvenile Corrections (Department) are part of the Institutions Division and are made up of clinicians and social workers who help juvenile offenders in Department custody in ways, such as developing treatment plans, providing counseling, and arranging for various service needs.

Upon being committed to the Department, a case manager, called a Juvenile Service Coordinator (JSC), is assigned to the juvenile offender. The JSC contacts the family for information and planning of the juvenile offender's needed treatment. From the beginning of custody with the Department, plans for the eventual release from custody are discussed. It can be very helpful for a juvenile offender's motivation to do well in the treatment program, if they know what the plan is for their return to home or other living arrangements.

During the first few weeks of custody, the juvenile offender is in the Observation & Assessment (O&A) phase. During O&A, the juvenile offender is assigned a clinician who conducts an evaluation to better understand the juvenile's treatment needs and develop a service plan with goals designed to help them improve educationally, in family functioning, and other needed areas. It is important for parents to participate in the O&A staffing during which goals are reviewed, potential location of treatment is identified, and plans for returning back to the community and home are discussed.

After O&A, the juvenile offender is placed in either a state facility or a facility with which the Department contracts. The JSC assigned to the juvenile offender remains involved in coordinating service delivery

throughout custody but plays a particular role in helping arrange the needed treatment support when the juvenile offender is preparing to return to living in the community. Involvement as a parent or caregiver throughout the juvenile offender's custody is vital for the juvenile offender's progress. Department clinicians are in each of the state facilities to provide individual counseling, as needed, and family counseling when the proper progress in the treatment program has been reached. The JSCs and clinicians are supervised by a Clinical Supervisor and the Clinical Supervisors are supervised by the Superintendent for the region. The Clinical Service staff members seek active parent involvement in each phase of the juvenile offender's custody with the Department.

Practical things a parent can do to stay involved and be of support to the juvenile offender during their treatment are communication through telephone calls during the times allowed, personal visits at approved times, participating in person or by telephone in monthly progress meetings (called monthly staffings) and encouraging the juvenile offender to accomplish their educational and treatment goals, and participation in family counseling.

### *Education Program*

#### Mastery Education

Expecting all children of the same age to learn from the same material is like expecting all children of the same age to wear the same size clothes. ~ Madeline Hunter

The Idaho State Department of Education explains Mastery as:

- Student-centered learning:
- Promotes high-quality standards, equipping students with the skills they need to succeed in the workforce.
- Empowers students to shape learning experiences that reflect their emerging sense of self and align with their interests and needs.
- Enables students to build relationships, make well-informed decisions, and create strong connections across their learning experiences.
- Ensures that ideas and theories from the classroom connect to students' lived experiences and interests in their communities.

Mastery education gives students the chance to use meaningful content in ways that encourage deeper levels of learning so they acquire the knowledge, skills, and characteristics essential for success in a future we can only imagine. When students demonstrate that they are proficient under rigorous expectations, they take greater ownership and responsibility for learning. This helps educators and students eliminate false assumptions about learning that are associated with points, percentages, and grades.

At Idaho Department of Juvenile Corrections, we believe our students should be able to learn at their own pace. We provide small class sizes, individual learning plans, and a clear path to success. Our students work in small groups or individually to provide the student a safe and effective learning environment.

### *Idaho Department of Juvenile Corrections – Accredited Secondary Schools*

While the three secondary school campuses of the Idaho Department of Juvenile Corrections are fully accredited through Cognia, the Idaho Department of Juvenile Corrections is currently in the process of seeking systems accreditation through Cognia. Please check back to see our progress through the systems accreditation process.

## Facility Demographics:

- Designed facility rated capacity: 84
- Average daily population for the past twelve (12) months: 53
- Average length of stay: 64 days
- Facility has been over population at any point over past twelve (12) months: No
- Facility security levels/resident custody levels: 1-4
- Current population on the on-site audit date: 52
- Resident age range: 11-20
- Number of residents admitted to the facility over the past twelve (12) months: 135
- Number of residents admitted to the facility over the past twelve (12) months who length of stay was for 72 hours or more: 115
- Number of residents admitted to the facility over the past twelve (12) months who length of stay was for 10 days or more: 96
- Facility does not hold residents for a state correctional agency, US Marshals Service, Bureau of Prison, US Immigration and Customs Enforcement
- Population: male and female residents
- Number of staff currently employed at the facility who have contact with residents: 128
- Number of staff hired in the past twelve (12) months: 25
- Number of volunteers who have contact with residents: 39
- Number of contractors who have contact with residents: 22
- Number of contracts in the past twelve (12) months who may have contact with residents: 12
- Number of buildings: 2
- Number of resident housing units: 3
- Number of single resident cells, rooms, or other enclosures: 84
- Number of open bay/dorm housing units: 0
- Number of segregated or isolation rooms: 5
- Has the facility has video monitoring systems, electronic surveillance system, or other monitoring technology: Yes
- Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months: No
- Medical and mental health services are provided on-site
- SAFE medical exams are provided at the local rape crisis center
- Criminal Investigations are conducted by: An external investigative entity, Nampa Police Department
- Administrative Investigations are conducted by: Agency and facility investigators

## AUDIT FINDINGS

### Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy ). 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	42
<b>Number of standards not met:</b>	1

Number of Standards Exceeded: 0

Number of Standards Met: 42

115.311, 115.312, 115.315, 115.316, 115.317, 115.318, 115.321, 115,322, 115.331, 115.332, 115.333, 115.334, 115.335, 115.341, 115.342, 115.351, 115.352, 115.353, 115.354, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.371, 115.372, 115.373, 115.376, 115.377, 115.378, 115.381, 115.382, 115.383, 115.386, 115.387, 115.388, 115.389, 115.401, 115.403

Number of Standards Not Met: 1

115.313

### Corrective Action Audit Findings

The summary of corrective action is in the audit narrative section of each standard. As noted above, there were five (5) standards that required policy and procedural updates, additional supporting documentation, staff training, and demonstrate "institutionalized" practices. Beginning in the audit narrative section and in each standard the corrective action lists the deficiency, recommended corrective action, the deliverables, and a timeline for implementing the required actions. Listed below is a summary of corrective action by standard with outcome:

**115.313 (c).** The facility maintains staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during sleeping hours, except in limited and discrete exigent circumstances. Based on the JCC-Nampa Direct Care Post Coverage and Staffing Assessment, when at the operational capacity of 71, assessed operational capacity, the current minimum mandatory staffing plan and patterns, and facility population levels, the facility does not meet the PREA ratios.

**115.315 (c).** Through staff and resident interviews, staff conduct same gender pat down and visual body searches when residents arrive at the intake and reception area, however, after all searches are completed the intake staff notifies staff in the master control area the search was completed and then documented into the facility database. After reviewing the database, records indicated that not all searches were documented and entered the database system. The auditor requested the PREA

Compliance Manager to provide the auditor with documentation of searches that occur for approximately the next 45 days beginning August 26, 2020. The auditor received documentation indicating there were ten (10) admission resulting in all ten (10 being logged into the electronic log. To show the process as “institutionalized” the auditor recommended for the next sixty (60) days, the facility continue to record all future searches that occur during the intake process and provide documentation of compliance. The PREA Coordinator submitted documentation in the form of log entries of searches conducted by intake staff and recorded by master control staff from August 2020 to the end of November 2020. Based on the documentation and relevant information reviewed from the PREA Coordinator, this auditor and the facility is in full compliance of standard 115.315.

**115.316 (b).** The agency takes 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. After review of the available agency/facility’s information the auditor recommended a few additional resources be translated to Spanish. Those resources were the resident handbook, specifically all PREA related information the facility presents to the residents and grievance forms. On November 20, 2020, the PREA Coordinator submitted revised version of the youth handbooks for all facility programs. Specifically, the updates are as follows: 1) Choices Juvenile – Parent Handbook indicated the PREA information in Spanish located on page 33. In the Solutions Juvenile – Parent Handbook was the PREA information in Spanish found on pages 38 and 39. Lastly, in the O&A Juvenile – Parent Handbook, you will note the PREA information in Spanish are on pages 15 and 16. All three juvenile and parent handbooks were emailed to the auditor. On December 9, 2020, the PREA Coordinator submitted the juvenile grievance form in Spanish and was posted on the agency and facility’s website. Based on the supporting documentation submitted by the agency, the facility follows and meets the standard.

**115.318 (a).** On December 3, 2020 the PREA Coordinator received indication that the agency and facility management team developed and approved, JCCN Standard Operating Procedure (SOP) titled New Construction or Building Modification procedure to ensure The purpose of the SOP is to ensure that any upgrades to facilities or technologies take into consideration the facility’s deployment of video monitoring system and other monitoring technologies, as well as all components of the facility’s physical plant (including “blind spots” or areas where staff or residents may be isolated). These expectations are in place when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse. Also, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect residents from sexual abuse. The new Standard Operating Procedure applies to the JCC- Nampa Juvenile Correctional Center’s anticipated building expansion of a new gymnasium in the foreseeable near future. Based on the supporting documentation submitted by the agency and facility this follows and meets the standard.

**115.367 (a)-(e).** Due to not conducting retaliation monitoring in the form of period checks on all allegations, on October 9, 2020, the agency PREA Coordinator met with the facility PREA Compliance Manager to review policy and PREA standard expectations requiring retaliation monitoring with periodic checks protecting residents and staff who report sexual abuse or cooperate with the investigative process. Retaliation monitoring will be in person and monitoring will include any resident disciplinary reports, housing, or programming changes or performance reviews or reassignments of staff. The monitoring shall monitor for at least ninety days or beyond if the initial monitoring indicates a continued need. All forms of monitoring will be documented on the designated form. The PREA Coordinator

provided verification of the meeting with the Compliance Manager via email correspondence. The Compliance Manager acknowledged the review meeting and with future allegations, retaliation monitoring will occur based on policy and standard expectations. Based on the PREA Coordinators follow up corrective action submitted to the auditor the agency and facility this follows and meets the standard.

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations:</b></p> <ul style="list-style-type: none"> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) Compliance dated July 3, 2017, page 1, section 1.D</li> <li>● Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms, revised July 1, 2019, pages 1-26</li> <li>● Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Organization Chart dated June 2019</li> <li>● Idaho Department of Juvenile Corrections JCC-Nampa Division (Region 2, Districts 3,4,5) Organization Chart dated October 2019</li> <li>● Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>● Agency Head Designee – Director</li> <li>● PREA Coordinator</li> <li>● Facility Superintendent</li> <li>● Facility PREA Compliance Manager</li> </ul> <p>The policy, Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) Compliance dated July 3, 2017, page 1, section 1.D, states 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.</p> <p>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 occurrence 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. The policy includes sanctions for those found to have participated in prohibited behaviors and a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. Furthermore, section one, operating procedures outlines sixteen (16) points to reduce the risk of sexual abuse and sexual harassment within Juvenile Corrections Center-Nampa and all IJDC operated juvenile facilities. The Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms, revised July 1, 2019, pages 1-26, provides written definitions of prohibited behaviors regarding sexual abuse and sexual harassment.</p>



Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) Compliance dated July 3, 2017, page 2, section 2, A-F, IDJC will identify an agency PREA Coordinator and outlines the duties and responsibilities. Each of the states facilities will identify a facility PREA Compliance Manager (PCM) to prevent, detect, report, and respond to sexual abuse and sexual harassment at the facility level.

The agency provided an Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Organization Chart dated June 2019, which indicates Quality Improvement Services Director oversees the PREA Coordinator (Correctional Program Coordinator.) The PREA Coordinator position is part of the agency leadership team and the department's Quality Improvement Services Bureau. The PREA Coordinator has access to the agency's most senior leader (Agency Director.) The PREA Coordinator has the influence necessary to create and implement agency policy, procedures, and practices without interference from other levels of supervision. He gives interpretative guidance and oversight to three (3) Quality Program Specialist who are designated as facility PREA Compliance Managers.

According to the QIS bureau organizational chart, the PREA Coordinator oversees PREA standard implementation to three (3) facility Compliance Managers designated by job classification as Quality Improvement Program Specialist located in the QIS Improvement Services Bureau. The Idaho Department of Juvenile Corrections JCC-Nampa Division (Region 2, Districts 3,4,5) Organization Chart dated October 2019 indicates that although the regional Quality Improvement PREA Compliance Manager holds an upper-level position at the Nampa facility and works very closely with the facility Superintendent they report to the agency PREA Coordinator.

### **Interview Results**

The Agency Level designee- Director confirmed the appointment, qualifications, and continued efforts of the PREA Coordinator. The PREA Coordinator supervises three (3) statewide PREA Compliance Managers who oversee PREA compliance at the three (3) state operated facilities. Interview with the Agency PREA Coordinator, a DOJ Certified Auditor was extremely knowledgeable and very educated on the PREA Standards. The PREA Coordinator is committed to implementing PREA in the IDJC. He has experience and sufficient time and authority to coordinate that agency's effort to comply with the PREA Standards. He stated he is directly responsible for three (3) facility PREA Compliance Managers and assists and provides advice to private providers who serve Idaho youth. The PREA Coordinator facilitates meetings with the PREA Compliance Managers to discuss any needs, problems, ideas, or suggestions for improvement.

Interview with the facility Superintendent confirmed the PREA Compliance Manager as outlined on the regional and facility organizational chart. The PREA Compliance Manager was recently assigned the duties of Compliance Manager. The PREA Coordinator has provided close supervision and technical assistance to the facility PREA Compliance Manager. The former facility PREA Compliance Manager, who is currently the facility Youth Programs Manager, provides guidance and support to the newly appointed Compliance Manager when necessary.

Interview with the PREA Compliance Manager indicates he oversees the facility's efforts to comply with the PREA standards and indicated he has enough time to manage all PREA related responsibilities. When he identifies an issue, he informs and processes any issues

with the facility Superintendent and PREA Coordinator. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.312 Contracting with other entities for the confinement of residents**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations**

- State of Idaho Department of Juvenile Corrections, Contract for Residential Treatment Services, 3B Juvenile Detention Center, page 5
- State of Idaho Department of Juvenile Corrections, Contract for Residential Treatment Services, 5C Juvenile Detention Center, page 5
- State of Idaho Department of Administration for the Department of Juvenile Corrections, Contract for Residential Treatment Services, Patriot Center, pages 1-40
- State of Idaho Department of Juvenile Corrections, Contract for Residential Treatment Services, Region II Juvenile Detention Center, page 5
- State of Idaho Department of Juvenile Corrections, Contract for Residential Treatment Services, Sequel TSI-Clearwater of Idaho, page 5
- State of Idaho Department of Juvenile Corrections, Interagency Agreement for Juvenile Staging, Washington County Jail, page 8
- Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Idaho Juvenile Corrections Act and Rules July 2019, page 50

**Interviews**

- Agency Head Designee – Director
- PREA Coordinator
- Contract Administrator

The Idaho Juvenile Corrections Act and Rules section 201920-535, review of programs for juveniles-certification. The department shall annually review all state operated or state contracted programs which provide services to juvenile offenders and certify compliance with standards provided by the department. Written reviews shall be provided to the managers of those programs. Based upon policies established by the department, those programs which are unable or unwilling to comply with approved standards may not be certified. Any person owning or operating a private facility who willfully fails to comply with the standards established by the department shall be guilty of a misdemeanor. Section 20-536, Contracts with private providers of services for juveniles-certification. Nothing in this chapter shall prohibit the department from contracting with private providers or other entities for the provision of care, treatment and supervision of juvenile offenders committed to the custody of the department, if these programs are certified as in compliance with department standards within six (6) months after commencing operation.

Any new contract or contract renewal shall provide for agency contract monitoring to ensure the contractor is complying with PREA standards. All IDJC and contract service provider facilities with whom the agency contracts for the confinement of juveniles will be audited by a certified PREA auditor according to the PREA Audit schedule, and found compliant following the 180 day corrective action plan in order for DYS to be able to continue to utilize their

services. The Idaho Department of Juvenile Corrections contracts for the confinement of residents and since the last PREA audit in 2017 was eleven (11), however, at the present time due to a reduction of youth in placement, the State of Idaho Department of Juvenile Corrections has five (5) active contracts for the confinement of residents as follows: 3B Juvenile Detention Center, 5C Juvenile Detention Center, Patriot Center, Contract for Residential Treatment Services, Region II Juvenile Detention Center, Sequel TSI-Clearwater of Idaho, and an IAA for Juvenile Staging at the Washington County Jail.

The Pre-Audit Questionnaire (PAQ) indicates eleven (11) contracts for confinement of residents since the last PREA audit in 2017. The agency has five (5) active contracts for the confinement of residents entered with private entities or other government agencies. The PAQ stated that all the agency contracts for the confinement of youth contain the requirements that the contractor adopt and comply with all the DOJ PREA Standards and that they will allow IDJC to monitor compliance. The five (5) contracts provided for review contained the requirements that the contractor adopt and comply with all Juvenile Facility PREA Standards established by the United States Department of Justice. All agency contracts include the language outlined in the standard; "Section XXI. PREA: "The CONTRACTOR must adopt and comply with the PREA standards & acknowledges that IDJC will conduct announced or unannounced compliance monitoring to ensure compliance with the PREA standards. The Contractor will be subject to a Department of Justice (DOJ) PREA audit every three (3) years. The Contractor shall be solely responsible for paying for a PREA audit as required by its contract with IDJC. Failure to comply with PREA standards may result in termination of the contract."

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- On or after August 20, 2012 or since the last PREA audit, whichever is later, the number of contracts for the confinement of residents that the agency entered or renewed with private entities or other government agencies: 11.
- The number of contracts that DID NOT require contractors to adopt and comply with PREA standards: 0.

### **Interview Results**

The Agency level designee- Director and PREA Coordinator confirmed the agency and facility does contract with other entities for the confinement of residents and the PREA language written into its contacts. The PREA Coordinator explained the Quality Improvement Services Bureau continually monitors confinement facilities for PREA compliance on an annual basis except for the Washington County jail which complies with the PREA Adult Prison and Jails standards. The PREA Coordinator provided agency/facility web addresses indicating the PREA Final Reports posted on their websites. The Contract Administrator explained that contracts with private providers or entities are renewed on a twelve month basis and contracts with confinement facilities with local counties are on a continuous basis unless the contract is terminated or the contract requires an update or change in status. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.313	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Does Not Meet Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) Compliance dated July 3, 2017, page 1, section 1.D</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 621-Duty Officer Responsibilities dated April 2, 2018, page 3, section 1.B.4</li> <li>• Idaho Department of Juvenile Corrections -Nampa Staffing Plan dated November 8, 2019, pages 1-11</li> <li>• Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms, revised July 1, 2019, pages 1-26</li> <li>• Idaho Department of Juvenile Corrections Quality Improvement Services Bureau, dated June 2019</li> <li>• Idaho Department of Juvenile Corrections JCC-Nampa Division (Region 2, Districts 3,4,5) Staffing Ratios Form dated October 2019</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Building Schematics</li> <li>• Staff Schedule for the past twelve (12) months</li> <li>• Facility Staffing Averages for Nampa, pages 1-5</li> <li>• Idaho Department of Juvenile Corrections, Staffing Plan Assessment dated May 28, 2019</li> <li>• Idaho Department of Juvenile Corrections- Nampa Duty Officer Reports dated June 2019- June 2020</li> <li>• Idaho Department of Juvenile Corrections- Nampa Staff Schedules over the past twelve (12) months</li> <li>• Idaho Department of Juvenile Corrections- Nampa Resident Population Reports over the past twelve (12) months</li> <li>• Idaho Department of Juvenile Corrections- Nampa Resident Room Assignments on the 1st, 15th, and 20th days for past twelve months July 2019</li> <li>• Council of Juvenile Justice Administrators (CJJA) Staffing Assessment Analysis dated October 8, 2020</li> </ul> <p>The Idaho Department of Juvenile Corrections requires each facility, Juvenile Corrections Center-Nampa to develop, document, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. The Idaho Department of Juvenile Corrections -Nampa Staffing Plan dated November 8, 2019, pages 1-11, addresses the eleven (11) required elements and states the facility Superintendent must approve the staffing plan for each living unit. The staffing plan is predicated on the average daily number of residents of eighty-four (84) residents which is the facility capacity. The average daily number of residents since the last PREA audit in 2017 was fifty-eight (58).</p> <p>The Juvenile Corrections Center-Nampa staffing plan contained detailed information about the</p>

staffing for each living unit, room and programming assignments for each living unit, youth demographics (male, female residents age), resident risk levels, daily population and capacity rates. On each living unit, the staffing plan identifies certain rooms, cells, and pods as related to resident supervision. Staff posting and proximity are taken into consideration based on resident's overall risk and vulnerability.

Provision B requires the agency comply with the staffing plan except in limited and discrete exigent circumstances and shall fully document deviations from the plan during such time.

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. Check N/A if no deviations from plan). The six (6) most common reasons for deviating from the staffing plan in the last twelve (12) months were staff vacations, sick leave, training, family medical leave, position vacancy, and staff compensatory time. The facility deviations to intended staffing patterns are documented on the staff schedule.

Provision C requires each secure juvenile facility shall maintain staff ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances, which shall be fully documented. Only security staff shall be included in these ratios. Any facility that, as of the date of publication of this final rule, is not already obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph shall have until October 1, 2017, to achieve compliance. The Idaho Department of Juvenile Corrections- Juvenile Corrections Center-Nampa makes its best efforts to comply with the minimum 1:8 during waking hours and 1:16 during resident sleeping hours. The agency policy nor the facility staffing plan articulates or requires maintaining the staff ratios. Juvenile facilities are required to comply with the staffing plan except in limited and discrete exigent circumstances which must be fully documented.

The Juvenile Corrections Center-Nampa submitted the Idaho Department of Juvenile Corrections JCC-Nampa Division (Region 2, Districts 3,4,5) Staffing Ratios Form dated October 2019, detailing the dates of 9/17/19 and 9/15/19, times, groups, the number of post certified staff providing sight and sound supervision during waking and non-waking hours, number of juveniles under supervision, and the observed ratio. Based on the number of post and certified staff during waking hours the facility ratio average was 1:4. During sleeping hours on weekdays the facility ratio average during those hours was 1:17. There was a noted recommendation of four additional staff to ensure ratio compliance. The sleeping hours during weekends were incomplete but recommended additional staff to meet ratio compliance. According to the pre-audit questionnaire, the number of times the facility deviated from the staffing ratios of 1:8 and 1:16 was unknown. With the decrease in the overall population over the past twelve months, the average daily population reached record lows and the facility is closer to complying and adhering to the required minimum ratio. Over the past twelve months, the auditor reviewed the Nampa Staff Schedule, Resident Population Reports for the 1st, 15th, and 20th day of each month to determine compliance with the staff ratio requirements of 1:8 during waking hours and 1:16 during non-waking hours. Based on the overall staffing on all three shifts and resident population at the least, it was evident third shift/overnight staff to youth coverage were not within the 1:16 ratio requirement. The relevant staff ratio must be in place wherever there are residents in the facility. According to the PREA Coordinator, the agency contracted with an independent consultant to perform and undergo a staffing analysis for all three state operated facilities and the report is due to be released in the very near future.

At least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. On May 28, 2020, the annual review of the staffing plan and adjustments was held with the PREA Coordinator, facility Superintendent, and the facility PREA Compliance Manager. The staffing plan assessment takes into account staff coverage on the weekday and weekends, review of the facility monitoring system, other monitoring technologies, resources available and committed to ensure adherence to the staffing plan, and the facility has a policy and procedure for intermediate to higher level supervisors complete unannounced rounds.

The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 621-Duty Officer Responsibilities dated April 2, 2018, page 3, section 1B, requires B. Duty Officer Schedule, 4. 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 documents unannounced rounds on the Idaho Department of Juvenile Corrections- Nampa Duty Officer reports. The PREA Coordinator provided Duty Officer reports for the last 12 months dated June 2019- June 2020. After review of the Duty Officer reports, the facility has documented unannounced rounds with a frequency of two times per week. Unannounced rounds are conducted by higher level staff members. These rounds are conducted in all areas of the facility, especially in all resident living areas. The Idaho Department of Juvenile Corrections Administrative Policy/Procedure, 324-Ethics and Standards of Conduct, page 4, section O. An employee shall not engage in any activity which might compromise the mission or the orderly conduct of the IDJC; security of the unit; safety of its employees, juveniles, and the public; or their ability to carry out assigned duties and responsibilities in an efficient, unbiased, and professional manner. Examples include: 1. Operations, 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**

- Agency Head Designee – Director
- PREA Coordinator
- Facility Superintendent
- Facility PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff

Interview with the Facility Superintendent revealed that at least annually, in collaboration with the PREA Coordinator, the facility reviews the staffing schedule to see whether adjustments are needed in 1. The staffing plan/schedule; 2. Prevailing staffing patterns; 3. The facility's deployment of video monitoring systems and other monitoring technologies; 4. The resources the agency/facility has available to commit to ensure adequate staffing levels.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- Since the last PREA audit the average daily number of residents reported was fifty-eight (58).
- Since the last PREA audit, the average daily number of residents on which the staffing schedule was predicated was eighty-four (84).

### **Interview Results**

- Interviews and supporting documentation show the Deputy Commission, Director of PREA Compliance, PREA Coordinator, Facility Superintendent, and facility PREA Compliance Manager indicated that they are consulted regarding any assessment of, or adjustments to, the staffing plan.
- Interviews with the PREA Coordinator, facility Superintendent, and PREA Compliance Manager indicated that the facility has a staffing plan. When assessing adequate staffing levels and the need for video monitoring, they consider all components listed in the standard. Two (2) interviews with intermediate or higher-level facility staff indicated they perform unannounced rounds and document on the agency database system, Offender Information System. The PREA Compliance Manager indicated that he verifies rounds are being conducted by random reviews and noting them in the system. The Deputy Commissioner, PREA Coordinator 's interviews confirmed the process for conducting annual reviews. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

### **Corrective Action required and verification since the on-site phase:**

Within the first four months of the corrective action period:

- Redevelop the staffing plan to support the ratio requirements and having staff stationed inside the living units where the sleeping rooms, resident activities, and programming are actually located.
- Move, adjust, or collapse post to have the staff coverage on the living units.
- Consider the recommendations staffing analysis from independent consultant and develop a staffing plan that adheres to the staff to youth ratio requirements.

On October 8, 2020, the consulting team of Michael Dempsey, Executive Director and Wendi Davis, Assistant Executive Director from the Council of Juvenile Justice Administrators (CJJA) conducted a staffing assessment analysis for each of the three facilities including JCC-Nampa. The purpose of the analysis, the federal standards identified in the Prison Rape Elimination Act (PREA) Standards relating to staffing ratios, a minimum ratio of 1:8 for waking hours and 1:16 for non-waking hours is used in assessing the direct care staff FTE's needed for the facility. Lastly, the team calculated and provided additional staffing analysis assessments of each facility for the original design capacity, the current operational capacity, and, if necessary, an assessment based on an adjusted capacity to better meet the PREA staffing ratios of 1:8 for waking hours and 1:16 for non-waking hours. Based on the JCC-Nampa Direct Care Post Coverage and Staffing Assessment, when at the operational capacity of 71, assessed operational capacity, the current minimum mandatory staffing plan and patterns, and facility population levels, the facility does not meet the PREA ratios.



To date, the Idaho Department of Juvenile Corrections- Nampa has progressed towards meeting the staff ratio are as follows:

1. Recommended approval to updated staffing plan templates for all 3 state operated facilities to include the staff to youth ratio verbiage.
2. Recommended approval of update to the Juvenile Supervision policy with the required staff to youth ratio verbiage, as well as a reference to the Staffing Plan Deviation form.
3. Recommended approval of a newly created Staffing Plan Deviation Form.
4. Identified opportunities to utilize a local detention center to complete the Observation & Assessment process that typically occurred in Nampa O&A. The intent being to free up more beds & staff to create improved supervision ratios.
5. Added an additional position to overnight shifts, with plans to add up to two more.
6. Identified "optimal" group sizes to assist with ability to meet the ratio based on staff supervision resources.

Since the issuance of the interim report, the PREA Coordinator provided information in an email sent on December 10, 2020 regarding the plan in place to improve the agency's ability to meet the prescribed 1:8 staff to resident ratio during waking hours and 1:16 staff to resident ratio during sleeping hours. This plan includes the following steps:

- The Idaho Department of Juvenile Corrections (IDJC) is currently making great strides towards its mission of developing productive citizens in active partnership with communities. This effort has resulted in new record low populations of juveniles committed to IDJC.
- The Juvenile Placement Manager shall continue to collaborate with agency & facility leadership to monitor and assess juvenile population trends and levels at each IDJC-operated facility to ensure that resident population levels are effectively kept within the ranges prescribed in each facility's Staffing Plan.
- As resident population continues its downward trend, IDJC will continue to respond by decreasing the average therapeutic group size, and/or eliminating groups in order to redistribute staff as we are able to do so.
- An independently verified assessment of IDJC staffing levels, completed on 10/08/2020, identified an operational ratio that meets the requirements of this standard. Full implementation of the operational ratio is expected to be completed in Spring of 2021.
- All Peace Officer Standards and Training (POST) certified staff will be included in the calculation of staffing ratios.
- IDJC is participating in a national "Length of Stay Academy" in order to research best practice and evidence-based strategies to overall optimize the length of stay for most juveniles committed to IDJC custody.

The FAQ dated June 9, 2013 from the PREA Resource Center (PRC) states that "Other persons whose duties involve supervision and control of residents for a portion of the day may count towards these ratios while they are actively supervising and controlling residents, assuming that they have received appropriate training."

Please note that IDJC's training requirements mandate that all staff members who provide sole supervision, receive the same level of safety and security training as direct care staff, which allows IDJC to utilize key non-POST-certified staff members in addition to direct care

staff (Rehabilitation Technicians, Safety and Security Officers and Instructors), to meet the required PREA ratios. Staff members which may be counted towards the ratio include Instructor Assistants, Rehabilitation Technician Supervisors, Rehabilitation Specialists, Rehabilitation Specialist Associates, Safety and Security Supervisors, Recreation Coordinators, Unit Managers and Clinicians.”

Based on the documentation reviewed, the auditor determined that the facility demonstrates compliance with all but one provision in the standard. Because the facility does not maintain the staff-to-youth ratios of required by provision (c) of this standard, it has been determined that the facility is not in compliance with this standard.

115.315	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 620-Contraband Detention and Disposition/Searches dated August 13, 2018, page 3, section 4.C</li> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 608-Juvenile Supervision dated September 23, 2019, page 2, section 1.G</li> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 672-Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender, Intersex, and Questioning Juveniles dated September 23, 2019, page 4, section 4.F.1</li> <li>● Idaho Department of Juvenile Corrections, Supervision and Management of LGBTI Juveniles Training PowerPoint Presentation Slides</li> <li>● Idaho Department of Juvenile Corrections -Nampa Region 2 PREA LGBTQI Training Progress Report for Direct Care Staff dated July 2020</li> <li>● Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>● PREA Coordinator</li> <li>● Facility Superintendent</li> <li>● Facility PREA Compliance Manager</li> <li>● Non-medical staff</li> <li>● Random Staff</li> <li>● Random Residents</li> <li>● Transgender/Intersex Residents</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 620-Contraband Detention and Disposition/Searches dated August 13, 2018, page 3, section 4, Searches of Individual Juveniles or Their Belongings A. Routine searches of individual juveniles and/or their belongings are justified at any time when done to ensure the safety and security of staff, juveniles, and visitors. Such times include, but are not limited to, when juveniles return from community passes or following visitation. B. Visual inspections as outlined in the Observation and Assessment Intake (640) policy/procedure may be routinely performed as part of daily operations as approved by the Superintendent. C. All instances of suspected possession or storage of contraband are addressed promptly and firmly through the group process. If the group process does not result in disclosure or admission regarding the location of the contraband, the Unit Manager or Superintendent, or designee, calls upon direct care and other staff as needed to assist in a search of the area. Page 4, section C.4 of the policy states an incident report fully detailing the incident is completed by staff involved in the search.</p> <p>The Department of Juvenile Corrections Institutional Policy/Procedure, 640-Observation and</p>

Assessment/Intake dated March 9, 2020, page, 2, section B.10. Intake process, Juvenile showering and delousing is required unless showering is restricted for medical reasons. Refer to Contraband Acquisition and Disposition/Searches (620) policy/procedure and Non-Discriminatory, Developmentally-Sound Treatment of Lesbian, Gay, Bisexual, Transgender and Intersex Youth (672) policy/procedure for information on what gender of staff conducts the observation. During the showering process, staff conducts a visual search for any injuries and/or contraband. Looking into a juvenile's mouth, nose, ears, and observing a juvenile showering constitutes visual inspection that does not rise to the level of a body cavity search.

In the past 12 months, there were no cross-gender strip or cross gender visual body cavity searches of residents. Therefore, there were no logs or documentation of cross gender searches for the auditor to review. Random facility staff interviewed indicated documentation would be entered in the unit log database. During the facility tour, the auditor informally interviewed two staff stationed in the control room and one staff assigned to the intake area. Upon questioning all three staff it was learned that when residents arrive at the intake and reception area, staff conduct a pat down search as well as a visual body search which is conducted by same gender staff, in privacy behind a shower stall door, after the search is completed intake staff informs the control room resulting in the search being logged into the facility database. After reviewing the database along with recent admissions, records indicated that not all searches were documented and entered the database system. The auditor requested the PREA Compliance Manager to provide the auditor with documentation of searches that occur for approximately the next 45 days beginning August 26, 2020. The auditor received documentation indicating there were ten (10) admission resulting in all ten (10) being logged into the electronic log. To show the process as "institutionalized" the auditor recommended for the next sixty (60) days, the facility continue to record all future searches that occur during the intake process and provide documentation of compliance.

The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 608-Juvenile Supervision dated September 23, 2019, page 2, section 1.G. Juvenile Supervision – General Expectations, 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. While touring the living units, resident room with toileting, residents have a magnetic cover to put over their room windows. During the facility tour, the auditor observed that showers provide for privacy, most often using PREA curtains or closed doors. Youth are required to be dressed when entering and exiting the shower area. Male staff conducts showers and position themselves where they can observe the shower facilities but do not directly view anyone in the showers. At each entry point onto the living area, there are magnet signs that indicate if juveniles are showering performing bodily functions and changing their clothes. Policy further states staff entering the living area during times juveniles are changing or showering, must announce their presence.

Six (6) of the fifteen (15) random staff interviewed, four (4) female and two (2) male staff openly admitted they do not announce their presence when entering the opposite gender living unit all times but only during times when youth are showering. The auditor interviewed twenty-one residents and when residents were asked, "does staff of the opposite gender announce their presence when entering your housing area or area where you shower or

perform bodily functions,” all but one resident reported staff of the opposite gender announce their presence when entering the unit. The same number of residents knew the reason why staff of the opposite gender announce their presence, referred to as the cover up rule.

However, only half of the residents explained they only hear the announcement when taking showers, times when changing their clothes or using the bathroom.

Based on random staff and resident interviews, there is some confusion on the practice of opposite gender staff announcing their presence when entering the living unit. When the status quo of the gender-supervision on a housing unit changes from exclusively same gender, to mixed- or cross-gender supervision, the opposite-gender staff is required to verbally announce their arrival on the unit. The announcement is required for both custody and non-custody staff, and may include, for example, a clinician or case worker who spends time on the unit, or senior staff making supervisory rounds. The auditor recommendation to correct this deficiency is for the PREA Coordinator and PREA Compliance Manager to conduct a follow up remedial training session on cross gender announcements. On September 30, 2020, the PREA Coordinator provided documentation on the completion of the training session by facility staff acknowledged understanding by signature.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 672-Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender, Intersex, and Questioning Juveniles dated September 23, 2019, page 4, section F. Searches – Pat-Down 1. The facility shall not search or physically examine any juvenile for the sole purpose of determining the juvenile’s genital status. 2. The search of LGBTIQ juveniles is performed in accordance with Contraband Detection and Disposition/Searches (620) policy/procedure. 3. A transgender juvenile may request that male or female staff conduct the search and the request is accommodated, whenever possible, considering staffing and safety needs.

Additionally, Policy 672 also emphasizes that juveniles identified as LGBTIQ who are placed in the custody of the IDJC receive fair, equal, and non-discriminatory treatment and medical care, and that staff provide the highest quality of services to all juveniles regardless of sexual orientation, gender identity, or gender expression. Specifically, in section 3. Juvenile Rights and Responsibilities, A. LGBTIQ juveniles have the same rights as other juveniles in IDJC custody. B. LGBTIQ juveniles are subject to same rules as other juveniles in IDJC custody and can expect staff to enforce rules and offer rewards consistently regardless of a juvenile’s LGBTIQ. C. LGBTIQ juveniles are not isolated or otherwise separated from other juveniles solely due to LGBTIQ. Section 4. Special Considerations A. Placement, 1. 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. 2. The IDJC shall not consider a juvenile’s LGBTIQ status, or perceived status, as an indicator or likelihood of being sexually abusive. 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.

Section B. Preferred Name and Pronoun, states 1. A transgender juvenile may choose to be addressed by a preferred name and pronoun that corresponds to their gender identity, unless the preferred name is affiliated with gang activity or any other inappropriate entity per IDJC

standard. 2. The juvenile's legal name with reference to their preferred name is used in all documentation and IJOS, except legal documentation and federal funding processes. 3. Staff and other juveniles only use the preferred name and pronoun when referring to the transgender juvenile. C. Clothing and Personal Grooming, 1. All juveniles are expected to wear clothing issued by the IDJC, unless the juvenile has reached a level giving the juvenile a privilege to wear their personal clothing. 2. A transgender juvenile is allowed to wear clothing, including undergarments, consistent with the juvenile's gender identity. 3. A transgender juvenile is allowed to groom in a manner consistent with the juvenile's gender identity and is provided with the appropriate grooming instruments. 4. Any restrictions imposed upon a transgender juvenile's clothing and personal grooming is based upon a legitimate safety and security concern and is approved by the juvenile's clinician and treatment team. D. Bathroom/Shower, 1. Transgender juveniles are given the opportunity to shower and use the bathroom separately from other residents. 2. If individual showers are not available, the transgender juvenile is given the option to shower first or last so they can shower separately. 3. Any accommodations are provided in a respectful/nonjudgmental manner that does not present a safety risk.

While on-site, there were no transgender or intersex residents housed at the facility. If the facility were to receive a transgender or intersex resident, the agency/facility staff will not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, the facility will determine 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. Beyond the twelve-month reporting period, in December 2017, an Observation and Assessment Evaluation was submitted by the facility indicating a placement of a youth who identified as a transgender male. The evaluation noted the facility took into consideration his search preference, given the option to shower first or last so they can shower separately, and allowed to wear clothing, including undergarments, consistent with the juvenile's gender identity.

The PREA Coordinator, PREA Compliance Manager, and facility Superintendent confirmed there have been no cross-gender strips or visual body cavity searches conducted within the audited cycle. Facility staff and resident interviews confirmed residents are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them. Three (3) non-medical staff (involved in cross-gender strip or visual searches) were interviewed and knew what urgent circumstances would require cross gender strip searches and visual body cavity searches. More importantly, staff knew the agency's policy prohibiting such searches.

Security staff receive training related to appropriately conducting cross-gender pat-down searches, searches of transgender and intersex residents. This training requires that such searches be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Policy 620-Contraband Detection and Disposition Searches describes search techniques in section C.1. Searches of individual juveniles are conducted using the quadrant method. This search method consists of dividing the juvenile's body in four quadrants and conducting a pat-down search outside the juvenile's clothing on each quadrant. In subsection b. 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.

A review of the Idaho Department of Juvenile Corrections, Supervision and Management of LGBTI Juveniles Training PowerPoint Presentation Slides, slides 39 and 40 describes the required training information describes how pat down searches, cross-gender pat searches and searches of transgender and intersex residents are conducted in a respectful and professional manner and that cross-gender strip or cross-gender visual body cavity searches of inmates and residents are prohibited. The Idaho Department of Juvenile Corrections - Nampa Region 2 PREA LGBTQI Training Progress Report for Direct Care Staff dated July 2020 confirms facility staff acknowledged and understood the presented training. All residents interviewed stated that they had never been searched by a staff member of the opposite gender nor had they ever seen a staff conduct a cross gender pat down search. The residents described how staff conducting pat down searches in a respectful and professional manner and prohibiting cross-gender strip or cross-gender visual body cavity searches of residents.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- Percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%
- In the past 12 months, the number of cross-gender strip or cross gender visual body cavity searches of residents reported was zero (0). Therefore, there were no logs or documentation of cross gender searches for the auditor to review. Facility staff indicated documentation would be entered in the unit log database.
- In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff reported was zero (0).
- The number of pat-down searches of female residents that were conducted by male staff reported was zero (0).
- The number of pat-down searches of female Residents conducted by male staff that did not involve exigent circumstances reported was zero (0).
- In the past 12 months, the number of transgender or intersex residents search or physically examine for the sole purposes of determining the resident's genital status was zero (0).

### **Interview Results**

- All twenty-one (21) residents interviewed stated that they and other residents are never naked in full view of staff, when using the toilet, showering, or changing clothing. Residents interviewed have undergone a pat down or visual body search conducted by same gender staff and were conducted in a professional, respectful in the less intrusive manner.
- Four (4) female staff interviewed stated they have never searched a male youth and reported there are male staff on duty to perform same gender visual body search.

### **Corrective Action required and verification since the on-site phase:**

During the first sixty (60) days of the corrective action period:

- Monitor and document all future searches that occur during the intake process and provide documentation of compliance.

115.315 (c). Through staff and resident interviews, staff conduct same gender pat down and visual body searches when residents arrive at the intake and reception area, however, after all searches are completed the intake staff notifies staff in the master control area the search was completed and then documented into the facility database. After reviewing the database, records indicated that not all searches were documented and entered the database system.

The auditor requested the PREA Compliance Manager to provide the auditor with documentation of searches that occur for approximately the next 45 days beginning August 26, 2020. The auditor received documentation indicating there were ten (10) admission resulting in all ten (10) being logged into the electronic log. To show the process as “institutionalized” the auditor recommended for the next sixty (60) days, the facility continue to record all future searches that occur during the intake process and provide documentation of compliance. The PREA Coordinator submitted documentation in the form of log entries of searches conducted by intake staff and recorded by master control staff from August 2020 to the end of November 2020. Based on the documentation and relevant information reviewed from the PREA Coordinator, this auditor and the facility is in full compliance of standard 115.315.



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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations**

- Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 640-Observation and Assessment/Intake dated March 9, 2020, page 3, section 2.B.7
- Idaho Department of Juvenile Corrections Form 162 Juvenile Understanding of Prison Rape Elimination Act (PREA) Form, English and Spanish Versions
- Idaho Department of Juvenile Corrections Case Management Handbook, A Reference Guide to Responsibilities, Processes, Forms, and other Case Management Resources, page 53
- Idaho Department of Juvenile Corrections Division of Purchasing, Purchase Order dated March 1, 2020 for Corporate Translation Services Inc. for On-Demand Remote Interpreting (OPI & VRI) and Document Translation Services
- Idaho Department of Juvenile Corrections Face to Face PREA Staff Training PowerPoint Presentation Slide 11
- Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

**Interviews:**

- Agency Head Designee- Director
- PREA Coordinator
- Facility Superintendent
- Facility Compliance Manager
- Random Staff
- Random Residents
- Resident with disabilities or who are limited English proficient

The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 640-Observation and Assessment/Intake dated March 9, 2020, page 3, section 2.B. requires during the Intake Process: 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. At intake, staff are directed to email the Clinical Supervisor and education staff to inform them of observed disabilities. Numerous resources such as bilingual staff, a translation service, and video relay systems are available for residents.

The Idaho Department of Juvenile Corrections Form 162 Juvenile Understanding of Prison Rape Elimination Act (PREA) Form, English and Spanish Version, written at a third-grade reading level provides residents basic resident education related to how to make a report of sexual abuse and harassment, the different ways to make a report, information on the grievance process including the toll free reporting line. The Idaho Department of Juvenile Corrections Case Management Handbook, A Reference Guide to Responsibilities, Processes,

Forms, and other Case Management Resources, page 53, directs case managers on the availability for translator and interpreter services.

The Idaho Department of Juvenile Corrections Face to Face PREA Staff Training PowerPoint Presentation Slide 11 and notes on the dynamics of sexual abuse and harassment in a confinement setting, informs staff that particular vulnerable juveniles susceptible to sexual abuse and harassment may have mental, physical, or cognitive disabilities, and limited English proficient.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 640-Observation and Assessment/Intake dated March 9, 2020, page 1, policy statement, 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, and the performance of first-response duties under §115.364, or the investigation of the resident's allegations.

The PREA Coordinator provided a copy of the State of Idaho Department of Juvenile Corrections Division of Purchasing, Purchase Order dated March 1, 2020 for Corporate Translation Services Inc. for On-Demand Remote Interpreting (OPI & VRI) and Document Translation Services provide Interpreter/Translator Services for over the telephone, document translation, for the Department of Juvenile Corrections Division including the Juvenile Correctional Center- Nampa. The contract requires that these services are available twenty-four (24) hours a day, seven (7) days a week, three hundred sixty-five (365) days a year. Additionally, it requires that interpreters possess the appropriate training and education in addition to required licenses and certifications. There are postings throughout the center in English and Spanish. The resident PREA video and orientation pamphlet are available in English and Spanish versions contain information that provides appropriate explanations regarding PREA to residents based upon their individual needs. During the evidence and review phase, after review of the available agency/facility's information the auditor recommended a few additional resources be translated to Spanish. Those resources were the resident handbook, specifically all PREA related information the facility presents to the residents, grievance forms, and request for medical care.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under 115.364, or the investigation of the resident's allegations reported was zero (0). While on-site, the facility did not have any youth who were limited English proficient.

### **Interview Results**

Interviewed staff consistently stated that they would not allow, except in emergency situations, a resident to translate or interpret for another resident in making an allegation of sexual abuse. During an interview with a resident with a cognitive disability, he reported that he was provided materials in a format that ensured effective communication and that he understood all material presented. Furthermore, staff took the necessary time to fully explain all PREA related material. During the on-site visit, there were no residents who were limited English

proficient, or who were blind, deaf, or hard of hearing.

Interview with the PREA Coordinator, facility Superintendent, and PREA Compliance Manager indicated that if a resident exhibits such a disability, arrangements will be made to provide the necessary and required assistance. The Intake Staff also indicated that services are required and that they would make the necessary accommodations beginning at the intake and orientation phase and throughout the resident's length of stay. Based on the need for additional resources in need of translation to limited English proficient resident, this standard will be required corrective action.

**Corrective Action required and verification since the on-site phase:**

During the first thirty (30) days of the corrective action period:

- Agency will translate additional resources be translated to Spanish. Those resources were the resident handbook, specifically all PREA related information the facility presents to the residents and grievance form.

115.316 (b) The agency takes 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. After review of the available agency/facility's information the auditor recommended a few additional resources be translated to Spanish.

Those resources were the resident handbook, specifically all PREA related information the facility presents to the residents and grievance forms. On November 20, 2020, the PREA Coordinator submitted revised version of the youth handbooks for all facility programs.

Specifically, the updates are as follows: 1) Choices Juvenile – Parent Handbook indicated the PREA information in Spanish located on page 33. In the Solutions Juvenile – Parent Handbook was the PREA information in Spanish found on pages 38 and 39. Lastly, in the O&A Juvenile – Parent Handbook, you will note the PREA information in Spanish are on pages 15 and 16. All three juvenile and parent handbooks were emailed to the auditor. On December 9, 2020, the PREA Coordinator submitted the juvenile grievance form in Spanish and was posted on the agency and facility's website. Based on the supporting documentation submitted by the agency, the facility follows and meets the standard.

115.317	<b>Hiring and promotion decisions</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 997 358"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="295 425 1484 896" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 340-Background Checks dated January 1, 2020, page 1, page 3 section 2.A.2.a, and sections 1.B and 2.B</li> <li>• Idaho Department of Juvenile Corrections -Nampa Employee List dated July 2020</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Personnel Records of Staff who were hired or promoted in last twelve months for criminal background checks and past conduct</li> <li>• Personnel Records of background checks of contractors, volunteers, and interns</li> <li>• Personnel Records of Staff regarding five-year background records checks</li> <li>• Criminal Background Checks for Employees, Volunteers, Interns, and Contractors</li> </ul> <p data-bbox="252 929 399 963"><b>Interviews</b></p> <ul data-bbox="295 1030 877 1108" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Administrative Human Resource Manager</li> </ul> <p data-bbox="252 1142 1484 1400">The policy review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 340-Background Checks dated January 1, 2020, page 1, The purpose of this policy is to ensure the safety and security of the Idaho Department of Juvenile Corrections (IDJC) staff, juveniles and facilities. The IDJC performs a thorough and careful screening of anyone who may have contact with incarcerated juveniles, including applicants for employment, temporary employees, interns, volunteers, and contractors.</p> <p data-bbox="252 1433 1484 1892">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. 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.</p> <p data-bbox="252 1926 1484 2139">The policy/procedure, 340-Background Checks, page 3, section 2A.2.and section 2.B states; Employment and Hiring Decisions- A. 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</p>

(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.

IDJC Policy 340 Background Checks further states on page 2, section B. Contractors, sub-contractors, and similar 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, 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.

Policy 340, Background Checks, page 2, section 1.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. Page 4, section 3.A, Current employees. A. All current employees 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. Page 5, section 4.C. 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. Section 11, Unless prohibited by law, the agency provides 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.

The PREA Coordinator provided criminal background checks on the online auditor system of all employees, contractor, and volunteers. After interviewing the Administrative Human Resource Manager on the questions related to 115.317, the auditor was provided records from employees, volunteers, interns, and contractors. Review of personnel files indicated all required documentation was present in the files.

A review of the Pre-Audit Questionnaire and confirmed by staff interviews:

- In the past 12 months, the number of contract for services where criminal background record checks were conducted on all staff covered in the contract that might have

contact with residents: twelve (12).

- In the past 12 months, the number of persons hired and promoted who may have contact with residents who have had criminal background checks: twenty-five (25).

### **Interview Results**

The interview with Agency Human Resource Director and PREA Coordinator confirmed a hiring process that performs a criminal record background check on newly hired employees and contractors. The agency performs criminal record background checks on employees and contractors at least every five (5) years. Contractors who have contact with residents have a system in place for otherwise capturing such information for current employees. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.318	<b>Upgrades to facilities and technologies</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 997 358"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 425 1484 761" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections -Nampa Juvenile Corrections Center Building Schematic and Video Surveillance System Diagram</li> <li>• Draft State of Idaho Juvenile Corrections Center-Nampa Standard Operating Procedure (SOP), titled New Construction or Modifications.</li> <li>• JCCN Standard Operating Procedure (SOP) titled New Construction or Building Modification procedure</li> </ul> <p data-bbox="252 795 399 828"><b>Interviews</b></p> <ul data-bbox="300 896 798 1064" style="list-style-type: none"> <li>• Agency Head Designee – Director</li> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> </ul> <p data-bbox="252 1097 1484 1478">The Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) indicates no substantial expansion or modification since the last PREA audit in September 2017. The PREA Coordinator and Compliance Manager reported the facility have made updates to the video monitoring system, electronic surveillance system, or other monitoring technology. The Agency head designee- Director and facility Superintendent advised when the agency plans substantial expansion to facilities, the agency considers the effects of changes on its abilities to protect residents from sexual abuse. Furthermore, considerations are given to enhance resident protection from sexual abuse when making updates or installing monitoring technology and video monitoring systems.</p> <p data-bbox="252 1512 1484 1724">While on-site and touring the facility, administrators informed the auditor of a new building expansion of a new gymnasium which will consider the effects of changes on its abilities to protect residents from sexual abuse. Currently, the agency is developing a draft Juvenile Corrections Center-Nampa Standard Operating Procedure (SOP), titled New Construction or Modifications. The SOP was being routed through the Agency Deputy Director for approval.</p> <p data-bbox="252 1758 1117 1792">Corrective Action required and verification since the on-site phase:</p> <ul data-bbox="300 1859 1444 1982" style="list-style-type: none"> <li>• During the first thirty (30) days of the corrective action period, the agency will provide the documentation, the New Construction or Modifications Standard Operating Procedure to the auditor when approved by the Director.</li> </ul> <p data-bbox="252 2016 1484 2139">115.318 (a) On December 3, 2020 the PREA Coordinator received indication that the agency and facility management team developed and approved, JCCN Standard Operating Procedure (SOP) titled New Construction or Building Modification procedure and the purpose of the SOP</p>

is to ensure that any upgrades to facilities or technologies take into consideration the facility's deployment of video monitoring system and other monitoring technologies, as well as all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated). These expectations are in place when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse. Also, when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse. The new Standard Operating Procedure applies to the JCC-Nampa Juvenile Correctional Center's anticipated building expansion of a new gymnasium in the foreseeable near future. Based on the supporting documentation submitted by the agency and facility this follows and meets the standard.



115.321	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614- Investigations-PREA dated September 10, 2018, page 1, policy and operating procedures section</li> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910- Investigations-Administrative dated May 18, 2020, page 1, policy and operating procedures section</li> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 835- Sexual Abuse dated January 7, 2019, page 2, section 3.A, page 1, section 1.B</li> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) Compliance dated July 3, 2017, page 1, section 4.A-C</li> <li>● Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated May 21, 2019, pages 1-5</li> <li>● Qualified Staff Member Credentials</li> <li>● Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>● Idaho Department of Juvenile Corrections Specialized PREA Training for Medical and Mental Health Care Providers PowerPoint Presentation Slides 1-22 (13)</li> <li>● Idaho Department of Juvenile Corrections- Nampa Administrative staff email with Nampa Police Department</li> <li>● Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse and Sexual Harassment</li> <li>● Clinical Report on residents who disclosed prior sexual abuse at screening reported sexual abuse</li> <li>● E-mail correspondence between Idaho Department of Juvenile Corrections- Nampa Program Manager and Nampa Police Department Detective</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>● PREA Coordinator</li> <li>● PREA Compliance Manager</li> <li>● Administrative Investigator</li> <li>● Facility Superintendent</li> <li>● Medical Staff</li> <li>● Random Residents</li> <li>● Residents who reported sexual abuse</li> <li>● Random Staff</li> <li>● SAFE/SANE Staff- Interim Executive Director, Nampa Family Justice Center</li> <li>● Victim Witness Coordinator from the Nampa Police Department</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure,</p>

614-Investigations-PREA dated September 10, 2018, 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. 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, 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.

Operating Procedures section for the Idaho Department of Juvenile Corrections- Nampa requires all allegations of sexual abuse and harassment received, including third-party and anonymous reports, are investigated promptly, thoroughly, and objectively, to the extent possible. Described in section I. 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. A. The IDJC cooperates fully with the law enforcement investigators and maintains contact in order to remain informed about the progress of the investigation. B. The need for subsequent departmental investigation is determined at the recommendation of law enforcement or at the close of the law enforcement investigation, at the recommendation of the Deputy Attorney General (DAG).

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910- Investigations-Administrative dated May 18, 2020, page 1, policy section ensures employees adhere to the policies and procedures of the Idaho Department of Juvenile Corrections (IDJC) by providing formal procedures to investigate alleged IDJC employee misconduct is essential in upholding the public trust and confidence in the department and allows appropriate corrective actions to be implemented when evidence of misconduct is found. The policy of IDJC that, upon request of the Director, and under direction of the Deputy Attorney General (DAG) assigned to IDJC, investigations shall be conducted according to the procedures below in an impartial, objective, confidential, and expeditious manner. Department investigators will conduct investigations into all alleged IDJC employee misconduct regardless of assigned work location.

On page 5, section 4.A.B Investigation 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. For criminal investigations are referred to the Nampa Police Department and the facility relies on the Nampa Police Department for evidence collection that maximizes potential for obtaining useable physical evidence.

The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape

Elimination Act (PREA) Compliance dated July 3, 2017, page 1, section 4.A-CIV. 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. The Idaho Department of Juvenile Corrections Specialized PREA Training for Medical and Mental Health Care Providers PowerPoint Presentation Slide 13, outlines PREA responsibilities for medical and mental health professionals; Health care is inclusive of sexual abuse prevention, detection & response. Medical and Mental Health are trained to 1. Detect & assess signs of sexual abuse & sexual harassment. 2. Know how to ensure that physical evidence is not destroyed. 3. Know how to respond effectively & professionally to juvenile victims of sexual abuse & sexual harassment 4. How & to whom to report allegations or suspicions of sexual abuse & sexual harassment. 5. Know how to provide standard health care follow-up for juvenile victims of sexual abuse. 6. Identify duties & responsibilities of the first staff responder, such as separating the alleged victim & abuser, preserving & protecting the crime scene, etc.

Review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 835-Sexual Abuse dated January 7, 2019, page 1, policy section of the Idaho Department of Juvenile Corrections (IDJC) that any juvenile that is the victim of sexual abuse while in IDJC custody is referred to a community facility for evaluation and treatment and the gathering of forensic evidence. On page 2, section 3.A, Infectious Disease Transmission. A. 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. It is the policy of the Idaho Department of Juvenile Corrections (IDJC) that any juvenile that is the victim of sexual abuse while in IDJC custody is referred to a community facility for evaluation and treatment and the gathering of forensic evidence.

The auditor received a Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated May 21, 2019, pages 1-5, in cases of sexual abuse, forensic medical examiners and victim advocates respond to which serves several local hospitals for the facility. Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There is thirteen (13) Sexual Assault Forensic Nurse Examiners (SAFE) that contract with the center. The Interim Executive Director indicated they provide their services to residents free and in a confidential manner. The Nampa Family Justice Center makes available to the victim a victim advocate from rape crisis centers.

Furthermore, another resource available to the agency/facility are Victim Witness Coordinators (VWCs) who work closely with Nampa Police Detectives in the Persons Crimes Unit on behalf of victims. The VWCs monitor the progress of the investigation and continuously update victims at various stages of the process. The VWC works very closely with victim advocates at the Nampa Family Justice Center. The VWC works with JCC-Nampa by making initial arrangements with the appropriate interviewer whether it is a Nampa Police Department detective or a CARES team member. The VWC attends the interview and follows up with the victim's guardian or family to articulate what was discussed in the interviews and update the

family through the investigative process. The VWC provides additional assistance and resources such as counseling and crime victim compensation. The Nampa Police Department recognizes the value of informed victims, and the VWCs work to educate and empower victims by referring them to services, such as crime victim's compensation, counseling, safety planning and additional resources available.

The Nampa Police Department are committed to providing consistent, professional victim centered services through thorough investigations. We realize the negative impact crime has on families and individuals and take pride in enveloping crime victims with resources to help them cope with the trauma and aftermath of the crime that was committed to them. The Nampa Police Department uses an evidence protocol and utilizes the SAFE/SANE who adheres to the equivalent of national standards. The auditor was provided with email correspondence to Nampa Police Department and from the PREA Coordinator regarding the requirements of the standards related to local law enforcement and requesting they follow provisions (a)-(e) of this standard.

If and when a rape crisis center is not available to provide victim advocate services, the facility can provide a qualified staff member from a community-based organization or a qualified agency staff member, there is one (1) staff employed by the facility that received education concerning sexual assault and forensic examination issues in general and can stand in as a qualified staff member. This staff member is designated as qualified agency/facility staff members. They have been screened for appropriateness to serve the role and have received education concerning sexual assault and forensic examination issues in general.

According to the PREA Coordinator, this qualified staff member has is available to respond and provide victim advocate services should the need arise. To date, the staff member has not been utilized as the Nampa Family Justice Center can provide victim advocate services.

Review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 835-Sexual Abuse dated January 7, 2019, page 2, section 1.B, I. Forensic Examination, B. 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.

According to a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of forensic medical exams conducted and performed by a SANES/SAFE examiner during the past 12 months reported were zero (0).
- The number of exams performed by a qualified medical practitioner during the past 12 months that occurred at the facility as reported was zero (0).

### **Interview Results**

Interviewed staff, including the PREA Coordinator and facility Superintendent, were familiar with the evidence protocol and roles they would play as first responders. The staff stated they would "make sure the resident victim was stable," preserve the evidence and, if the mental health staff are on site, call on the mental health staff to conduct an assessment. For victims of sexual assault, interviewed staff including medical nurse and mental health staff indicated that the facility offers all victims access to forensic medical examinations without financial cost. They also indicated that SANE/SAFE are provided by the local hospital. Furthermore, the facility can provide mental health counselors' accompaniment and support to the victim

through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals as needed.

The Interim Director at the Nampa Family Justice Center indicated they provide their services to residents free and in a confidential manner. She further stated the center has had a long working relationship with the Juvenile Corrections Center-Nampa. Mostly all random staff interviews indicated knowledge with evidence protocol to preserve evidence until local law enforcement officers arrived at the facility. Thirteen (13) out of twenty-one (21) residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Facility records indicated the three (3) residents who disclosed prior sexual victimization in the community received the appropriate medical and mental health services. The three (3) residents who reported sexual abuse indicated he was seen by medical and mental health staff and offered services. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

**115.322 Policies to ensure referrals of allegations for investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations**

- Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1
- Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 1
- Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910-Investigations-Administrative dated May 18, 2020, page 2, section B.4 and section 3.B.2
- Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated May 21, 2019, pages 1-5
- Qualified Staff Member Credentials
- Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Idaho Department of Juvenile Corrections Specialized PREA Training for Medical and Mental Health Care Providers PowerPoint Presentation Slides 1-22 (13)
- Region 2 NIC Investigators Training Progress Report dated July 2020
- Idaho Department of Juvenile Corrections- Nampa Administrative staff email with Nampa Police Department
- Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse and Sexual Harassment
- Clinical Report on residents who disclosed prior sexual abuse at screening reported sexual abuse

**Interviews**

- Agency Head Designee – Director
- Investigative Staff
- PREA Coordinator
- Random Staff

The review Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, policy statement; 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 occurrence 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. 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.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 1, policy statement reads, 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. 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.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910- Investigations-Administrative dated May 18, 2020, page 2, sections B.2, B.4, Any and all facts, documentation, statements and evidence gathered shall be saved in a designated confidential location with an investigative file name consisting of the last name and first initial of the subject of the investigation and the month and year of the investigation, e.g. Jones R 5-2020. The contents of the investigative file will be kept confidential and will only be released by the DAG under the following circumstances: 2. Upon request of law enforcement. 4. As required by statute, including the Public Records Act and the Prison Rape Elimination Act (PREA).

For criminal investigations are referred to the Nampa Police Department and the facility relies on the Nampa Police Department for evidence collection that maximizes potential for obtaining useable physical evidence. The Nampa Police Department provides services on a twenty-four (24) basis and holds the responsibility for investigating sexual abuse by employing qualified staff screened for appropriateness to serve in that role and who have received training concerning sexual assault and forensic exam issues. Referrals made by IDJC for criminal investigations are documented when referred to the Nampa Police Department. PREA allegations are referred to the Administrative Investigators that are assigned at the facility level. The facility provided staff certificates of training from the twenty-four (24) administrators completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. The Region 2 NIC Investigators Training Progress Report dated July 2020 verified administrative staff completed and understood the training.

The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal and administrative investigations is published on the agency website.

During the past twelve (12) months, the total number of sexual abuse and sexual harassment allegations was thirty-seven (37). Eight (8) allegations, all youth on youth sexual abusive contact met the PREA definition and twenty-nine (29) were determined non-PREA allegations after an administrative or criminal investigation was conducted by the agency and law enforcement. Thirty-two (32) allegations resulted in an administrative investigation and five (5) were referred for criminal investigation. The breakdown of the eight (8) sexual abuse and sexual harassment allegations in the past twelve (12) months are as follows: Eight (8) allegations identified as Youth on Youth Sexual Abusive Contact with an outcome of six (6)

substantiated, two (2) unsubstantiated, and zero (0) unfounded. One of the Youth on Youth Sexual Abusive Contact allegation resulting in an unsubstantiated finding was reported by resident occurring at another facility. There were zero (0) incidents of staff sexual misconduct, staff sexual harassment, or Youth on Youth Non-consensual Sex Acts.

### **Interview Results**

All random staff interviews reflected and confirmed their knowledge on the reporting process, referral process, and policies' requirements; the staff were to report all allegations to their immediate supervisor and an internal and criminal investigation would occur. Specialized staff, based on job duties and responsibilities, knew the agency's procedure that details when and by whom administrative and criminal investigations are conducted in response to an allegation of sexual abuse and sexual harassment. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.



115.331	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017,</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 665-Training Requirements dated April 8, 2019, page 2, section 1.B, and section B.3</li> <li>• Idaho Department of Juvenile Corrections, Region 2 PREA Training Progress Report dated July 2020, Training roster for PREA Basics for First Responders</li> <li>• Idaho Department of Juvenile Corrections, Face to Face PREA Training curriculum and presentation dated July 2020, Training roster for PREA Basics for First Responders</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa, Employee PREA understanding Traincaster statement</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• PREA Compliance Manager</li> <li>• Facility Superintendent</li> <li>• Random and Specialized Staff</li> </ul> <p>The review of Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2,3, section 2.E., The IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: E.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.</p> <p>Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 665-Training Requirements dated April 8, 2019, page 2, section 1.B., Requirements for all IDJC staff B. Within 45 days of being hired, all IDJC staff will successfully complete the following training and meet the refresher standards as indicated: 3. PREA Basics for First Responders (one-hour initial classroom training and/or online annual refresher with bi-annual one-hour classroom training.) On a yearly basis and depending on the need-- based on the outcomes and recommendations of sexual abuse allegations employees are required to attend a PREA Refresher training and sign a training sheet indicating they received the training and understand the training they received. For 2020, all staff have received the required training.</p> <p>The Idaho Department of Juvenile Corrections, Face to Face PREA Training curriculum and presentation dated July 2020, Training roster for PREA Basics for First Responders, includes the following information: 1. Sexual contact with an offender is prohibited, 2. Offender's right to</p>

report if sexual contact occurs, 3. The zero-tolerance policy against sexual abuse and sexual harassment, 4. How staff are to fulfill their responsibilities under the IDJC sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures as defined in this policy, 5. Residents' right to be free from sexual abuse and sexual harassment, 6. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment, 7. The dynamics of sexual abuse and sexual harassment in confinement, 8. The common reactions of sexual abuse and sexual harassment victims, 9. How to detect and respond to signs of threatened and actual sexual abuse, 10. How to avoid inappropriate relationships with residents, 11. How to communicate effectively and professionally with offenders, including LGBTI or gender nonconforming offenders, 12. How to comply with relevant laws of Idaho related to mandatory reporting of sexual abuse to outside authorities, 13. Sexual Misconduct in Confinement Facilities. Staff training is tailored to both genders, as both male and female residents are committed to the facility. Employees are all trained on cross gender supervision, so additional training in the event employees are re-assigned are not necessary.

The Idaho Department of Juvenile Corrections, Region 2 PREA Training Progress Report dated July 2020, Training roster for PREA Basics for First Responders records staff that attended and participated in the required training. The facility documents through Idaho Department of Juvenile Corrections- Nampa, Employee PREA understanding provided by the facility's training program, Traincaster, a Certificate of Understanding that staff and contract employees have received and understand the training they have received. The PREA staff training material is adopted from the Employee Training curriculum developed by The Moss Group located on the PREA Resource Center's website.

Randomly selected staff were knowledgeable of the PREA guidelines on how staff and residents can privately report sexual abuse and harassment, and how to fulfill their role in preventing, detecting, and reporting sexual abuse.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of staff employed by the facility, who may have contact with residents, who were trained on the PREA requirements reported were 43, which matches the training records.
- A sample of the 2018 Employee Receipt of PREA Training Sign-In Sheets was provided, acknowledging by their signatures that they understand the identified areas listed on the form.

### **Interview Results**

All random staff interviews confirmed their knowledgeable of the PREA guidelines on how staff and residents can privately report sexual abuse and harassment, and how to fulfill their role in preventing, detecting, and reporting sexual abuse. Fifteen (15) out of fifteen (15) random staff interviewed consistently stated that they receive PREA Training in a variety of ways. These include PREA Training as part of the training provided for newly hired during orientation. Additionally, they consistently indicated that they receive the training at the time of hire and as an annual refresher training. Random staff were very knowledgeable with all eleven training elements in subsection (a). Based on the above listed information, the agency and facility

meet the standard and complies with the standard for the relevant review period.

115.332	<b>Volunteer and contractor training</b>
	<p data-bbox="252 168 893 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 518 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 997 358"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="295 425 1484 716" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 2</li> <li>• Idaho Department of Juvenile Corrections PREA Volunteer, Intern, and Contractor (VIC) PREA training curriculum including the PowerPoint Presentation, PREA Quiz, Refresher Training Acknowledgement</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p data-bbox="252 750 391 784"><b>Interviews</b></p> <ul data-bbox="295 851 909 1064" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility Compliance Manager</li> <li>• Volunteers who have contact with residents</li> <li>• Contractors who have contact with residents</li> </ul> <p data-bbox="252 1097 1476 1355">Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 2, requires the IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: E. 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.</p> <p data-bbox="252 1388 1476 1680">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2,3, section 2.E., The IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: E. 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.</p> <p data-bbox="252 1713 1484 2139">The facility ensures that volunteers, interns, and contractors who have contact with residents have been trained on their responsibilities under the IDJC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with residents, but all volunteers, interns, and contractors who have contact with residents shall be notified on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All volunteer, interns, and contractor human resource files were reviewed verifying the agency completed the criminal background check and child protective services check which resulted in compliance. The Idaho Department of Juvenile Corrections PREA Volunteer,</p>

Intern, and Contractor (VIC) PREA training curriculum including the PowerPoint Presentation, PREA Quiz, Refresher Training Acknowledgement form records that staff, volunteers, and contract employees have received and understand the training.

The facility ensures that volunteers, interns, and contractors who have contact with residents have been trained on their responsibilities under the IDJC's sexual abuse and sexual harassment prevention, detection and response policies and procedures. The level and type of training provided to volunteers and contractors shall be based on the services that they provide and level of contact they have with residents, but all volunteers, interns, and contractors who have contact with residents shall be notified on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. All volunteer, interns, and contractor human resource files were reviewed verifying the agency completed the criminal background check and child protective services check which resulted in compliance.

Per a review of the Pre-Audit Questionnaire, Supporting Documentation, and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of volunteers and contractors who may have contact with residents, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: thirty-nine (39) which matches the training records receipt.

### **Interview Results**

Interviews with four (4) volunteers and three (3) contractors confirmed their knowledge of the required PREA training and the Agency's zero tolerance of any form of sexual activity at the facility as well as their duty to report sexual abuse or sexual harassment. The auditor was impressed by the facility contracted staff namely the teachers, medical staff, and religious volunteers with their dedication and commitment to helping the residents at Juvenile Corrections Center-Nampa. Interviews with the PREA Coordinator and Compliance Manager confirmed that all volunteers, interns, and contractors receive the required training and provided documentation to verify such. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.333	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.J.</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 640-Observation and Assessment Intake dated March 9, 2020, page 3, section 2.B.7</li> <li>• Idaho Department of Juvenile Corrections- Nampa, PREA Education date to placement spreadsheet dated July 2019-2020</li> <li>• Idaho Department of Juvenile Corrections form 162-PREA Juvenile Understanding of PREA form, English and Spanish versions</li> <li>• Idaho Department of Juvenile Corrections, PREA Basics Juvenile Education Curriculum PowerPoint Presentation</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019</li> <li>• Idaho Department of Juvenile Corrections- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised March 1, 2019</li> <li>• Idaho Department of Juvenile Corrections PREA and Sexual Safety Video, English and Spanish Versions</li> <li>• Idaho Department of Juvenile Corrections- Nampa Resident Brochure, English and Spanish Version</li> <li>• Idaho Department of Juvenile Corrections- Nampa Resident Population Report dated August 24, 2020</li> <li>• Remedial Resident Education Acknowledgement of understanding form on topics; Victim Advocate Services and Reporting practices dated September 18, 2020</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Compliance Manager</li> <li>• Facility Superintendent</li> <li>• Intake Staff</li> <li>• Random Residents</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.J. Through education of staff and juvenile offenders, the IDJC will increase awareness of safe reporting mechanisms, grievance procedures, and available services to victims, thereby creating institutional cultures that discourage sexual misconduct and encourage reporting of such incidents. The policy further states on page 5, section 10. Juvenile education, interventions and disciplinary sanctions; A. PREA education provided to juveniles shall be age-appropriate</p>

and accessible to juveniles who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills. 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.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 640-Observation and Assessment Intake dated March 9, 2020, page 3, section 2, Initial IDJC Intake: B. Intake Process, 7. 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.

Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

The Idaho Department of Juvenile Corrections form 162-PREA Juvenile Understanding of PREA form, in English and Spanish versions is completed upon intake and located in the resident's record. Form 162- Juvenile Understanding of PREA form details the agency's/facility's zero tolerance policy, how and the ways to report sexual abuse and harassment, and the Child Protection Hotline number. The form is also written at a six-grade reading level. As a way of providing additional age-appropriate education, residents receive the Idaho Department of Juvenile Corrections, PREA Basics Juvenile Education Curriculum PowerPoint Presentation, watch the Idaho Department of Juvenile Corrections PREA and Sexual Safety Video, and receive the

Idaho Department of Juvenile Corrections- Nampa Resident Brochure either in English or Spanish versions. The Idaho School for the Deaf & Blind provided all IDJC facilities with Video Relay Systems, enabling IDJC to log in & connect with ASL interpreters in case IDJC ever needs to communicate to a deaf resident their PREA education & they are unable to read. Staff would take the time to read all PREA material to residents who are identified having a cognitive or physical disability.

The PREA Coordinator provided the Idaho Department of Juvenile Corrections- Nampa, PREA Education date to placement spreadsheet dated July 2019-2020 that recorded resident admissions over the past twelve months and completion dates when the initial training was completed. Residents are also provided a copy of the Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019. When on-site, a total of fifteen (15) resident electronic files were reviewed for compliance. After review, records indicated the required education material based on time frames established in policy and practice.

The facility ensures that the key information about PREA is continuously and readily available or visible through posters, the resident handbook, and PREA Pamphlets. Resident interviews confirmed that the facility provides education material in formats accessible to all residents, including those who are limited in English proficiency, deaf, visually impaired, disabled, as well

as to residents who have limited reading skills. Staff and resident interviews reveal that the facility provides the PREA Education in English and Spanish, to include resident handbooks and posters. The facility is in the process of translating the resident handbook into a Spanish version, specifically the PREA related education material. Once the handbook is updated, the PREA Coordinator will send the final copy to the auditor. In the meantime, when necessary, should a limited English proficient resident enter the facility, translation/interpreting services and bi-lingual staff deliver the resident education to the resident.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents admitted during past 12 months who were given this information at intake and received age appropriate education reported was one hundred twenty-five (125).
- The number of residents admitted during past 12 months who received 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 within 10 days of intake were one hundred twenty-five (125).

### **Interview Results**

The Intake staff indicated that during the intake process, to include transfers from other facilities, residents are educated on the zero tolerance policy, their right to be free from sexual abuse, harassment, and retaliation, and multiple ways (both inside and outside reporting sources), to report any incidents or suspicion of sexual abuse or sexual harassment. This information is given during the intake process, on the date of admission and within twenty-four (24) hours. The Intake staff distributes the required paperwork and have residents sign and acknowledge a receipt informing residents on how to make reports of sexual abuse and sexual harassment along with the contact numbers to reach outside counseling services and to make reports outside of the agency.

Twenty-one (21) residents interviewed stated that when they first came to this facility, they received information regarding facility rules against sexual abuse and harassment. Residents were interviewed using the following statement: "When you came to this facility, were you told about..."

- Your right to not be sexually abused or sexually harassed-- all interviewed residents answered yes.
- How to report sexual abuse or sexual harassment—all interviewed residents answered yes.
- Your right not to be punished for reporting sexual abuse or sexual harassment-- all interviewed residents answered yes.

Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.



115.334	<b>Specialized training: Investigations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1002 360"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 427 1485 842" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 2.E.</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 665-Training Requirements dated April 8, 2019, page 5, section 6.B</li> <li>• Idaho Department of Juvenile Corrections, Region 2 PREA Training curriculum, Training Progress Report dated July 2020, Investigating Sexual Abuse in Confinement Setting</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa, Employee PREA understanding TrainCaster statement</li> </ul> <p data-bbox="252 887 395 920"><b>Interviews</b></p> <ul data-bbox="300 987 762 1189" style="list-style-type: none"> <li>• Agency Level Designee- Director</li> <li>• PREA Coordinator</li> <li>• Administrative Investigator</li> <li>• Facility Compliance Manager</li> <li>• Facility Superintendent</li> </ul> <p data-bbox="252 1234 1485 1514">The initial review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 2.E, the IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: E. 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.</p> <p data-bbox="252 1559 1485 2018">Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 665-Training Requirements dated April 8, 2019, page 5, section 6, 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), C. Investigating Sexual Abuse in a Confinement Setting (National Institute of Corrections – online) as determined by Division Administrators. This specialized training will include but is not limited to: 1. Interviewing sexual abuse victims, 2. Proper use of Miranda warnings and the Garrity rule, 3. Sexual abuse evidence collection in confinement settings, 4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.</p> <p data-bbox="252 2063 1453 2141">Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910- Investigations-Administrative dated May 18, 2020, page 1, policy and operating procedures section, I.</p>

Qualifications of Investigators, C. Each investigator will take at least one basic investigative training course approved by the DAG before being solely responsible for an investigation. In addition, each investigator will attend investigator meetings or in-house trainings, whenever possible.

The agency provided staff verification of the specialized training from the twenty-four (24) administrators completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. The form, Idaho Department of Juvenile Corrections, Region 2 PREA Training curriculum, Training Progress Report dated July 2020, Investigating Sexual Abuse in Confinement Setting records staff attendance, participation, and acknowledgment of understanding the presented training material. Idaho Department of Juvenile Corrections- Nampa, Employee PREA understanding Traincaster statement verified staff completion.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of investigators currently employed who have completed the required training were twenty-four (24).

### **Interview Results**

Interviews with Administrative Investigators indicated that they qualified and knowledgeable of agency policy and the investigatory process. They also confirmed that he received the required training for Investigator. The Agency Level Designee- Director, PREA Coordinator, and facility Superintendent and Compliance Manager confirmed the duties and responsibilities for the facility and agency level Investigative Staff have received all required training. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.335	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 3.E.</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 665-Training Requirements dated April 8, 2019, page 5, section 6.B</li> <li>• Idaho Department of Juvenile Corrections, PREA Training Curriculum PowerPoint Presentation, Specialized PREA Training for Medical and Mental Health Care Providers</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa, Employee PREA understanding Traincaster statement</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Medical Staff</li> <li>• Mental Health Staff</li> </ul> <p>The initial review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 2.E, the IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: E. 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.</p> <p>The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 665-Training Requirements dated April 8, 2019, page 5, section 6, 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.) This specialized training includes, but is not limited to: 1. How to detect and assess signs of sexual abuse and sexual harassment; 2. How to preserve physical evidence of sexual abuse; 3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; 4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The agency provided staff verification of the specialized training from the nineteen (19) administrators completed the National Institute of Corrections (NIC) PREA: Behavioral Health and Medical Care for Sexual Assault in a Confinement Setting. The form, Idaho Department of Juvenile Corrections, Region 2 PREA Training curriculum, Training Progress Report dated July 2020, Investigating Sexual Abuse in Confinement Setting records staff attendance, participation, and acknowledgment of understanding the presented training material. Idaho</p>

Department of Juvenile Corrections- Nampa, Employee PREA understanding Traincaster statement verified staff completion. Training records for staff training for 115.331 and specialized training were verified by the auditor while conducting the on-site phase.

The medical staff at Juvenile Correction Center- Nampa do not conduct forensic examinations. Forensic exams are completed by the Nampa Family Justice Center provides forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There is a total of thirteen (13) Sexual Assault Forensic Nurse Examiners (SAFE) that contract with the center. The Interim Executive Director at NFJC verified the contract between IJDC and that Sexual Assault Nurse Examiners (SAFE) have received extensive training that follows the Forensic Nurse Guidelines.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number and percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy were nineteen (19) staff and completion percentage was 100%.

### **Interview Results**

Interviews with Medical and Mental Health Staff confirmed their understanding of the requirement to complete requirements in 115.331 and the NIC specialized training, verified completing the course and participating in the annual basic PREA training. The medical and mental health staff reported that their PREA related training is more in depth, covering treatment plans, follow up services, and counseling. They were also trained on why a resident should not take a shower and the necessity to preserve evidence. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.341	<b>Obtaining information from residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.H.</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 404-Observation and Assessment Intake dated March 9, 2020, page 2, section 2.E.2</li> <li>• Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form</li> <li>• Fifty-four (54) Resident Risk of Sexual Victimization/Perpetration Screener Form, Initial and Re-Assessment forms</li> <li>• Sample Resident Intake Packet: Orientation and Admission and Intake Acceptance and Checklist Form</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Intake Staff</li> <li>• Staff that perform Screening for Risk of Victimization and Abusiveness</li> <li>• Clinical Staff</li> <li>• Random Staff</li> <li>• Random and Targeted Residents</li> </ul> <p>The initial review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1, The IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment: H. 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&amp;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.</p> <p>The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 404-Observation and Assessment Intake dated March 9, 2020, page 2, section E. Every juvenile receives various assessment protocols to assist in the development of the O&amp;A Evaluation. A summary of all results is included in the O&amp;A Evaluation report. 1. Upon entry, every juvenile is administered the most current Massachusetts Youth Screening Instrument (MAYSI-2). 2. Every juvenile admitted to O&amp;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&amp;A. The Sample Resident Intake Packet: Orientation and Admission and Intake Acceptance and</p>

Checklist Form is used to maintain file integrity and in an organized manner.

The Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form - an objective screening instrument (form-DJC-269) is administered to identify potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Housing assignments are made accordingly from the results of the screening assessment. The Intake and mental health staff are required to conduct this interview at intake to ascertain information about a juvenile's personal history and behavior to reduce the risk of sexual abuse by or upon a juvenile. The facility Risk of Sexual Victimization/Perpetration Screener Form determines a resident's risk to vulnerability and/or aggressiveness. The reviewed instrument addresses all requirements of this standard.

The agency/facility's policies limit staff access to this information on a "need to know" basis. IJDC ensures that appropriate controls on the dissemination of information obtained through the classification process are in place and that the information is handled with the highest level of confidentiality and is not exploited to the resident's detriment by staff or other residents. This information is contained in resident files, which are stored on a password protected database and any paper files are in the clinician's office, locked and are thus located in a secure area not accessible by other residents and staff.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was one hundred fifteen (115).

### **Interview Results**

With regards to youth screening questions (115.341 and 342), all residents interviewed were asked "when first coming to the facility, do you remember being asked questions like whether you have ever been sexually abused, whether you identify with being gay, bisexual, or transgender, whether you have any disabilities, and whether you think you might be in danger of sexual abuse. All interviewed residents remembered being asked the questions at Intake.

The auditor asked if staff ever asked the screening questions again and, nineteen (19) out of twenty-one (21) residents indicated they have been asked the question more than one time.

During the on-site visit, the auditor interviewed Intake Staff and asked if staff could walk him through the intake process. The Intake staff detailed the intake process by explaining the process when a resident is admitted to the facility. Intake staff provided documentation such as the resident handbook, orientation/assessment, Resident Education Certificate of Understanding, Consent to Disclose Abuse, Resident Rights. In addition to the procedure for residents who report incidents of sexual abuse, and the rights to be free from sexual abuse and free from retaliation. The Intake staff further stated that all residents who enter the facility receive the information and are made aware of their rights within seventy-two hours of admission. Record sample indicated intake requirements were met within the twenty-four-hour time frame.

Staff who performed the Resident Risk of Sexual Victimization/Perpetration Screening

assessment stated that residents admitted to the facility are screened for risk of victimization and abusiveness and expressed knowledge on what the initial risk screening considers and the process for conducting the initial screening. The staff articulated the rationale with obtaining certain information about any gender nonconforming appearance or manner of identification as lesbian, gay, bi-sexual, transgender, and intersex, and whether the resident may therefore be vulnerable to sexual abuse. Fifty-four (54) Resident Risk of Sexual Victimization/Perpetration Screener Form, Initial and Re-Assessment forms. Resident file records were reviewed and indicated residents are screened within the required timeframes and were re-assessed for risk of vulnerability and aggressiveness based on reporting sexual abuse. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.342	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.H.</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 404-Observation and Assessment Intake dated March 9, 2020, page 6, section 3.B.</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 604 Special Management Intervention dated July 3, 2017, page 1 and page 3, section 4.A, page 4, section 5.D.4 and 10</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 672 Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender and Intersex Juveniles, dated March 9, 2020, page 3, section 4.A.1,2, and section 4.A.3.B.</li> <li>• Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form</li> <li>• Resident samples of the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form and Resident Files</li> <li>• Transgender resident Observation and Assessment Evaluation</li> <li>• Idaho Department of Juvenile Corrections Due Process for Juveniles Form</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Staff who Supervise residents in Isolation</li> <li>• Staff that perform Screening for Risk of Victimization and Abusiveness</li> <li>• Mental Health Clinicians</li> <li>• Intake Staff</li> <li>• Medical and Mental Health Staff</li> <li>• Random Residents</li> <li>• Transgender/Intersex/Gay/Lesbian/Bisexual Residents</li> <li>• Residents in Isolation</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.H. The IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment: H. 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&amp;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</p>



placement.

The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 404-Observation and Assessment Intake dated March 9, 2020, page 6, section 3, Observation and Assessment Staffing requires A. Within the first 20 business days of O&A placement, the Clinical Supervisor, or designee, facilitates the O&A staffing and includes the JPO, juvenile, Clinician who completed the O&A evaluation, parent/guardian, JSC, and other necessary participants (e.g., licensed medical staff, education staff, Rehabilitation Technician staff). If the JSC is unable to attend a staffing, it is the JSC's responsibility to follow up with the Clinical Supervisor regarding the staffing recommendations. B. During the staffing, the Clinician who completed the O&A evaluation presents the reported findings. The Clinical Supervisor requests feedback on the reported findings. If clarifying information is received, the Clinician incorporates this into the final report.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 604 Special Management Intervention dated July 3, 2017, page 1, policy statement, 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. On page 3, section 4.A, Due Process Hearings, A. Any juvenile placed in room confinement or isolation for cause is provided a due process hearing within 24 hours of placement.

On page 4, section 5.D.4, Basic Rights, During room confinement or isolation the juvenile's basic rights are maintained and the following criteria are followed (unless it presents a safety and security risk, such as increased risk to a juvenile on suicide precautions and/or the juvenile's behavior warrants a restriction): D. 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, and 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. In the past twelve months, there were no residents at risk of sexual victimization who were placed in isolation, who have been denied daily access to large muscle exercise, and/or legally required education or special education services.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 672 Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender and Intersex Juveniles, dated March 9, 2020, page 3, section 4, Special Considerations, A. Placement 1. 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. 2. The IDJC shall not consider a juvenile's LGBTIQ status, or perceived status, as an indicator or likelihood of being sexually abusive. 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. All residents are re-assessed by clinicians at the three (3) month interval then again at the five (5) month time frame. The policy continues to state, on page 4, section D. Bathroom/Shower 1. Transgender juveniles are given the opportunity to shower and use the bathroom separately from other residents. 2. If individual showers are not available, the transgender juvenile is given the option to shower first or last so they can shower separately. 3. Any accommodations are provided in a respectful/nonjudgmental manner that does not present a safety risk.

The facility Superintendent confirmed the practice regarding placement of residents in housing, bed, program, education, and work assignments, the Juvenile Corrections Center-Nampa uses all information obtained pursuant to § 115.341 and subsequently uses the information to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse. In the last twelve months, the facility has not isolated any residents who were at risk of sexual victimization from others as a last resort when less restrictive measures are inadequate to keep them and other residents safe.

The Idaho Department of Juvenile Corrections Due Process for Juveniles Form, states prior to the use of isolation exceeding 24 hours, IDJC requires that a due process be provided for juveniles committed to its custody. This process will, at a minimum, provide the juvenile with the opportunity to explain their case to a neutral party, as well as the staff recommending isolation. Due Process Hearings: A. Any juvenile placed in any form of non-self-imposed isolation, must be provided a due process hearing within 24 hours of placement. 1. If the juvenile remains in any type of isolation for a period of time exceeding 24 hours, additional due process hearings must be provided. 2. Hearings may be conducted as frequently as necessary but must occur at least every 24 hours the juvenile remains in isolation. 3. Failure to provide adequate due process hearings is a violation of the Civil Rights of Institutionalized Persons Act (CRIPA) and potentially a juvenile's constitutional rights. B. Due process hearings for juveniles in any form of isolation must consist of the following: 1. The juvenile must be informed of the reason they are in isolation, and 2. The juvenile must have a meaningful opportunity to be heard (or explain their case) by the staff member who imposed the isolation or other unit staff AND an uninvolved or neutral staff member. C. Disposition of Due Process Form: 1. The Due Process form will document who participated in the due process hearing; 2. A description of factors that led to the recommended use of isolation; 3. Juvenile input; 4. The decision reached; 5. The Juvenile Service Coordinator notified of the use of isolation and; 6. The dates and time of extended isolation approved recommended. Additional sections confirm the date of the due process hearing, description of 1. Description of factors that led to the recommended use of isolation, 2. Juvenile input, and 3. Decision Reached at the hearing.

Per a review of the Pre-Audit Questionnaire and confirmation by staff interviews the following has been recorded:

- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation was 0.
- In the past 12 months, the number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or

legally required education, treatment or special education services was 0.

- In the past 12 months, the average period residents at risk of sexual victimization were held in isolation to protect them from sexual victimization was 0.

### **Interview Results**

The interviews with the PREA Coordinator, Compliance Manager, Intake Staff, and staff performing risk screenings indicated that the facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on identification status for protecting such residents. Interviewed specialized staff indicated that the facility is not subject to a consent decree, legal settlement, or legal judgment. Interview results with three residents who identify as gay, lesbian, or bi-sexual reported they are housed or placed on general population units further report they feel safe and sexually safe within the facility.

Staff indicated that the facility ensures against placing lesbian, gay, bisexual, transgender, or intersex residents in dedicated units or wings solely based on their sexual orientation, genital status, or gender identity. They specified that the facility would house these residents in the general population unless requested by the resident for special housing for safety issues.

Documents confirming compliance the auditor reviewed were the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form, resident samples of the Idaho Department of Juvenile Corrections Risk of Sexual

Victimization/Perpetration Screener Form and Resident Files, a resident previously placed in the facility identifying as transgender, their resident Observation and Assessment Evaluation. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.351	<b>Resident reporting</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1002 360"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 427 1485 1272" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.F.</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019, page 14</li> <li>• Idaho Department of Juvenile Corrections- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised March 1, 2019, page 2</li> <li>• PREA Basics for Juveniles PowerPoint presentation, slides 7, 9, and 16</li> <li>• Idaho Department of Juvenile Corrections hotline notice and educational material</li> <li>• External Reporting Information for Child Abuse Reporting Center</li> <li>• External Reporting Agreement between Idaho Department of Juvenile Corrections and Department of Health and Welfare and follow up email correspondence</li> <li>• Idaho Department of Juvenile Corrections Notification of Disclosure and or PREA Incident- Three sample reports from youth who reported to staff</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 671-Juvenile Grievances dated February 12, 2018, page 1, section 1,2</li> <li>• Idaho Department of Juvenile Corrections, First Responder Zero Tolerance Staff Training PowerPoint Presentation</li> <li>• PREA Posters</li> </ul> <p data-bbox="252 1317 395 1350"><b>Interviews</b></p> <ul data-bbox="300 1417 810 1664" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility Compliance Manager</li> <li>• Random Staff</li> <li>• Random Residents</li> <li>• Residents who Report Sexual Abuse</li> </ul> <p data-bbox="252 1709 1453 2123">The review of the Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019, page 14, and the Idaho Department of Juvenile Corrections- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised March 1, 2019, page 2, states: PREA COMPLIANCE, The Prison Rape Elimination Act (PREA) supports the elimination, reduction and prevention of sexual assault and rape within corrections systems. The act establishes a zero-tolerance standard for the incidence of offender sexual assault and rape: Sexual assault is a crime, All sexual contact between residents is prohibited, All sexual contact between staff and residents is prohibited, All allegations will be investigated. Report suspected or actual abuse or harassment by: 1. Telling a trusted staff, 2. Filing a grievance at the facility through the</p>

established grievance process, 3. Calling the child protection hotline at: 1-855-552-5437 (KIDS), 4. Writing to: FACS Central Intake or Nampa Family Justice Center, Victim Advocates, with addresses provided for both agencies. The resident education material described in the PREA Basics for Juveniles PowerPoint presentation, slides 7, 9, and 16 indicates how residents can prevent sexual abuse or harassment, how residents can make a report of sexual abuse or harassment, and confirm information read by taking a quiz.

The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.F. The IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment: F. 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 IDJC provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to IDJC officials, allowing the resident to remain anonymous upon request. That entity is the Child Protection and is specified in the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 675-Privileged Communications dated May 7, 2018, page 2, section 3, Reports of Sexual Abuse/Sexual Harassment, In the event a juvenile desires to report an incident of sexual abuse/sexual harassment through a means outside of 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 Child Abuse/Neglect Reporting Agency. Juveniles may remain anonymous when using this method of reporting and are not required to include a return address. 3. The IDJC has identified the following outside agency to receive these reports. The outside agency immediately forwards the juvenile reports of sexual abuse/sexual harassment to IDJC's statewide PREA Coordinator. The outside agency that has been identified is: Child Protection, 1-855-552-5437, FACS-Central Intake, 1720 Westgate Drive, Suite A, Boise ID. 83704. The hotline accessible to residents and staff goes directly to Child Protection.

At the Juvenile Corrections Center-Nampa residents are not detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The agency distributes publicly through the IDJC website the e-mail, address and information on how to report sexual abuse and sexual harassment on behalf of the resident and the IDJC policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigations.

When residents were asked questions related to this standard, "How would you privately report any sexual abuse or harassment if it happened to you or someone else" residents stated without reservation they can verbally tell a staff member, someone they can trust, by utilizing the grievance box, by calling the sexual abuse hotline. When asked, "Is there someone who does not work at this facility that you could report abuse, residents overwhelming responded their parents, probation officer, and attorney. When asked, can someone else make a report for you so that you do not have to give your name or remain anonymous, residents had difficulty knowing how to make a third-party report and remain anonymous.

Interviewed residents indicated they can make a report of sexual abuse using the Child Protection hotline however, most residents explained limited or restricted access to make a telephone call to report sexual abuse. This was due to not being on a higher level or have get permission from “their senior or mentoring” resident. This issue was discussed with the PREA Coordinator, and to end the confusion and resolve this issue, the PREA Compliance Manager conducted a follow up resident education group. Based on resident’s lack of knowledge on the topic of third-party reporting and accessibility to privately report sexual abuse, the auditor recommended residents receive additional follow up training in that area to meet the standard. On September 10, 2020, the PREA Coordinator provided documentation indicating residents completed the remedial training conducted by the facility PREA Compliance Manager.

The auditor contacted Just Detention International to inquire if that agency or facility had received any information regarding the facility. A check of their records showed no complaints on file regarding the parent agency or facility. The Nampa Family Justice Center were contacted as well, which resulting in no reports or complaints regarding the agency and facility. The facility staff has a method to privately report sexual abuse and harassment of residents. They may do so by calling the PREA Hotline for private reporting. Staff must accept and promptly document reports that are made verbally, in writing, anonymously, and from third parties.

### **Interview Results**

Twenty-one (21) residents interviewed confirmed they received information through a numerous sources instructing them how to report any allegations of sexual abuse, sexual harassment, or retaliation. The residents gave several ways they could report sexual abuse and harassment; they can report verbally, in writing and through third parties. All residents interviewed stated that they have at least one staff member they could trust to report sexual abuse, namely their therapist or case manager. Residents were aware of how to access the hotline. They also were knowledgeable of the grievance process and expressed no doubt or uncertainty that if they filed a grievance, the matter would be taken seriously, and the matter would be resolved in a timely manner. Random staff interviewed were very knowledgeable and knew of many ways both staff and residents could report sexual abuse and harassment. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.352	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 2.J.</li> <li>● Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 671-Juvenile Grievances dated February 12, 2018, page 3, section 4.A.2.b,c, page 2, section 3.A, page 3, section 4.A.4,7, page 2, section 3.A,C.1,2, page 3, section 4.B.2,5.</li> <li>● Idaho Department of Juvenile Corrections Juvenile Rights and Grievance Process Acknowledgement of Understanding Form</li> <li>● Juvenile Grievance Form and Envelope</li> <li>● Seven (7) resident grievances alleging sexual abuse</li> <li>● Juvenile Grievance Filing Form</li> <li>● Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019,</li> <li>● Idaho Department of Juvenile Corrections- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised March 1, 2019</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>● Agency Level Designee-Deputy Commissioner</li> <li>● Director of PREA Compliance</li> <li>● PREA Coordinator</li> <li>● Facility Superintendent</li> <li>● Facility Compliance Manager</li> <li>● Random Staff</li> <li>● Random Residents</li> <li>● Residents who Report Sexual Abuse</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 2.J, The IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment: J. Through education of staff and juvenile offenders, the IDJC will increase awareness of safe reporting mechanisms, grievance procedures, and available services to victims, thereby creating institutional cultures that discourage sexual misconduct and encourage reporting of such incidents. Each resident participates in the orientation and the grievance process is explained to each resident. After being educated on the grievance policy, residents read and sign the Idaho Department of Juvenile Corrections Juvenile Rights and Grievance Process Acknowledgement of Understanding Form. The Orientation and Admission resident handbook states the grievance process and the acknowledgment form used at intake cites grievance as being one method of report.</p>

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 671-Juvenile Grievances dated February 12, 2018, policy section, indicates 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 regarding this problem-solving process will be subject to disciplinary action. As used in this policy the definition of grievance shall be: Any written declaration of a juvenile's perception that a condition or act has or is violating his/her rights, according to basic civil rights as indicated in conditions of care and confinement.

On page 2, section 3.A., Filing of Grievances, A. The juvenile completes the DJC-126 form and places it in a sealed envelope and puts it in a grievance box. If assistance is needed to complete the form, any neutral member of the treatment team, or appropriate third party, may provide assistance. On page 3, section 4.A.4&7, Handling a Grievance, A. All grievances are handled professionally. They are resolved at the lowest level, in a timely manner, and without reprisal or threat of reprisal. 4. 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 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.

In the last twelve months the Juvenile Corrections Center-Nampa has received seven (7) grievances filed alleging sexual abuse, those grievances were addressed and resolved well within the 90-day time period and an extension was not needed. All seven grievances, either written or verbal complaints were fully investigated, and a resolution was made within the required timeframes.

On page 2, section 4 of the Juvenile Grievance policy, Handling a Grievance, A. All grievances are handled professionally. They are resolved at the lowest level, in a timely manner, and without reprisal or threat of reprisal. 1. The superintendent, or their designee, checks each grievance box once per day. 2. Any grievance marked as "Sexual Abuse/Sexual Harassment" is handled as an emergency grievance. a. For PREA related circumstances involving allegations of substantial risk of imminent sexual abuse, no initial attempts of resolving through problem solving with the treatment group and/or team is necessary. The juvenile may file the grievance, checking the "Sexual Abuse/Sexual Harassment" box on the top of the form and/or on the envelope. b. Any grievance 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. No grievance, including those marked "Sexual Abuse/Sexual Harassment", will be referred to a staff member who is the subject of the grievance.



The IDJC policy 671, Juvenile Grievances, section 3, Filing of Grievances, A. The juvenile completes the DJC-126 form and places it in a sealed envelope and puts it in a grievance box. If assistance is needed to complete the form, any neutral member of the treatment team, or appropriate third party, may provide assistance. C. 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 IDJC policy 671, Juvenile Grievances, Section 4B. Emergency Grievances, 1. Any grievance 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 the end of their shift. If the facility PREA Compliance Manager is unavailable, the Duty Officer is contacted. 2. An initial response, including immediate corrective action that may be necessary, is provided within 48 hours. 3. Any additional response, and the Superintendent's final decision, is handled in the same manner as all other grievances. 4. Both the initial response and the final decision documents whether the juvenile is in substantial risk of imminent sexual abuse, and any actions taken in response to the grievance. 5. All emergency grievances are taken seriously and fully investigated. If it is found that a juvenile intentionally filed an emergency grievance where no emergency exists, an appropriate program response may be initiated.

When the resident completes the grievance, the resident places the form in a locked grievance box. Grievance boxes are placed in the living unit where residents have easy accessibility. Retaliation or the threat of retaliation from any agency or contract employee toward any resident for using the resident grievance process is strictly prohibited. Appropriate disciplinary actions are taken against any employee found to be in violation of the policy.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of grievances filed that alleged sexual abuse reported was seven (7).
- In the past 12 months, the number of grievances alleging sexual abuse that reached a final decision within 90 days after being filed reported was seven (7).
- The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline, reported was zero (0).
- The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months reported was zero (0).
- The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months that reached final decisions with five days reported was zero (0).
- In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith reported was zero (0).

## **Interview Results**

According to staff interviews, the facility does not require a resident to use any informal grievance process as it relates to PREA or to attempt to resolve the issue with staff, for an alleged incident of sexual abuse. Staff interviews confirmed there is a grievance process relating to sexual abuse or sexual harassment complaints at the facility. Some resident interviews and documentation confirmed there is a grievance process relating to sexual abuse or sexual harassment and a written complaint can be placed in the reporting or grievance boxes. There were several residents interviewed who indicated they have filed a grievance, not involving sexual abuse explained their grievances were handled in a timely manner, and without reprisal or threat of reprisal. The auditor recommended the facility have a Spanish version of the Juvenile Grievance Filing Form even though there have not been any LEP residents admitted to the facility. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.353	<b>Resident access to outside confidential support services and legal representation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 675-Privileged Communications dated May 17, 2018, page 3, section 4, page 1 section 1</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019, page 14</li> <li>• Idaho Department of Juvenile Corrections- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised March 1, 2019, page 2</li> <li>• Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated May 21, 2019, pages 1-5</li> <li>• Idaho Department of Juvenile Corrections Juvenile Notice of Limited Confidentiality Form</li> <li>• Facility PREA Posters</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency Level Designee-Director</li> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Random Staff</li> <li>• Random Residents</li> <li>• Residents who Report Sexual Abuse</li> </ul> <p>The review of the Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated May 21, 2019, pages 1-5, indicates NFJC provides residents with access to outside victim advocates for emotional support services. The Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019, page 14 and the Idaho Department of Juvenile Corrections- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised March 1, 2019, page 2 provides residents access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. Posting notices with the contact numbers included within the facility were specifically IDJC and NFJC contact information.</p> <p>Review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 675-Privileged Communications dated May 17, 2018, page 3, section 4, it is the policy of the Idaho Department of Juvenile Corrections (IDJC) to recognize the right of juveniles to communicate and correspond with legal counsel, judges, clerks, IDJC or government officials, members of</p>

the press, outside reporting/advocacy groups, and probation officers. Access to Victim Advocacy Services, 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. 3. 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.

The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 675-Privileged Communications dated May 17, 2018, page 1, section 1, 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. C. Visitation – Every juvenile has the right to meet privately and confidentially with their legal counsel while they are in IDJC placement.

An appropriate area is provided to juveniles and their attorneys for such meetings to take place. 1. Visits by juveniles' legal counsel are arranged in advance to minimize unnecessary disruption to the program. Legal counsel, therefore, is encouraged to coordinate their visit in advance with the juvenile's Rehabilitation Specialist (RS). 2. If for some reason a visit by the juvenile's legal counsel takes place unexpectedly, reasonable efforts are made to allow counsel access to their client. If this is not possible, attempts are made to schedule an alternate time at which counsel can meet with the juvenile. 3. No juvenile is under obligation to meet with legal counsel and therefore is not forced or coerced into doing so against their wishes. Every resident committed to IDJC custody signs a form 206, Idaho Department of Juvenile Corrections Juvenile Notice of Limited Confidentiality Form. The form is filed in the resident's database and paper file. While on-site, the auditor reviewed fifteen (15) resident database files resulting in all residents had a completed form 206.

The facility has a Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated May 21, 2019, pages 1-5, indicates NFJC provides residents with access to outside victim advocates for emotional support services. In cases of sexual abuse, forensic medical examiners and victim advocates respond to which serves several local hospitals for the facility. Forensic examiners and victim advocates can respond on a twenty-four (24) hours, seven (7) days a week basis. There is a total of thirteen (13) Sexual Assault Forensic Nurse Examiners (SAFE) that contract with the

center. The Interim Executive Director indicated they provide their services to residents free and in a confidential manner. The Nampa Family Justice Center makes available to the victim a victim advocate from rape crisis centers.

### **Interview Results**

Thirteen (13) out of twenty-one (21) residents interviewed were aware and knew if there were services available outside of the facility for dealing with sexual abuse if they would ever need it. Eight (8) out of twenty-one (21) residents interviewed knew what kinds of services were available for dealing with sexual abuse, Approximately six (6) out of twenty-one (21) remember received mailing addresses, and understood the information remains private and what is told to or listened to by someone else. Based on the lack of resident knowledge with victim advocacy and reporting practices, the facility completed additional resident education with residents. The PREA Coordinator submitted to the auditor Remedial Resident Education Acknowledgement of understanding form on topics; Victim Advocate Services and Reporting practices dated September 18, 2020 Remedial Resident Education. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.354	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.F.</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 671-Juvenile Grievances dated February 12, 2018, page 2, section 3.A-C.</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019</li> <li>• Idaho Department of Juvenile Corrections- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised March 1, 2019</li> <li>• Idaho Department of Juvenile Corrections Request for Addition to Phone, Mail, or Visitor List</li> <li>• Idaho Department of Juvenile Corrections Special//Alternative Visit/Blue Jean Visit or Minor Entry Request Form</li> <li>• Agency Website for Third Party Reporting</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility Compliance Manager</li> <li>• Random Staff</li> <li>• Random Residents</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.F, The IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment: 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.</p> <p>Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 671-Juvenile Grievances dated February 12, 2018, page 2, section 3, Filing of Grievances, A. The juvenile completes the DJC-126 form and places it in a sealed envelope and puts it in a grievance box. If assistance is needed to complete the form, any neutral member of the treatment team, or appropriate third party, may provide assistance. B. The juvenile may file the grievance, checking the "Sexual Abuse/Sexual Harassment" box on the top of the form and/or PREA on the envelope. C. 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.</p>

Additional avenues of third-party reporting that is posted throughout the facility and resident handbooks are the Child Protection Hotline and the Nampa Police Department Mercer County Sheriff's Department. Third Party Reporters are encouraged to have any information or evidence available for the investigator who will be assigned to handle the case. All reports are taken seriously and investigated as outlined in PREA and agency rules and procedures. The agency offers opportunities for third-party reporting on the agency website. On the Idaho Department of Juvenile Corrections website there is a "contact us" feature that allows for third party reports of sexual abuse and sexual harassment. The location for this feature on the website is [www.idjc.idaho.gov/about/prison-rape-elimination-act-prea/](http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea/)

Based on resident interviews, their knowledge on third party reporting was deficient. As a result, on the auditor's recommendation the facility PREA Coordinator and facility Compliance Manager provided additional resident education on this topic and submitted documentation verifying the remedial resident education Acknowledgement of understanding form on third party reporting. Based on the above listed information, the agency meets the standard and complies with the standard for the relevant review period.

115.361	<b>Staff and agency reporting duties</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <p data-bbox="248 329 999 365"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 432 1481 763" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 4.D, page 4, section 4.B, page 1, section 1.B</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 307- Harassment and Discrimination dated September 30, 2019, page 4, section 4,</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Department of Health and Welfare Child Abuse Hotline</li> </ul> <p data-bbox="248 797 395 833"><b>Interviews</b></p> <ul data-bbox="300 900 798 1106" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Medical and Mental Health Staff</li> <li>• Random Staff</li> </ul> <p data-bbox="248 1144 1481 1350">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 4, Upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center, staff will: D. Immediately contact their supervisor or if not available, the designee or duty officer.</p> <p data-bbox="248 1391 1481 1727">Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 307- Harassment and Discrimination dated September 30, 2019, page 4, section 4, Reporting Procedure, B. Individuals who believe, in good faith, that they have been subject to or have witnessed conduct prohibited by this policy should discuss their concerns with an immediate supervisor, human resources, or a member of management. Employees may also use the IDJC problem-solving procedures for employees to address a concern. Furthermore, employees have the right to file a complaint with the State of Idaho Division of Human Resources and/or the State of Idaho Human Rights Commission.</p> <p data-bbox="248 1767 1481 2139">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section 1, The IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment: B. 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. E. 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 are required to report sexual</p>



abuse of residents through the Department of Health and Welfare Child Abuse Hotline. Upon learning of a report of sexual abuse, it is the PREA Compliance Manager's duty to ensure notification of the parents of the residents involved within 24 hours and this is mandated per the policy. Policy also requires that staff report all verbal statements and document them by the end of the shift.

### **Interview Results**

All staff interviewed indicated they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at the facility; retaliation against residents or staff who reported the incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Random and Specialized staff also are aware of the facility procedure for reporting any information related to a resident sexual abuse allegation. Interviews with Medical and Mental Health staff indicated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the incident. Unless otherwise precluded by Federal, State, or local law, mental health practitioners shall be required to report sexual abuse and to inform residents of the practitioner's duty to report, and the limitations of confidentiality at the initiation of services. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.362	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section 1.A.</li> <li>● Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>● Interviews: <ul style="list-style-type: none"> <li>● Agency Level Designee- Director</li> <li>● PREA Coordinator</li> <li>● Facility Superintendent</li> <li>● Facility Compliance Manager</li> <li>● Random Staff</li> </ul> </li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section 1, The IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment: A. 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. Section 4, states that upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center, staff will: D. Immediately contact their supervisor or if not available, the designee or duty officer.</p> <p>Staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. All staff at the JCC-Nampa shall takes immediate action to protect all residents that may be subject to a substantial risk of imminent sexual abuse. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was one (1). The incident that identified a resident subject to substantial risk for abuse the incident and investigative reports noted when staff became aware of the incident, staff separated the resident from the thread and contacted their immediate supervisor and clinician. The resident involved in this incident was interviewed by the auditor and he explained upon reporting the incident to staff he was immediately separated for his safety.</p> <p>In the course of documentation and interviews with the Agency level designee-Director, PREA Coordinator, Facility Superintendent, PREA Compliance Manager, and random staff were able to articulate, without hesitation, the expectations and requirements of the policies and PREA Standards, upon becoming aware that a resident may be subject to a substantial risk of imminent sexual abuse. Random staff indicated that if a resident was in danger of sexual abuse and at substantial risk of imminent sexual abuse, they would act immediately to ensure the safety of the resident, separate the resident from the alleged perpetrator, and contact their immediate supervisor. Further action by a supervisor is modify the residents bed assignment</p>

based on the safety and security of all residents. If the potential abuser was a staff member, staff reported that the staff would be placed on administrative leave pending the outcome and result of the investigation, and if the allegation was substantiated the presumed action would be termination. Additionally, the resident would be referred for medical and mental health services. All residents interviewed reported they feel safe and, more importantly, sexual safe at this facility and none had ever reported to staff that they were at substantial risk of imminent sexual abuse.

A review of the Pre-Audit Questionnaire and confirmed by random staff interviews:

- In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse reported was one (1).
- If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: Immediately. The longest time passed (in hours or days) before taking action: Immediately.

### **Interview Results**

Interview with the Agency Head-Director, PREA Coordinator, PREA Compliance Manager, specialized staff, and random staff indicated that when they learn that a resident is subject to a substantial risk of imminent sexual abuse, the facility separates the residents involved, modifies the residents bed assignment perhaps on a different tier based on the safety and security of all residents. All interviewed staff reported that information would only be shared with necessary parties. More specifically, staff described not sharing information with other residents or unnecessary staff. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.363	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 5, section 4.A</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 1</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910-Investigations-Administrative dated May 18, 2020, page 2, section 3.A.1</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Eight (8) Incident, Investigative, and Incident Review Reports</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency Level Designee- Director</li> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Random Staff</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 5, section 9, Upon suspicion of and/or becoming aware of a possible sexual abuse incident that is reported to have occurred at another facility: A. 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. B. Such notification shall be provided as soon as possible, but no later than 24 hours after receiving the allegation. C. The PREA coordinator shall document that such notification has been made. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was one (1). The disclosure initiated the reporting and response protocol like any other allegation received at the facility. The facility Superintendent along with the PREA Coordinator immediately contacted the head of the facility as well as local law enforcement in the jurisdiction where the allegation occurred. The resident was seen by medical/mental health clinician and was informed of the investigative outcome. The PREA Coordinator and team completed a PREA incident review meeting and the minutes reflected the required contacts within the appropriate time frames.</p> <p>The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 1, policy section, 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</p>

to sexual abuse and harassment in juvenile correctional settings, including the investigation of these types of allegations. 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 Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910-Investigations-Administrative dated May 18, 2020, page 2, section 3, Initiation of an investigation, A. Initial allegation, 1. An allegation may originate from any source and should contain specific information about the alleged misconduct that is to be investigated.

The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 4, section 8, Upon suspicion and/or becoming aware of a possible sexual abuse incident occurring at a contract facility, IDJC staff will: A. Immediately contact the Clinical Supervisor or if not available, the designee or duty officer. B. The Clinical Supervisor will notify the PREA coordinator of the possible sexual abuse incident no later than 24 hours after receiving the report. C. Follow other applicable IDJC policies and procedures.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was one (1).
- Interview Results

Interviews with the Agency level designee- Director, PREA Coordinator, the facility Superintendent, and PREA Compliance Manager indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If it involves a resident, they will monitor that resident until investigation is completed. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.364	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 4.A-D, page 1</li> <li>● Idaho Department of Juvenile Corrections Volunteer, Intern, Contractor Zero Tolerance Acknowledgment Form</li> <li>● Idaho Department of Juvenile Corrections- Nampa 12-month Allegation Summary Report</li> <li>● Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>● Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse and Sexual Harassment</li> <li>● Idaho Department of Juvenile Corrections- Nampa First Responder Duties</li> <li>● Eight (8) Investigative reports</li> <li>● Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse and Sexual Harassment</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>● PREA Coordinator</li> <li>● Facility Superintendent</li> <li>● Facility Compliance Manager</li> <li>● Medical and Mental Health Staff</li> <li>● Non-Security and Security Staff First Responders</li> <li>● Random Staff</li> <li>● Residents who Reported Sexual Abuse</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, 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 occurrence 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. 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.</p> <p>On page 3, section 4, reads 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</p>

of the alleged victim and take steps to separate the alleged offender, the 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.

All direct care staff are trained on first responder security protocols - all non-direct care staff who may receive a disclosure are trained to immediately inform a security staff of the PREA allegation. Those staff designated as non-security staff members such as volunteers, interns, and contractors, acknowledge and understand they inform a security staff that is posted within the immediate area. The Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse and Sexual Harassment is available for staff reference in paper and database forms located in the staff offices and the control room.

Security staff carry upon their persons is a first responder duty card for quick reference in a case of a sexual abuse allegation. Random staff and first responder interviews validated this technical knowledge of actions to be taken upon learning that a resident was sexually abused; random staff interviewed had the confidence and knowledge in providing the action steps identified in the policies and procedures,

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of allegations that a resident was sexually abused: thirty-three (33). After the agency/facility investigations were conducted, eight (8) allegations were determined to have met the PREA definition for sexual abuse or sexual harassment.
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: two (2).
- In the past 12 months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: one (1). This incident did not require forensic evidence however, the physical evidence was video material and incident report including witness statements.
- Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: zero (0).
- Of these allegations in the past twelve months, the number of times the first security staff member requested that the alleged victim and alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating: zero (0).
- Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: zero (0).
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: 0.
- Of those allegations responded to first by a non-security staff member, the number of times that staff member: zero (0).

- Requested that the alleged victim not take any actions that could destroy physical evidence.
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: zero (0).

### **Interview Results**

All random staff interviewed could confidently indicate the action steps identified in the policies and procedures and were knowledgeable of their responsibilities and duties as first responders. All volunteers and contractors interviewed were aware of their non-security related duties and actions steps to immediately inform security staff providing direct supervision of residents. The three (3) residents who reported sexual abuse indicated immediately after the incident happened staff were there to help, once staff learned of the incident staff separated the victim and abuser and a clinician was contacted and met with the victim. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.



115.365	<b>Coordinated response</b>
	<p data-bbox="252 168 901 201"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 246 526 280"><b>Auditor Discussion</b></p> <p data-bbox="252 324 997 358"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="295 425 1484 896" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 4.A-D, page 1</li> <li>• Idaho Department of Juvenile Corrections Volunteer, Intern, Contractor Zero Tolerance Acknowledgment Form</li> <li>• Idaho Department of Juvenile Corrections- Nampa 12-month Allegation Summary Report</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse and Sexual Harassment</li> <li>• Investigative Reports Sexual Abuse and Harassment Investigations</li> </ul> <p data-bbox="252 929 399 963"><b>Interviews</b></p> <ul data-bbox="295 1030 798 1153" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> </ul> <p data-bbox="252 1187 1484 1478">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, policy section, requires 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.</p> <p data-bbox="252 1512 1484 1769">The Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse and Sexual Harassment is the agency and facility’s written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical, and mental health practitioners, investigators, and facility leadership. The plan clearly details the duties and responsibilities assigned to all professionals.</p> <p data-bbox="252 1803 494 1836"><b>Interview Results</b></p> <p data-bbox="252 1870 1484 2128">Interviews with the PREA Coordinator, facility Superintendent, PREA Compliance Manager, and random staff indicated the facility has a very detailed system in place providing the staff with clear actions to be taken by each discipline for accessing; contacting administrative staff, medical and mental health staff, and contacting law enforcement, victim advocate services, and a number of other individuals. All staff interviewed were asked where the coordinated response plan was in designated areas which were strategically placed throughout the facility.</p>

Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.366	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Statutes, Laws and Rules, Idaho statute, Title 44, Labor Chapter 20, Right to Work # 44-2001</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency Level Designee- Director</li> <li>• Attorney General Designee</li> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> </ul> <p>After review of the Idaho Statutes, Laws and Rules, Idaho statute, Title 44, Labor Chapter 20, Right to Work, adopted in 1985 and updated in 2001, a declaration of public policy reads, It is hereby declared to be the public policy of the state of Idaho, in order to maximize individual freedom of choice in the pursuit of employment and to encourage an employment climate conducive to economic growth, that the right to work shall not be subject to undue restraint or coercion. The right to work shall not be infringed or restricted in any way based on membership in, affiliation with, or financial support of a labor organization or on refusal to join, affiliate with, or financially or otherwise support a labor organization. The Agency Designee-Director and PREA Coordinator explained that Idaho is a right to work state and is not involved in collective bargaining nor does the agency have any union representation for its employees.</p> <p>According to the Agency level designee- Director, Attorney General Designee, and PREA Coordinator indicated there is nothing that limits the agency’s ability to remove staff who are alleged sexual abusers from contact with juveniles pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted. Furthermore, the conduct of the disciplinary process is not affected, and investigation information will not be expunged from or retained in the staff member’s personnel file following a determination that the allegation of sexual abuse is not substantiated. Finally, Idaho is a right to work state and does not have any union representation for its juvenile facility employees. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.</p>

115.367	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.L</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 307-Harassment and Discrimination dated September 30, 2019, page 4, section 7.A.</li> <li>• Idaho Department of Juvenile Corrections Sexual Abuse/Harassment Retaliation Monitoring Form</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook updated March 18, 2020, page 14</li> <li>• Eight (8) Sexual Abuse allegations that prompted Retaliation Monitoring</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency Level Designee- Director</li> <li>• PREA Coordinator</li> <li>• Facility PREA Compliance Manager-Designee who Monitors Retaliation</li> <li>• Facility Superintendent</li> <li>• Residents who reported Sexual Abuse</li> <li>• Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse)</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1, requires the IDJC implement the following procedures to reduce the risk of sexual abuse and harassment: L. The IDJC will employ multiple protection measures, such as housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 307-Harassment and Discrimination dated September 30, 2019, page 4, section 7, Retaliation Prohibited, A. The IDJC encourages employees to promptly report all perceived incidents of discrimination or harassment. Anti-discrimination laws also prohibit harassment against individuals in retaliation for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or lawsuit; or opposing employment practices that they reasonably believe discriminate against individuals in violation of these laws. B. Retaliation against any individual who makes a good-faith complaint regarding discrimination or harassment, or who participates in the investigation of a related complaint, is expressly prohibited. Acts of retaliation should be reported immediately. The IDJC will not tolerate retaliation and will take prompt and immediate steps to eliminate retaliation.</p>

Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook updated March 18, 2020, page 15, Monitoring for Retaliation, states PREA standard § 115.367 requires IDJC to designate staff members to be responsible for monitoring for retaliation against juveniles or staff who have reported sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations. In order to create a reporting culture in IDJC facilities it must be a safe place for juveniles and staff to report suspicion or knowledge of sexual abuse or harassment. Retaliation against juveniles or staff for making such reports will not be tolerated, and staff designated to monitor retaliation play a critical role in the development of the culture IDJC wants to promote.

The Facility PCMs are designated to monitor for retaliation as described in standard § 115.367. For at least 90 days following a report of sexual abuse or sexual harassment, the Facility PCMs shall monitor the conduct or treatment of juveniles or staff who reported sexual abuse. If someone other than the alleged victim reported abuse, the Facility PCMs shall monitor the juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff, and shall act promptly to remedy any such retaliation. If retaliation against staff by other staff is suspected, the Facility PCM shall communicate findings to the Agency PREA Coordinator and DAG. The Agency PREA Coordinator and DAG shall elevate the report to the correct personnel in order to respond to the findings of the Facility PCM, and any incidents of retaliation. In order to monitor retaliation related to the case of juveniles, such monitoring shall include: periodic status checks with the staff and/or juvenile, a review of any incident reports accumulated by the juvenile, a review of any sanctions against the juvenile, any housing, or program changes, or negative performance reviews or reassignments of staff. Monitoring efforts shall be documented by the facility PCM's. The Facility PCMs shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, IDJC shall take appropriate measures to protect that individual against retaliation.

Such monitoring shall include periodic status checks. The obligation to monitor for retaliation shall terminate if the allegation is unfounded. Retaliation monitoring occurs in thirteen (13) week increments until at least 90 days following a report of sexual abuse and is documented on the Idaho Department of Juvenile Corrections Sexual Abuse/Harassment Retaliation Monitoring Form. The agency will continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. As previously stated in this section, the facility PREA Compliance Manager monitors juvenile disciplinary reports, housing, or program changes as well as negative performance reviews or reassignments of staff. In cases of any retaliation by residents or staff, the Compliance Manager notifies the PREA Coordinator and the facility Superintendent.

Over the past twelve months, the facility reported eight (8) sexual abuse allegations and the number of times an incident retaliation occurred was one (1). The one-time retaliation occurred, the PREA Coordinator and or Compliance Manager followed up with the resident. Of the seven allegations, two allegations indicated periodic checks. Documentation for one allegation identified periodic checks occurring only times or on three (3) weekly increments over a span of ninety days. As for the second allegation, periodic checks occurred prior to the completion of the investigation. The facility did not show any further documentation of periodic checks along with any findings or outcomes for the remaining five (5) allegations. Based on evidence review, corrective action is required for monitoring retaliation in all sexual abuse

allegations. For future sexual abuse allegations, the PREA Compliance Manager must document periodic checks along with any findings or outcomes.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of times an incident of retaliation occurred in the past 12 months was one (1).
- There was supporting documentation to show that retaliation was monitored during the ninety (90) days for two (2) out of eight (8) sexual abuse allegations

### **Interview Results**

Interview with the three (3) residents who reported sexual abuse revealed only one out of three remember being check in on for retaliation purposes.

### **Corrective Action required and verification since the on-site phase:**

During the first sixty (60) days of the corrective action period:

- Agency/facility provide policy/practice re-training with the PREA Compliance Manager on the expectation for monitoring retaliation. For all future sexual abuse allegations, the PREA Compliance Manager will conduct and document retaliation monitoring (period checks) and document showing compliance.

115.367 (a)-(e). Due to not conducting period checks on all allegations, on October 9, 2020, the agency PREA Coordinator met with the facility PREA Compliance Manager to review policy and PREA standard expectations requiring retaliation monitoring with periodic checks protecting residents and staff who report sexual abuse or cooperate with the investigative process. Retaliation monitoring will be in person and monitoring will include any resident disciplinary reports, housing, or programming changes or performance reviews or reassignments of staff. The monitoring shall monitor for at least ninety days or beyond if the initial monitoring indicates a continued need. The PREA Coordinator provided verification of the meeting with the Compliance Manager via email correspondence. The Compliance Manager acknowledged the review meeting and with future allegations, retaliation monitoring will occur based on policy and standard expectations. Based on the PREA Coordinator follow up actions submitted to the auditor the agency and facility this follows and meets the standard.

115.368	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 604- Special Management Intervention dated September 30, 2019, page 1, page 5, section 5.D.10, page 3 section 4.A-D.</li> <li>• Idaho Department of Juvenile Corrections Due Process for Juveniles Form</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency Level Designee- Director</li> <li>• Director of PREA Compliance</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Medical and Mental Health Staff</li> <li>• Random Staff</li> <li>• Residents in Isolation who suffered sexual abuse</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 604- Special Management Intervention dated September 30, 2019, page 1, policy section requires 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.</p> <p>The IJDC Policy 604-Special Management Intervention states on page 5, section 5, Basic Rights, During room confinement or isolation the juvenile’s basic rights are maintained and the following criteria are followed (unless it presents a safety and security risk, such as increased risk to a juvenile on suicide precautions and/or the juvenile’s behavior warrants a restriction):  D. The juvenile: #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.</p> <p>The IJDC Policy 604-Special Management Intervention, page 3, section 4, further requires Due Process Hearings, A. Any juvenile placed in room confinement or isolation for cause is provided a due process hearing within 24 hours of placement. 1. If the juvenile remains in any type of room confinement or isolation for a period of time exceeding 24 hours, additional due</p>

process hearings are provided. Hearings may be conducted as frequently as necessary, but no period of room confinement or isolation will exceed a 24-hour period without an additional hearing. 2. Failure to provide adequate due process hearings is a violation of the Civil Rights of Institutionalized Persons Act (CRIPA) and potentially a juvenile's constitutional rights. B. Due process hearings for juveniles in any form of room confinement or isolation must consist of the following: 1. The juvenile is informed of the reason they are in room confinement or isolation, and 2. The juvenile must have a meaningful opportunity to be heard (or explain their case) by the staff member who imposed the room confinement or isolation or another unit staff AND an uninvolved neutral staff member. i. The neutral staff member may be any direct care staff including supervisors, Rehabilitation Specialists, security staff, etc. ii. If there is a disagreement between the unit staff member and the neutral staff member to continue the use of isolation or room confinement, the Superintendent, or designee, is notified to determine whether the juvenile shall be removed from room confinement or isolation. C. A due process hearing does not require the formalities of Classification Board or Behavioral Assessment Board Hearings; however, either satisfies due process requirements for any given 24-hour period. D. Due process hearings are documented using the Due Process Hearing Documentation Form (DJC-267) and are uploaded to the juvenile's case management file.

The Idaho Department of Juvenile Corrections Due Process for Juveniles Form, states prior to the use of isolation exceeding 24 hours, IDJC requires that a due process be provided for juveniles committed to its custody. This process will, at a minimum, provide the juvenile with the opportunity to explain their case to a neutral party, as well as the staff recommending isolation. Due Process Hearings: A. Any juvenile placed in any form of non-self-imposed isolation, must be provided a due process hearing within 24 hours of placement. 1. If the juvenile remains in any type of isolation for a period of time exceeding 24 hours, additional due process hearings must be provided. 2. Hearings may be conducted as frequently as necessary but must occur at least every 24 hours the juvenile remains in isolation. 3. Failure to provide adequate due process hearings is a violation of the Civil Rights of Institutionalized Persons Act (CRIPA) and potentially a juvenile's constitutional rights. B. Due process hearings for juveniles in any form of isolation must consist of the following: 1. The juvenile must be informed of the reason they are in isolation, and 2. The juvenile must have a meaningful opportunity to be heard (or explain their case) by the staff member who imposed the isolation or other unit staff AND an uninvolved or neutral staff member. C. Disposition of Due Process Form: 1. The Due Process form will document who participated in the due process hearing; 2. A description of factors that led to the recommended use of isolation; 3. Juvenile input; 4. The decision reached; 5. The Juvenile Service Coordinator notified of the use of isolation and; 6. The dates and time of extended isolation approved recommended. Additional sections confirm the date of the due process hearing, description of 1. Description of factors that led to the recommended use of isolation, 2. Juvenile input, and 3. Decision Reached at the hearing.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: zero (0).
- The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education or special education services in the past 12 months: zero (0).
- The average period residents who allege to have suffered sexual abuse held in isolation



to protect them from sexual victimization in the past 12 months: zero (0).

### **Interview Results**

Interviews with the Agency level designee- Director, PREA Coordinator, facility Superintendent, and PREA Compliance Manager indicated that when and if the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment involving staff occurred at their facility, they would put that staff on no-contact. If the allegation involves a resident, staff will monitor and document until investigation is completed. Specialized and random staff indicated that the alleged abuser would be moved to another unit or facility. Random residents interviewed stated they have not been placed into isolation for any reason while placed at the facility. The auditor interviewed two (2) residents who were placed in room confinement or isolation for behavioral management purposes. The two residents indicated they were seen by medical and mental health clinicians and unit manager and their rights were maintained to include programming and large muscle activity unless they presented a safety and security risk. Based on the above listed information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 3</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 2, section C</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910-Investigations-Administrative dated May 18, 2020, page 1, policy section</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook, dated June 2019, page 12, #7</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 665-Training Requirements dated April 8, 2019, page 5, section 6.B</li> <li>• Idaho Department of Juvenile Corrections, Region 2 PREA Training curriculum, Training Progress Report dated July 2020, Investigating Sexual Abuse in Confinement Setting</li> <li>• Idaho Department of Juvenile Corrections- Nampa, Employee PREA understanding Traincaster statement</li> <li>• Sexual Abuse Investigative Reports</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Administrative Investigators</li> <li>• Facility Superintendent</li> <li>• Facility Compliance Manager</li> <li>• Residents who Report Sexual Abuse</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 1, policy section, requires 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. 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.</p> <p>All allegations of sexual abuse and harassment received, including third-party and anonymous</p>

reports, are investigated promptly, thoroughly, and objectively, to the extent possible. I. 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. A. The IDJC cooperates fully with the law enforcement investigators and maintains contact in order to remain informed about the progress of the investigation. B. The need for subsequent departmental investigation is determined at the recommendation of law enforcement or at the close of the law enforcement investigation, at the recommendation of the Deputy Attorney General (DAG).

Section 2 reads, allegations involving employees are investigated according to the procedures set forth in Investigations—Administrative (910) policy/procedure and include the involvement of Human Resources (HR). The juvenile making the allegation receives a copy of Section D of the PREA Incident Review (DJC-262) form notifying them of the investigation. III. All other allegations of sexual abuse and harassment are investigated by departmental investigators trained in investigation of sexual abuse. A. Investigators interview alleged victims, perpetrators, and any other witnesses; gather and preserve any evidence including, but not limited to, video monitoring; and review prior complaints and reports involving the alleged perpetrator. 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. 3. A summary of the investigator's findings is documented on the PREA Juvenile Interview (DJC-276) form. a. The summary includes description of testimony and evidence, reasoning behind any credibility assessments, and all investigative facts and findings. b. The DJC-276 is submitted to the PREA Incident Review Team.

The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 910- Investigations-Administrative dated May 18, 2020, page 1, policy section, requires that employees adhere to the policies and procedures of the Idaho Department of Juvenile Corrections (IDJC) by providing formal procedures to investigate alleged IDJC employee misconduct is essential in upholding the public trust and confidence in the department and allows appropriate corrective actions to be implemented when evidence of misconduct is found. It is therefore the policy of IDJC that, upon request of the Director, and under direction of the Deputy Attorney General (DAG) assigned to IDJC, investigations shall be conducted according to the procedures below in an impartial, objective, confidential, and expeditious manner. Department investigators will conduct investigations into all alleged IDJC employee misconduct regardless of assigned work location.

Section 4, Investigations, requires 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.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 665-Training

Requirements dated April 8, 2019, page 5, section 6, 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), C. Investigating Sexual Abuse in a Confinement Setting (National Institute of Corrections – online) as determined by Division Administrators. This specialized training will include but is not limited to: 1. Interviewing sexual abuse victims, 2. Proper use of Miranda warnings and the Garrity rule, 3. Sexual abuse evidence collection in confinement settings, 4. The criteria and evidence required to substantiate a case for administrative action or prosecutorial referral.

The agency provided staff verification of the specialized training from the twenty-four (24) administrators completed the National Institute of Corrections (NIC) PREA: Investigating Sexual Abuse in a Confinement Setting Specialized Training. The form, Idaho Department of Juvenile Corrections, Region 2 PREA Training curriculum, Training Progress Report dated July 2020, Investigating Sexual Abuse in Confinement Setting records staff attendance, participation, and acknowledgment of understanding the presented training material. Idaho Department of Juvenile Corrections- Nampa, Employee PREA understanding Traincaster statement verified staff completion.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 3, requires All other allegations of sexual abuse and harassment are investigated by departmental investigators trained in investigation of sexual abuse. C. 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.

Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook, dated June 2019, page 12, #7 requires the Agency PREA coordinator responds to incoming reports by ensuring that proper follow up occurs. Process is as follows: 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 ten 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.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

The number of substantiated allegations of conduct that appears to be criminal that were referred for prosecution since the last PREA audit was one (1). During the past twelve (12) months, the total number of sexual abuse and sexual harassment allegations was thirty-seven (37). Eight (8) allegations, all youth on youth sexual abusive contact met the PREA definition and twenty-nine (29) were determined non-PREA allegations after an administrative or criminal investigation was conducted by the agency and law enforcement. Thirty-two (32) allegations resulted in an administrative investigation and five (5) were referred for criminal investigation. The breakdown of the eight (8) sexual abuse and sexual harassment allegations in the past twelve (12) months are as follows: Eight (8) allegations identified as Youth on Youth Sexual Abusive Contact with an outcome of six (6) substantiated, two (2) unsubstantiated, and zero (0) unfounded. One of the Youth on Youth Sexual Abusive Contact allegation resulting in an unsubstantiated finding was reported by resident occurring at another facility. There were zero (0) incidents of staff sexual misconduct, staff sexual

harassment, or Youth on Youth Non-consensual Sex Acts.

### **Interview Results**

Interview with the Director, PREA Coordinator, and facility Superintendent indicated when a sexual abuse allegation occurs the agency investigators are notified and begin the investigation. When an outside agency investigates allegations of sexual abuse the agency remains informed of the progress of the sexual abuse investigation by maintaining contact with the assigned agency investigator, state and local law enforcement agencies, and the prosecutor's office.

The interviews with two (2) agency investigators who conduct administrative and investigations indicated when they conduct investigations into allegations of sexual abuse and sexual harassment, they do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Both investigators indicated they completed the training requirements in 115.331 and .334. They further stated, investigators described that direct and circumstantial evidence gather in an investigation of an incident of sexual abuse consisted of collecting physical and DNA evidence, electronic monitoring data, interviews, and prior complaints and reports of sexual abuse.

The two (2) investigators indicated that the outside agency that investigates criminal sexual abuse keeps the facility informed of the progress of the investigation thru emails and the release of the final investigation report, when evidence is discovered that a prosecutable crime may have taken place; it is turned in for review then the prosecutor is consulted. According to the investigators cases for prosecution are referred when there are substantiated allegations of conduct that appear to be criminal. The investigators indicated when a staff alleged to have committed sexual abuse terminates employment prior to a completed investigation into the conduct; the investigator continues the investigation until completion and all investigations are documented. The documentation includes descriptions of physical, testimonial, and documentary evidence, as well as attached copies of documentary evidence. When interviewed, the Agency Director of PREA Compliance, Administrative Investigators, PREA Coordinator, facility PREA Compliance Manager were knowledgeable with the standard related to administrative or criminal investigations. Based on the above listed information, the auditor determination is the facility meets the standard for the relevant review period.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 999 360"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 432 1481 633" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 2, section 3.B.</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Eighteen (18) Sexual Abuse Investigative Files</li> </ul> <p data-bbox="252 674 395 707"><b>Interviews</b></p> <ul data-bbox="300 779 798 981" style="list-style-type: none"> <li>• Agency Level Designee- Director</li> <li>• Administrative Investigators</li> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> </ul> <p data-bbox="252 1021 1461 1267">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 2, section 3, requires B. 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.</p> <p data-bbox="252 1308 496 1341"><b>Interview Results</b></p> <p data-bbox="252 1382 1477 1583">Interviews with the Director, Administrative Investigators, and PREA Coordinator confirmed that the agency or program does not conduct administrative investigations nor determine evidentiary standards. When there is evidence that a prosecutable crime has taken place, the office consults with prosecutors before conducting compelled interviews. The agency and facility meet the Standard and complies for the relevant rating period.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2 and 3, sections 2 and 4</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 2, section 3.B.2.</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook, dated June 2019</li> <li>• Idaho Department of Juvenile Corrections PREA Incident Review Form, page 4, section D</li> <li>• Sexual Abuse Investigative Files-Youth Notification Letters</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Administrative Investigators</li> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Resident who Reported a Sexual Abuse</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 2, requires 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. C. Tracking sexual abuse investigation activities, reviewing sexual abuse incident responses, and maintaining records related to sexual abuse incidents and responses. D. 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. Furthermore, page 3, section 3, requires each of the state facilities will identify a facility PCM. The facility PCM will be responsible for: B. Ensuring that all incident-related documentation is tracked, compiled, and forwarded to the IDJC PREA coordinator. C. Tracking onsite investigation activities and providing updates regarding the status of open cases and implementation of a corrective action plan to the IDJC PREA coordinator.</p> <p>Policy 613, page 3, section 4, requires the PCM, Within five days of a determination that a report of sexual abuse or sexual harassment is substantiated or unsubstantiated, the facility PCM shall complete Section B of the PREA Incident Review (DJC-262) form. B. The facility PCM will submit the completed Section B of the DJC-262 form to the Superintendent, agency PREA coordinator and Deputy Attorney General for review and feedback. F. The juvenile making the allegation shall receive a copy of Section C of the DJC-262 form notifying them of</p>

the outcome of the investigation.

The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 2, section 3, requires B. 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.

Policy 614-Investigations-PREA, section 3 requires all other allegations of sexual abuse and harassment are investigated by departmental investigators trained in investigation of sexual abuse. B. 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. 2. 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.

The Idaho Department of Juvenile Corrections PREA Incident Review Form, page 4, section D, following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the resident's unit; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Furthermore, following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

During the past twelve (12) months, the total number of sexual abuse and sexual harassment allegations was thirty-seven (37). Eight (8) allegations, all youth on youth sexual abusive contact met the PREA definition and twenty-nine (29) were determined non-PREA allegations after an administrative or criminal investigation was conducted by the agency and law enforcement. Thirty-two (32) allegations resulted in an administrative investigation and five (5) were referred for criminal investigation. The breakdown of the eight (8) sexual abuse and sexual harassment allegations in the past twelve (12) months are as follows: Eight (8) allegations identified as Youth on Youth Sexual Abusive Contact with an outcome of six (6) substantiated, two (2) unsubstantiated, and zero (0) unfounded. One of the Youth on Youth Sexual Abusive Contact allegation resulting in an unsubstantiated finding was reported by resident occurring at another facility. There were zero (0) incidents of staff sexual misconduct, staff sexual harassment, or Youth on Youth Non-consensual Sex Acts.

The facility provided to the auditor notifications for all eight (8) allegations that were given to residents (victims) following the investigation. Youth signatures were observed on each form indicating the youth received the notification of the outcome of the investigation. If the facility



did not conduct the investigation, the facility investigator requested relevant information from the investigative agency to inform the resident.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months were twenty-three (23).
- Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation were 8.
- The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was 5. The outside agency who conducted the criminal investigation was the Nampa Police Department.
- Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was 5.
- In the past 12 months, the number of notifications to residents that were provided pursuant to this standard were 8.
- Of those notifications made in the past 12 months, the number that were documented: 8

#### **Interview Results**

Interviews with the PREA Coordinator, PREA Compliance Manager, and Administrative Investigator indicated that the program notifies residents- who make an allegation of sexual abuse- in writing who when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The resident who reported sexual abuse confirm receiving written notification and the letter was placed on the resident's file. The agency and facility meet the Standard and is compliant for the relevant rating period.

115.376	<b>Disciplinary sanctions for staff</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <p data-bbox="248 329 999 365"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 432 1481 801" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section C</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 307-Harassment and Discrimination dated September 30, 2019, page 4, section 7</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 606-Abuse, Neglect, and/or Exploitation of Juveniles dated May 7, 2018, page 5, section 10</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Review of Human Resource file/database</li> </ul> <p data-bbox="248 846 395 882"><b>Interviews</b></p> <ul data-bbox="300 949 879 1149" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Administrative Investigators</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Administrative Human Resource Manager</li> </ul> <p data-bbox="248 1193 1485 1435">The review of Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section C. 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 departure of the alleged abuser or victim from the employment or control of the agency shall not provide a basis for terminating an investigation.</p> <p data-bbox="248 1480 1477 1982">The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 307-Harassment and Discrimination dated September 30, 2019, page 4, section 7     Corrective Action: A. If it is determined that harassment or discriminatory action occurred, management, in accordance with the Corrective and Disciplinary Action for IDJC Employees (325) policy/procedure and the Prison Rape Elimination Act (PREA) Compliance (613) policy/procedure, will take immediate necessary and reasonable action to ensure that the harassment or discrimination is stopped and does not reoccur. B. Corrective action may include, but is not limited to, training, referral to counseling, and/or disciplinary action, as appropriate, based on the circumstances. The complainant is informed that action was taken; however, details regarding the action are not shared. C. Safeguards, where possible, are put in place to ensure that no further harassment or discrimination against the complainant or victim occurs, whether by managers, co-workers, or non-employees, and no form of retaliation against the complainant or victim is tolerated.</p> <p data-bbox="248 2027 1445 2139">Review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 606-Abuse, Neglect, and/or Exploitation of Juveniles dated May 7, 2018, page 5, section 10, indicates if it is determined that abuse, neglect, or exploitation of a juvenile occurred,</p>

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/ procedure and, when applicable, 613 policy/procedure. The complainant, if any, is informed that action was taken; however, details regarding the action are not shared. The auditor reviewed the investigative and personnel files during the on-site portion of the audit. The auditor commends the facility for being proactive in identifying and addressing potential problem areas.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of staff from the facility who have violated agency sexual abuse or sexual harassment policies was zero (0).
- In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies was zero (0).
- In the past 12 months, the number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies reported was zero (0).
- In the past 12 months, the number of staff from the facility who have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment polices reported was zero (0).

#### **Interview Results**

Interviews with the PREA Coordinator, facility Superintendent, facility Compliance Manager, Administrative Human Resources Manager, and Administrative Investigators validated that technical knowledge of the reporting process is consistent with agency policies and procedures. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.377	<b>Corrective action for contractors and volunteers</b>
	<p data-bbox="252 170 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1002 360"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 427 1485 801" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section B, page 3, section 4.A.</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Review of Human Resource files</li> <li>• Idaho Department of Juvenile Corrections Volunteer, Intern, Contractor Zero Tolerance Acknowledgement Form</li> <li>• Idaho Department of Juvenile Corrections, Volunteer/Intern/Contractor Prison Rape Elimination Act (PREA) Information</li> </ul> <p data-bbox="252 842 395 875"><b>Interviews</b></p> <ul data-bbox="300 943 879 1189" style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Administrative Investigators</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Administrative Human Resource Manager</li> <li>• Volunteers and Contractors</li> </ul> <p data-bbox="252 1234 1485 1738">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section B. 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 policy further states on page 3, section 4.A. 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. Any contractor, volunteer, intern, or any individual who engages in sexual abuse shall be prohibited from contact with offenders and shall be reported to law enforcement agencies and relevant licensing bodies.</p> <p data-bbox="252 1783 1485 2074">The facility Superintendent explained that during the past twelve (12) months the facility confirmed no contractor or volunteer corrective actions initiated during the previous 12-month period. The auditor interviewed four (4) volunteers one of which was the Religious Services Coordinator and three (3) contractors assigned to the facility. All volunteers and contractors interviewed were aware of the state's mandatory reporting laws and knowledgeable of the agency's sexual abuse and sexual harassment policy. Based on the interviews, the auditor was impressed by their level of professionalism, concern, and expertise was impressive.</p> <p data-bbox="252 2107 1198 2141">A review of the Pre-Audit Questionnaire and confirmed by staff interview:</p>

- In the past 12 months, the number of volunteers who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of resident was 0.
- In the past 12 months, the number of contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of a resident was 0.

**Interview results**

Interviews with the PREA Coordinator, facility Superintendent, Investigator, Administrative Human Resource Manager, and PREA Compliance Manager confirmed the process for corrective action for contractors and volunteers. Interviews with the volunteers and contractor indicated they received PREA training, reviewed the PREA policy, and consequences for violating the agency's sexual abuse policy and procedures. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.378	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 5, section 10.B, E., page 3, section 3.D, page 5, section F</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 604 Special Management Intervention dated July 3, 2017, pages 4,5, section 10.D.4,5,10.</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 404 Observation and Assessment Evaluations dated February 12, 2018, page 4, section G.1-3</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa Observation and Assessment Unit Juvenile Handbook revised March 1, 2019</li> <li>• Idaho Department of Juvenile Corrections- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised March 1, 2019</li> <li>• Random review of Resident Files/Records</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> <li>• Medical and Mental Health Staff</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 5, section 10. B, C, D, E, F. requires Juvenile education, interventions, and disciplinary sanctions B. 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. C. Disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile’s disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. D. The disciplinary process shall consider whether a juvenile’s mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. E. 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. F. 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>Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 604 Special</p>

Management Intervention dated July 3, 2017, pages 4,5, section 10.D. Basic Rights, During room confinement or isolation the juvenile's basic rights are maintained and the following criteria are followed (unless it presents a safety and security risk, such as increased risk to a juvenile on suicide precautions and/or the juvenile's behavior warrants a restriction); D. 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; 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.

Additionally, the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 5, section 10.D. states Basic Rights, 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. The policy further states in section 3.D. the agency/facility, ensuring any medical and/or mental health needs of the alleged offender or victim are met.

The Idaho Juvenile Correctional Center- Nampa offers a specialized unit focusing on treatment for sex offenders, counseling and interventions designed to address underlying reasons for abuse are offered based on resident eligibility. Not as a condition to access to general programming or education. The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 404 Observation and Assessment Evaluations dated February 12, 2018, page 4, section reads G. Evaluating Juveniles with Sexual Misconduct; 1. 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. 2. Juveniles recommitted to the IDJC for non-sexual offenses, who have previously completed a sexual offense-specific program while in IDJC custody, are reassessed for risk to reoffend sexually. Based upon this reassessment, the juvenile may or may not be required to complete a full sexual offense-specific program. 3. Juveniles committed to the IDJC for sexual misconduct or with substantiated documentation of such behavior, receive an in-depth, sexual offender-specific, individual assessment which includes sexual offense-specific conditions and which identifies essential elements of the treatment plan related to the individual juvenile's identified risk to offend sexually. If a previous assessment of the type described above has been completed within six months of the date of the commitment or disclosure, that assessment meets the standard established in this section.

When a resident is found involved of misconduct related to sexual abuse and the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

The Juvenile Correctional Center-Nampa is staffed with a minimum of seven clinicians who assist in providing individual and group counseling as part of the resident's treatment. The clinician will consider whether to require the abuser to participate in therapy, counseling or other intervention designed to address and correct underlying reasons or motivations for the abuse. Participation may be required in such interventions as a condition of access to rewards-based behavior management system or other behavior-based incentives, but not as a condition to access to general programming or education. 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. IDJC prohibits all sexual activity between juveniles and may discipline juveniles for such activity. IDJC, however, does not deem such activity to constitute sexual abuse if it determines that the activity was consensual.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was six (6). A majority of these involve consensual sexual activity, even though the agency/facility prohibit all sexual activity where due to the juveniles age they could not legally consent (age 16), so it met the definition of sexual abuse. Auditor review of the seven (7) administrative and criminal investigations confirmed the resident's age, under the age of sixteen, resulted in meeting the definition of sexual abuse.
- In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was one (1). This matter is pending further criminal action such as criminal charges.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: 0.
- In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities: 0.

### **Interview results**

Interviews with the PREA Coordinator, facility Superintendent, and Compliance Manager confirm that if the facility has any resident found to have violated any of the agency's sexual abuse or sexual harassment policies, they will be subject to sanctions pursuant to the behavior management program. Furthermore, the facility ensures resident sanctions are imposed for comparable offenses by other residents with similar histories and residents are not denied daily large-muscle exercise. Sanctions imposed for comparable offenses by other residents with similar histories, educational programming or special education services, other program, and work opportunities to the extent possible.

Interviews with medical and mental health staff confirmed crisis intervention and counseling are offered to residents. Medical and mental health staff confirmed youth are offered therapy, counseling, or other intervention services designed to address and correct the underlying



reasons or motivations for sexual abuse and the facility offers services to the offending resident and the victim. The residents are not required to participate as a condition of access to programming or other benefits. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction were zero.

The auditor interviewed two (2) residents who were placed in room confinement or isolation for behavioral management purposes. The two residents indicated they were seen by medical and mental health clinicians and unit manager and their rights were maintained to include programming and large muscle activity unless they presented a safety and security risk. The facility Superintendent explained that disciplinary actions for youth would include keeping the resident under strict supervision, making the required notifications and notify the Court. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.381	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.H.</li> <li>● Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 404-Observation and Assessment Evaluations dated February 12, 2018, page 2, section 2.E.2</li> <li>● Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>● Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form</li> <li>● Resident samples of the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form</li> <li>● Idaho Department of Juvenile Corrections Juvenile Notice of Limited Confidentiality Form</li> <li>● Sample Patient Template from the CorEMR Database; Short Blue Form, Medical History Questionnaire, Confidential Student Medical Information Record, Access to Medical Care, STD Screening Form</li> <li>● Resident Request for Medical Care Form</li> <li>● Clinician Contact Request</li> <li>● Resident list indicating follow up medical and mental health care after disclosure of sexual abuse</li> <li>● Clinical Report on residents who disclosed prior sexual abuse at screening reported sexual abuse</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>● PREA Coordinator</li> <li>● Facility Superintendent</li> <li>● Facility PREA Compliance Manager</li> <li>● Medical and Mental Health Staff</li> <li>● Random Residents</li> <li>● Residents who Disclose Sexual Victimization at Risk Screening</li> <li>● Staff responsible for Risk Screening</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1.H. requires 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&amp;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.</p>

The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 404-Observation and Assessment Evaluations, page 2, section 2.E.2 requires E. 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; 2. 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 Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener (RSVP) form, Vulnerability to Sexual Victimization section, question #9, refers to prior sexual abuse by asking, "Have you ever been the victim of sexual abuse?" All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner and the follow-up meeting was offered within 14 days of the intake screening. In the last twelve months, the Juvenile Correctional Center-Nampa has 100% of residents who disclosed prior victimization during screening who were offered a follow up meeting with medical and mental health provider/practitioner.

The Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener (RSVP) form, Propensity towards Sexual Perpetration section, refers to prior sexual aggression by asking, question #10, "The juvenile has been arrested or charged with a sex offense?", question #11, "A history of a pattern of aggression or violence?" and question #16, "The victimization of others involved crimes against a person?" All residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the last twelve months, Juvenile Correctional Center-Nampa has 100% of residents who previously perpetrated sexual abuse, assault, or a deviant sexual act and 100% received follow-up with a mental health provider/practitioner.

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. Such practitioners shall be required to inform offenders at the initiation of services of their duty to report and the limitations of confidentiality. Medical and mental health practitioners shall obtain informed consent from residents before reporting information about prior victimization that did not occur in an institutional setting unless the resident is under the age of 18. The agency requires all residents complete Idaho Department of Juvenile Corrections Juvenile Notice of Limited Confidentiality Form. Idaho Department of Juvenile Corrections, Institutional Policy/Procedure-835 Sexual Abuse, page 2, section 4, Medical Documentation, 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, namely CorEMR Database. Any and all disclosures are made in accordance with state and federal law, including HIPAA (Health Insurance Portability and Accountability Act).

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past twelve (12) months the percent of residents who disclosed prior victimization during screening who were offered a follow-up meeting with a mental health practitioner: 100%.

- In the past twelve (12) months the percent of residents who disclosed prior perpetrated sexual abuse, as indicated during screening who were offered a follow-up meeting with a mental health practitioner: 100%

### **Interview results**

During resident interviews, three (3) residents who disclosed prior sexual victimization during the risk screening process resident indicated they were seen by medical and mental health practitioners' after disclosure and within the fourteen (14) day requirement. Resident file review confirmed the residents was seen within the time frame.

Interviews with Medical and Mental Health staff indicated that at the initiation of services to a resident, staff disclose the limitations of confidentiality and duty to report. When reports of sexual abuse are disclosed by residents, staff make all required notifications including the Child Protection Hotline, preserve evidence, conduct an initial assessment, and make a IDJC incident report. Medical and Mental Health Clinicians are aware that residents reporting sexual victimization or prior sexual aggressiveness are to be referred for a follow-up meeting. They stated that services would be offered including evaluation, treatment and safety planning, and follow-up services. Information related to sexual victimization or abusiveness that occurred in the facility is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.382	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section 1.C., section 2, section 3.A</li> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 835-Sexual Abuse dated January 7, 2019, page 1, section 1.C.</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form</li> <li>• Resident samples of the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form</li> <li>• Idaho Department of Juvenile Corrections Juvenile Notice of Limited Confidentiality Form</li> <li>• Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated May 21, 2019, pages 1-5</li> <li>• Sample Patient Template from the CorEMR Database; Short Blue Form, Medical History Questionnaire, Confidential Student Medical Information Record, Access to Medical Care, STD Screening Form</li> <li>• Resident Request for Medical Care Form</li> <li>• Clinician Contact Request</li> <li>• Resident list indicating follow up medical and mental health care after disclosure of sexual abuse</li> <li>• Clinical Report on residents who disclosed prior sexual abuse at screening reported sexual abuse</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility Compliance Manager</li> <li>• Medical and Mental Health Staff</li> <li>• Random Staff, Non-Security Staff</li> <li>• Residents who Reported Sexual Abuse</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 1, section 1.N. requires the IDJC will provide for the medical and mental health needs of identified victims. Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 835-Sexual Abuse dated January 7, 2019, page 1, section 1.C. It is the policy of the Idaho Department of Juvenile Corrections (IDJC) that any juvenile that is the victim of sexual abuse while in IDJC custody is</p>

referred to a community facility for evaluation and treatment and the gathering of forensic evidence. Section 1. C. Medical and mental health treatment by appropriate licensed health care professionals is provided while the juvenile is in IDJC custody.

Victims of sexual abuse shall 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. All victims of sexual abuse shall be offered access to forensic medical examinations outside facility, such examinations shall be performed by a Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's) where possible. The agency shall document efforts to provide SAFE's or SANE's, if one is not available, the examination can be performed by other qualified medical practitioners. Treatment shall be 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.

### **Interview Results**

Interview with Medical and Mental Health Care staff indicated that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services from the local hospital. The Medical and Mental Health Care staff indicated that evaluation and treatment of residents who have been victimized entail follow-up services, treatment plans, and when necessary, referrals for continued care after leaving the facility. An interview with the Interim Executive Director at Nampa Family Justice Center indicated and confirmed access to emergency medical and mental health services. She further indicated that victim advocate services will be provided as well. The facility also has the ability to contact a qualified staff trained as victim advocates to immediately respond at the facility until a victim advocate is present. To date, the staff member has not been utilized as the Nampa Family Justice Center can provide victim advocate services. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

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

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations**

- Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 3.D, page 1, section 2, section 3.A
- Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form
- Resident samples of the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form
- Idaho Department of Juvenile Corrections Juvenile Notice of Limited Confidentiality Form
- Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated May 21, 2019, pages 1-5
- Sample Patient Template from the CorEMR Database; Short Blue Form, Medical History Questionnaire, Confidential Student Medical Information Record, Access to Medical Care, STD Screening Form
- Resident Request for Medical Care Form
- Clinician Contact Request Form
- Resident list indicating follow up medical and mental health care after disclosure of sexual abuse
- Clinical Report on residents who disclosed prior sexual abuse at screening reported sexual abuse

**Interviews**

- PREA Coordinator
- Facility Superintendent
- Facility PREA Compliance Manager
- Medical and Mental Health Staff
- Residents who Reported Sexual Abuse

The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 3.D. Ensuring any medical and/or mental health needs of the alleged offender or victim are met. The facility offers 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.

Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 835-Sexual Abuse dated January 7, 2019, page 1, section 2, states, female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests. Pregnancy, if pregnancy results from sexual abuse while incarcerated, the juvenile receives timely and comprehensive

information about and access to all pregnancy-related medical services and treatment consistent with state law and the regulations of the jurisdiction. Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Treatment services are 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.

The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

Victims of sexual abuse will be transported to Nampa Family Justice Center where they will receive treatment and where physical evidence can be gathered by a certified SAFE/SANE examiner. There is a process in place to ensure facility staff track on-going medical and mental health services for victims who may have been sexually abused, and medical staff track the follow-up medical visits and document their findings in the resident's medical file. The three (3) residents who reported sexual abuse remember being referred and seen by medical and mental health services. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.



**115.386 Sexual abuse incident reviews**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Supporting Documents, Interviews and Observations**

- Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 2.D,
- Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 2, section 3.B
- Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms last revised January 7, 2019, pages 1-26
- Idaho Department of Juvenile Corrections PREA Incident Review Form revised September 10, 2018, pages 1-5
- Idaho Department of Juvenile Corrections- Nampa 12-month Allegation Summary Report
- Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)
- Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form
- Resident samples of the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener Form
- Idaho Department of Juvenile Corrections Juvenile Notice of Limited Confidentiality Form
- Incident Report Form
- Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months

**Interviews**

- PREA Coordinator
- Facility Superintendent
- Facility PREA Compliance Manager
- Incident Review Team Members

The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1, requires The IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment: K. 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.

The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 614-Investigations-PREA dated September 10, 2018, page 2, section 3, requires all other allegations of sexual abuse and harassment are investigated by departmental investigators trained in investigation of sexual abuse. B. 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.

The Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, section 2 requires the IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: D. 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.

The Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms last revised January 7, 2019, page 15 defines PREA Incident Review Team as: the team involved in the review of investigations concerning allegations of sexual abuse or sexual harassment. It includes 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 Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3 and 4, section 2 requires that within five days of a determination that a report of sexual abuse or sexual harassment is substantiated or unsubstantiated, the facility PCM shall complete Section B of the PREA Incident Review (DJC-262) form. A. The facility PCM will gather input from the Superintendent, supervisors, investigators, and medical or mental health practitioners. B. The facility PCM will submit the completed Section B of the DJC-262 form to the Superintendent, agency PREA coordinator and Deputy Attorney General for review and feedback.

The PREA Coordinator provided the auditor with the Idaho Department of Juvenile Corrections- Nampa 12-month Allegation Summary Report identifying each sexual abuse and harassment allegation by incident report number, date, allegation type, finding noting the determination and outcome, and notes related to each incident. The Idaho Department of Juvenile Corrections PREA Incident Review Form revised September 10, 2018, pages 1-5, facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, or documents its reasons for not doing so.

The PREA Coordinator and PREA Compliance Manager provided all eight (8) Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months. The incident review team meetings were held within the required thirty days after the conclusion of the investigation time frame. The review forms were complete and detailed, specifically, in areas such as to the actions of the residents involved, the impact on staff and youth, any corrective actions taken or needed, plans for improvements, any recommendations to prevent another incident from occurring, any housing or staffing re-assignments, review policies, and any additional documentation used in the debriefing process.

A review of the Pre-Audit Questionnaire and confirmed by staff interview:

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility-- excluding only "unfounded" incidents was 8.
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse

incident review within 30 days, excluding-- only "unfounded" incidents 8.

### **Interview Results**

Interviews with members of the incident review team members including the PREA Coordinator, facility PREA Compliance Manager, facility Superintendent, Program Manager, Education Manger, and Deputy Attorney General indicated they provide feedback and take into consideration all elements of subsection (d) 1-6 and (e) consistent with the standards. The PREA Compliance Manager initiates the incident review process by emailing all team members requesting comments on all elements, completes the incident review form then sends the completed incident review to the Superintendent, agency PREA coordinator and Deputy Attorney General for review, feedback, and approval. The system the agency and facility have in place meets the spirit of the standard, the auditor suggested the agency consider conducting the review team process on a more formal setting such as in person or virtual. The agency PREA Coordinator took this suggestion under advisement to improve the communication process by email or begin conducting the meetings in person or virtual. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.387	<b>Data collection</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 999 360"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 427 1485 976" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 2.B, C, section 2.F</li> <li>• Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms last revised January 7, 2019, pages 1-26</li> <li>• Idaho Department of Juvenile Corrections PREA Incident Review Form revised September 10, 2018, sections A, C.</li> <li>• Idaho Department of Juvenile Corrections Act and Rules Booklet, July 2019, pages 215-217, N</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• 2018 Survey of Sexual Victimization Forms SSV-5</li> <li>• Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report for 2020</li> </ul> <p data-bbox="252 1010 395 1043"><b>Interviews</b></p> <ul data-bbox="300 1111 799 1279" style="list-style-type: none"> <li>• Agency Designee- Director</li> <li>• PREA Coordinator</li> <li>• Facility Superintendent</li> <li>• Facility PREA Compliance Manager</li> </ul> <p data-bbox="252 1312 1477 1514">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) states on page 3, section 2, 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="252 1559 1485 1984">Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report for 2020 shows in fine detail the agency aggregates the incident-based sexual abuse data at least annually and posts is posted on the agency website. The annual report includes comparisons of the current year's data and corrective actions with those from prior years and will include an assessment of the IDJC's progress in addressing sexual abuse. The annual report is approved by the Agency Director and made readily available to the public annually through the website. The IDJC redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. Upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice.</p> <p data-bbox="252 2018 1477 2141">The Idaho Department of Juvenile Corrections PREA Incident Review Form, sections A and C is the standardized instrument that includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted</p>

by the Department of Justice. The data obtained in the Incident Review Form is used to complete the yearly Survey of Sexual Victimization Survey. The PREA Coordinator provided the auditor with a copy of the 2018 Survey of Sexual Victimization Form SSV-5.

The Idaho Department of Juvenile Corrections Act and Rules Booklet, July 2019, pages 215-217, N224 states PROHIBITED CONTACT AND PRISON RAPE ELIMINATION ACT (PREA) COMPLIANCE. 01. Sexual Abuse of Juvenile Offenders. The residential treatment provider must have written policies and procedures mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct as pursuant to the PREA standards. Section 03. Sexual Victimization Survey requires residential treatment providers are required to participate in all state and federal surveys and shall complete and submit the survey and supply the department with copies. The agency provides the Department of Justice (DOJ) with data from the previous calendar year upon request and no later than June 30th.

### **Interview Results**

The Agency Director, PREA Coordinator, facility Superintendent, facility PREA Compliance Manager confirmed the process along with the instruments used for collecting, maintaining, reviewing the data. The 2017-2019 PREA Annual Reports were made available by the agency and are located on the website. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.388	<b>Data review for corrective action</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 999 360"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 427 1481 976" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 3, section 2 B and C</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections PREA Incident and Supplemental Information Report</li> <li>• Idaho Department of Juvenile Corrections- Nampa 2020 Facility PREA Report</li> <li>• Idaho Department of Juvenile Corrections- Nampa 12-month Allegation Summary Report</li> <li>• Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months</li> <li>• 2018 Survey of Sexual Victimization Forms SSV-5</li> <li>• Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report for 2020</li> </ul> <p data-bbox="252 1010 395 1043"><b>Interviews</b></p> <ul data-bbox="300 1111 798 1234" style="list-style-type: none"> <li>• Agency Level Designee- Director</li> <li>• PREA Coordinator</li> <li>• Facility PREA Compliance Manager</li> </ul> <p data-bbox="252 1267 1473 1480">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) states on page 3, section 2, 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="252 1514 1453 1895">The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: Identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole and documents such data completing the PREA Incident and Supplemental Information Report, Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months, the Survey of Sexual Victimization Forms SSV-5 resulting in the completion of the Idaho Department of Juvenile Corrections- Nampa 2020 Facility PREA Report.</p> <p data-bbox="252 1928 1477 2141">The PREA Coordinator submits an annual report of the incident based sexual abuse data, to include facility recommendations and corrective actions to the Agency Director. The annual report includes comparisons of the current year's data and corrective actions with those from prior years includes an assessment of the agency's progress in addressing sexual abuse. The annual report is approved by the IDJC Director and made readily available to the public</p>

annually through the agency website. The IDJC redacts personal identifiers or other specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted.

### **Interview Results**

The Agency Level Designee- Director, PREA Coordinator, facility Compliance Manager reviews data collected and aggregates their findings pursuant to 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including addressing problem areas, taking corrective action, and preparing an annual statement of its finding from its data review. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.389	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1, P, page 3, section 2A.B.</li> <li>• Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms last revised January 7, 2019, pages 1-26</li> <li>• Idaho Department of Juvenile Corrections PREA Incident Review Form revised September 10, 2018, sections A, C.</li> <li>• Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook, dated June 2019, page 12, #7</li> <li>• Idaho Department of Juvenile Corrections- Nampa 2020 Facility PREA Report</li> <li>• Idaho Department of Juvenile Corrections Act and Rules Booklet, July 2019, pages 215-217, N</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Idaho Department of Juvenile Corrections- Nampa Sexual Abuse Incident Review Forms for allegations during the past twelve (12) months</li> <li>• Facility Incident Report Form</li> <li>• Idaho Department of Juvenile Corrections PREA Incident and Supplemental Information Report</li> <li>• Idaho Department of Juvenile Corrections- Nampa 12-month Allegation Summary Report</li> <li>• Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report for 2020</li> <li>• Agency Website</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency Level Designee- Director</li> <li>• PREA Coordinator</li> <li>• Facility PREA Compliance Manager</li> </ul> <p>The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, page 2, section 1, P. states the IDJC will establish data collection systems to track sexual abuse and page 3, section 2, 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.</p> <p>Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook,</p>



dated June 2019, page 12, #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 ten 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.

**Interview results**

The Agency Level Designee-Director and PREA Coordinator, facility PREA Compliance Manager confirmed the agency and facility comply with elements of the standard.

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 999 360"><b>Supporting Documents, Interviews and Observations</b></p> <ul data-bbox="300 432 1481 846" style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017</li> <li>• Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report for 2020</li> <li>• Idaho Department of Juvenile Corrections- Nampa 2020 Facility PREA Report</li> <li>• Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook updated March 18, 2020</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Agency Website</li> </ul> <p data-bbox="252 887 1469 1218">The review of the Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017, Idaho Department of Juvenile Corrections- Nampa 2020 Facility PREA Report, Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook updated March 18, 2020, requires upon request for information, the PREA Coordinator will be responsible to respond to all external surveys, schedule audits required by the Department of Justice's National PREA Standards and comply with all PREA requirements and ensure that at least one-third of each facility type under the agency' s control is audited during each year of the three-year audit cycle.</p> <p data-bbox="252 1258 395 1292"><b>Interviews</b></p> <ul data-bbox="300 1359 687 1435" style="list-style-type: none"> <li>• Agency Designee- Director</li> <li>• PREA Coordinator</li> </ul> <p data-bbox="252 1476 496 1509"><b>Interview Results</b></p> <p data-bbox="252 1550 1481 1711">Interview with the Agency Designee- Director and PREA Coordinator and review of the agency website has indicated that the agency has conducted the required PREA Audits each cycle year. The agency has ensured that at least one-third of each type operated by the agency, or by a private organization on behalf of the agency was audited once.</p> <p data-bbox="252 1751 1481 2083">This auditor reviewed the Idaho Department of Juvenile Corrections web page at <a href="http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea">http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea</a> and found that it contains the audit reports for PREA, audits completed from 2015 through 2020. The agency ensures that each facility operated by the agency, or by a private organization on behalf of the agency was audited at least once. One third of each facility type operated by this agency was completed during the first PREA review cycle, year two in accordance with the standard. The Juvenile Correctional Center-Nampa PREA audits were conducted during the second year of Audit Cycle 2 and during year two of Audit Cycle 3.</p> <p data-bbox="252 2123 1417 2157">The auditor had access to the entire campus and was able to conduct interviews and was</p>

provided with documentation in accordance with the standard. The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). The auditor was permitted to conduct private interviews with residents and staff. Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive any confidential information or correspondence from residents placed at the Juvenile Correctional Center- Nampa. Furthermore, the auditor did not receive any correspondence from agency or facility staff, volunteers, or interns. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.

115.403	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Supporting Documents, Interviews and Observations</b></p> <ul style="list-style-type: none"> <li>• Idaho Department of Juvenile Corrections Institutional Policy/Procedure, 613-Prison Rape Elimination Act (PREA) dated July 3, 2017</li> <li>• Idaho Department of Juvenile Corrections- Nampa 2020 Facility PREA Report</li> <li>• Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report for 2020</li> <li>• Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Handbook updated March 18, 2020</li> <li>• Idaho Department of Juvenile Corrections- Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</li> <li>• Agency Website</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency Designee- Director</li> <li>• PREA Coordinator</li> </ul> <p><b>Interview Results</b></p> <p>Interviews with Agency Designee- Director and PREA Coordinator, and by review of the agency's website indicated the agency has made publicly available all PREA audits as required by standard. This auditor reviewed the Idaho web page at <a href="http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea">http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea</a> and contained the three (3) PREA Final Reports that was audited for the previous audit cycle years and published within 90 days after the final report was issued by the auditor. Based on the above information, the agency and facility meet the standard and complies with the standard for the relevant review period.</p>

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	

	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	yes

	and determining the need for video monitoring: The number and placement of supervisory staff?	
	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
<b>115.313 (b)</b>	<b>Supervision and monitoring</b>	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	no
	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.)	no
<b>115.313 (c)</b>	<b>Supervision and monitoring</b>	
	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.)	no
	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.)	no
	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.)	no
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	no
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	no

<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.315 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances?	yes



<b>115.315 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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)	yes
<b>115.315 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.315 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.316 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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	yes

	through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	
<b>115.316 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.316 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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

<b>115.317 (a)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes

<b>115.317 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (d)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.317 (f)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.317 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.317 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.318 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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
<b>115.318 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
<b>115.321 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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?	yes
<b>115.321 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.321 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.321 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321 (d) above.)	yes
<b>115.322 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.322 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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	
	<p>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))</p>	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

<b>115.331 (b)</b>	<b>Employee training</b>	
	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?	yes
<b>115.331 (c)</b>	<b>Employee training</b>	
	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
<b>115.331 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.332 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.332 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.332 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.333 (a)</b>	<b>Resident education</b>	
	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
<b>115.333 (b)</b>	<b>Resident education</b>	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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
<b>115.333 (c)</b>	<b>Resident education</b>	
	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
<b>115.333 (d)</b>	<b>Resident education</b>	
	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

<b>115.333 (e)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.333 (f)</b>	<b>Resident education</b>	
	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
<b>115.334 (a)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.334 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	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
<b>115.334 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.335 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.341 (a)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (b)</b>	<b>Obtaining information from residents</b>	
	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



<b>115.341 (d)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.341 (e)</b>	<b>Obtaining information from residents</b>	
	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
<b>115.342 (a)</b>	<b>Placement of residents</b>	
	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

<b>115.342 (d)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (e)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (f)</b>	<b>Placement of residents</b>	
	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
<b>115.342 (g)</b>	<b>Placement of residents</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.342 (h)</b>	<b>Placement of residents</b>	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
<b>115.342 (i)</b>	<b>Placement of residents</b>	
	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

<b>115.351 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (b)</b>	<b>Resident reporting</b>	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	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?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes

<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.352 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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

<b>115.352 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.352 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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



<b>115.353 (a)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.353 (b)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.353 (c)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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
<b>115.353 (d)</b>	<b>Resident access to outside confidential support services and legal representation</b>	
	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

<b>115.354 (a)</b>	<b>Third-party reporting</b>	
	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
<b>115.361 (a)</b>	<b>Staff and agency reporting duties</b>	
	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?	yes
	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?	yes
<b>115.361 (b)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
<b>115.361 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (d)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.361 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.361 (f)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.362 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.363 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.363 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.363 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.363 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.364 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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

<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.367 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes

<b>115.367 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.367 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes

<b>115.367 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.368 (a)</b>	<b>Post-allegation protective custody</b>	
	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
<b>115.371 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
<b>115.371 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	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
<b>115.371 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes

<b>115.371 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.371 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.371 (k)</b>	<b>Criminal and administrative agency investigations</b>	
	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



<b>115.371 (m)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.372 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.373 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

<b>115.373 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (d)</b>	<b>Reporting to residents</b>	
	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
<b>115.373 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.376 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	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
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes

<b>115.378 (a)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (b)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	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
<b>115.378 (c)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (d)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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

<b>115.378 (e)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (f)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.378 (g)</b>	<b>Interventions and disciplinary sanctions for residents</b>	
	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
<b>115.381 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
<b>115.381 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.383 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.383 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.383 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
<b>115.383 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
<b>115.383 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.383 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes



<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	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
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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