

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: February 3, 2017

Auditor Information			
Auditor name: Dwight Sadler			
Address: 13154 Mill Stone Drive, Austin, TX 78729			
Email: dwright.sadler@dojpreaaudit.com			
Telephone number: (512) 233-9808			
Date of facility visit: September 12-15, 2016			
Facility Information			
Facility name: Juvenile Corrections Center St. Anthony			
Facility physical address: 2220 East 600 North, St. Anthony, Idaho			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (208) 624-3462			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Skip Greene			
Number of staff assigned to the facility in the last 12 months: 162			
Designed facility capacity: 128			
Current population of facility: 118			
Facility security levels/inmate custody levels: 1-5sd			
Age range of the population: 13-21 years old			
Name of PREA Compliance Manager: Katie Withers		Title: Facility PREA Compliance Manager	
Email address: katie.withers@idjc.idaho.gov		Telephone number: (208) 624-3462	
Agency Information			
Name of agency: The State of Idaho Department of Juvenile Corrections			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 954 W. Jefferson St. Boise, Idaho 83702			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 208-334-5100			
Agency Chief Executive Officer			
Name: Sharon Harrigfeld		Title: Director	
Email address: sharon.harrigfeld@idjc.idaho.gov		Telephone number: 208-334-5100	
Agency-Wide PREA Coordinator			
Name: Joe Blume		Title: Agency PREA Coordinator	
Email address: joe.blume@idjc.idaho.gov		Telephone number: 208-334-3283	

AUDIT FINDINGS

NARRATIVE

The Prison Rape Elimination Act (PREA) on site audit of the Juvenile Corrections Center – St. Anthony (JCC-St. Anthony) was conducted in St. Anthony, Idaho on September 12-15, 2016. The audit was conducted by U.S. Department of Justice Certified PREA Auditor Dwight Sadler. This is the official report of findings for the JCC St. Anthony Facility.

Pre-audit preparation included verification of PREA audit notices being posted at least six weeks prior to the audit and containing necessary contact information and review of the Pre-Audit Questionnaire, facility policies, and documentation supporting compliance with each standard. Questions, requests for clarification, and additional information were listed by standard in an issues log, which was sent via email to the PREA Coordinator and the PREA Compliance Manager. Additional information was returned to the auditor for review prior to the audit.

The Agency PREA Coordinator and the facility PREA Compliance Manager were present throughout the four days of the on-site audit. The audit began with a brief entrance meeting with the facility's leadership team. The individuals present at this meeting included Superintendent Skip Greene, Program Manager Beverly Wilder, Safety and Security Supervisor Mark Chapman, Business Operations Specialist Mary Beth Wetzel, Nurse Manager Shalaine Edwards, Unit Manager AJ Gardner, Unit Manager Cody Olsen, Unit Manager Brig Blake, Unit Manager Jared Stokes, Unit Manager Jason Richart, Training Coordinator James Phillips, Clinical Supervisor Murray Doggett, PREA Coordinator Joe Blume, and Facility PREA Compliance Manager Katie Wthers. A schedule of the audit schedule was provided and discussed with the attendees.

Following the entrance meeting a comprehensive tour of the facility was provided. The Superintendent, Program Manager, PREA Coordinator, and PREA Compliance Manager accompanied the auditor for the tour. The tour consisted of all resident dorms, office areas, dining hall, education, gym, and laundry building. During the tour attention was given to lines of sight, the identification of blind spots, the level of youth supervision, PREA related material, camera coverage, and discussion with staff and residents. It was noted that blind spots exist in various spots throughout the facility that could be corrected by additional cameras. A review of the facility's staffing plan revealed that through their own review, the facility has identified the blind spots in each of the living units and the education building. Camera quality, placement, and the addition of cameras is a conversation that takes place regularly among the leadership at the facility and involves the PREA Coordinator. PREA posters were displayed in English and Spanish throughout the facility. Camera placement was reviewed and is restricted to areas that do not involve the residents showering, using the bathroom, or changing clothes. During the facility tour the shower setup in several of the dorms were noted and discussed with the facility leadership. In two of the dorms the showers poles are used where multiple residents (up to 6) shower at the same time with no privacy. A third dorm has three open shower heads are attached to the wall with no partitions or curtains to provide privacy for the residents while they shower. It was also noted that the bathrooms and showers in the gym are arranged in an open setup with no partitions, stalls, or curtains so residents using the toilets or showers would have no privacy. It is acknowledged that none of the shower or restroom setups noted are violations of PREA standards. Facility staff demonstrated staff positioning during resident showers that allows proper supervision without being overly invasive. While continued diligent supervision from staff will continue to keep the residents safe while showering or using the restroom in the above mentioned dorms and the gym, it is recommended that the IDJC consider possible modifications that might allow the residents more privacy.

Twenty one line staff, referred to as Rehabilitation Techs were randomly selected to be interviewed during the on-site audit. The Rehabilitation Techs work rotating shifts at the St. Anthony facility work rotating shifts so all shifts were therefore represented in the interview sample. Teachers were also included in the random sample of staff interviews as they receive the same training as the Rehabilitation Techs at the St. Anthony facility. Twenty four specialized interviews were conducted including the agency head, the superintendent, first responders, intake and screening staff, investigators, incident review team members, monitor of retaliation staff, clinicians, volunteers; and medical and mental health staff. Sixteen residents were randomly selected to be interviewed, representing each of the dorms on the campus. Six specialized resident interviews were conducted with residents who were categorized as disabled or with limited English proficiency, identified as being gay, lesbian, bisexual, transgendered, or intersex, or who disclosed prior sexual victimization during risk screening. Following the interviews, additional documentation provided by the PREA Coordinator and PREA Compliance Manager was reviewed to determine compliance for each standard. The intake process involving two residents was observed during the on-site audit. The intake included intake staff providing the residents with written PREA material and discussing the material with the residents. Following the completion of documentation review, an exit meeting was held with the Facility Superintendent, Program Manager, PREA Coordinator and PREA Compliance Manger, which concluded the on-site audit.

The PREA Interim Audit Report indicating compliance with each standard that applied and corrective actions for standards not met was submitted to the PREA Coordinator and PREA Compliance Manager on November 8, 2016.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Juvenile Corrections Center - St. Anthony facility is a high restriction facility located in St. Anthony, Idaho, that serves adolescent male and female offenders typically between the ages of 13 and 21 years old. It was reported that it is rare for the facility to have residents 12 or younger and residents rarely stay until their 21st birthday. The average length of stay for a resident at the St. Anthony facility is 15-18 months. JCC-St. Anthony is a state operated facility that is part of the Idaho Department of Juvenile Corrections (IDJC). The facility has a design capacity of 128 residents living in 6 housing units referred to as cottages. Four of the cottages are multiple occupancy housing units in design and two have individual rooms. The St. Anthony facility's population typically consists of about 60 conduct disorder male offenders, 20 conduct disorder female offenders, and 40 juveniles with sexually aggressive behaviors. JCC-St. Anthony is the oldest and largest of the three facilities operated by the IDJC at over 100 years old. The facility is well maintained and sits on about 20 acres of land one mile west of the city of St. Anthony. There are about 25 buildings located on the property including the 6 different residential cottages, several education buildings, a food service building that also houses the gym, a chapel, an administration building, and several smaller buildings used for storage. Also located on the campus is an assessment building where interviews for the PREA audit were conducted, an industrial arts building, a laundry building, and a carpenter shop. Participation in outdoor activities is an important part of the programming at JCC-St. Anthony and there is a large soccer field, a softball field, an outdoor basketball court, and a challenge course with high and low elements. Each of the 6 living units has one Unit Manager, two Group Leaders, one Clinician, and the number of direct care staff, referred to as Rehabilitation Technicians, varies by cottage. The facility is not mandated, at this time, by state or federal law, to comply with specific staffing ratios. The facility ensures that at least two Rehabilitation Techs are on duty at each cottage during programming hours and one staff on duty during the overnight shift. Supervision of the residents during school hours, Monday through Friday, is provided by education staff. Concern was expressed on several occasions during the audit about the mandated ratios of 1 to 8 during waking hours and 1 to 16 during sleeping hours that will go into effect in October of 2017. Compliance with the ratios would require the St. Anthony facility to increase their staffing significantly, and at the time of this audit it was not felt that it would be fiscally possible to add the necessary staff to remain PREA compliant.

The foundational program component of the JCC-St. Anthony program is Positive Peer Culture (PPC). PPC is a total system for developing positive youth subcultures to the degree that a therapeutic process becomes woven into the youth's daily experience and therefore the youth never exits the therapeutic process. PPC is a strength based peer helping model that fosters active caring teaches youth that investing in others is fashionable. The PPC model has been fully implemented at the St. Anthony facility for over 30 years. The staff and youth were able to talk at length about the PPC program and the expectations of the staff and youth in the program. The auditor witnessed youth modeling PPC by holding each other accountable through group discussions on the dorms.

The facility has an extensive surveillance system consisting of 132 cameras located throughout the campus. Cameras can be reviewed from the office of the Superintendent, the Program Manager, or the Safety and Security Supervisor. There are no cameras in the residents' rooms, and cameras are not positioned where they provide views of residents' bathroom or shower areas. The facility has an infirmary and 7 nurses on staff. Nurses are on campus 7 days per week and provide coverage from 6AM – 10PM. A Physician comes on campus weekly and a Psychiatrist comes to the campus 2 times each month. It was estimated that between 60-70% of the residents at the St. Anthony facility are on some type of psychotropic medication. The facility's clinical staff consists of a Clinical Supervisor and 8 full time credentialed clinicians.

SUMMARY OF AUDIT FINDINGS

The initial report of findings reflected that the Juvenile Corrections Center – St. Anthony facility met the standard for compliance on 36 standards, did not meet compliance on 1 standard, exceeded the requirements for compliance on 3 standards, and had 1 standard not applicable to the facility. This is the second PREA audit for the JCC–St. Anthony facility, with the initial audit being conducted in March of 2014. Having reviewed the previous audit report during the pre-audit preparation for this audit it was clear that the Idaho Department of Juvenile Corrections and the St. Anthony facility has been committed to PREA compliance and the sexual safety of the residents in their care for many years. The area of non-compliance identified during the audit was on the agency level and involved changes that needed to be made regarding the language in the agency’s contracts for residential services.

An effort was made to conduct as large a sample of interviews with staff and residents as time would allow during this audit. A total of 21 random staff and 16 random resident interviews were conducted during the on site audit. Twenty four specialized staff interviews and 6 specialized resident interviews were conducted. Direct care staff all work rotating shifts and the selection process ensured that random staff from each housing unit were represented in the interviews. The JCC-St. Anthony facility interviews as a whole were impressive and reflected the IDJC agency’s and the JCC-St. Anthony facility’s commitment to PREA. The direct care staff (Rehabilitation Techs), specialized staff, and administration were knowledgeable regarding their responsibilities and comfortable in discussing PREA during the interviews. The staff were all well versed in their reporting obligations as well as their duties as first responders. The PREA Compliance Manager is commended for being visible on the JCC-St. Anthony campus, as she was identified by name by all direct care staff as someone they know and with whom they have frequent contact. It was also noted that the randomly selected residents interviewed were comfortable, knowledgeable, and confident discussing PREA. It is felt that this can be attributed to their frequent discussions/training sessions that are presented by the staff. Residents at the St. Anthony facility are required to regularly scheduled PREA education sessions (every 3 months), or they are required to participate in the PREA orientation session anytime a new resident joins their group.

There are some policy additions recommended in this report that the IDJC agency will hopefully consider adding to their P&P manual. After the submission of the initial report of findings these policy issues were discussed with the IDJC PREA Coordinator and it was agreed that they would be categorized as policy recommendations in this report. It is recommended that IDJC expand their policy regarding employee training (115.331) to include the details of their extensive training that is being provided to their employees. This same recommendation applies to standard 115.381, where the processes required by the standard were verified to be in place during the audit, but the details of the process were not found in the agency policy.

It was determined that the facility’s practices exceeds the requirements of the standards on three of the standards. On standard 115.333, the facility provides the residents with PREA education far more frequently than the standard requires. On standard 115.341, the facility implements multiple screening instruments in addition to the required objective screening tool required by the standard. Finally, on standard 115.373, which involves the notification of alleged resident victims of the outcome of investigations, the facility Compliance Manager notifies all alleged victims of the outcomes the the investigations, whether they are determined to be founded or not. This practice exceeds the requirement of the standard.

The PREA Coordinator and PREA Compliance Manager provided a great deal of high quality information prior to the on-site audit through the pre-audit questionnaire and accompanying thumb drive. Both were present for the duration of the audit and were instrumental in keeping the audit moving in an organized, efficient manner. The administration at the St. Anthony facility was welcoming and supportive throughout the process, as was all the staff in general. The positive culture of the St. Anthony facility was impressive to this auditor and was evident throughout the on-site audit. The IDJC agency as well as the administration at JCC-St. Anthony are to be commended for their commitment to PREA, as are all the staff at the facility for their good work in keeping the kids in their care safe.

Number of standards exceeded: 3

Number of standards met: 37

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

Policy Reviewed: Idaho Department of Juvenile Correction Policy 914

Additional Material Reviewed: Agency Organizational Charts

Interviews Conducted: Agency PREA Coordinator and Facility PREA Compliance Manager

The policy provided by the Idaho Department of Juvenile Corrections (IDJC) was reviewed and met the intent of this PREA standard and sufficiently met the zero-tolerance standard prohibiting all forms of sexual abuse and harassment. The interview with the Facility Administrator indicated that he was fully involved and instilled a zero-tolerance environment towards all forms of sexual abuse and harassment within the facility. The policy outlined the facility's approach to preventing, detecting, and responding to sexual abuse and harassment, including definitions of prohibited behaviors and sanctions for prohibited behaviors.

Organizational charts for JCC-St. Anthony as well as the IDJC Quality Improvement Services Bureau. The charts demonstrated the designation of the Agency PREA Coordinator and the Facility PREA Compliance Manager and clarified to whom each of the positions reports to in the agency and facility hierarchy.

The PREA Coordinator and PREA Compliance Manager were both present throughout the course of the on-site audit and actively assisted during the pre-audit phase. Interviews with the PREA Coordinator and the PREA Compliance Manager validated the responsibilities assigned to their positions and conveyed that they had sufficient time and the authority to perform their PREA duties.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

Policy Reviewed: None

Documentation Reviewed: Sample Contracts

Interviews Conducted: Agency PREA Coordinator and Agency Contract Administrator

The IDJC does contract with providers for the confinement of residents in state custody. On average, the IDJC has about 50 juveniles in contract care at any given time. According to the pre audit questionnaire there had been a total of 126 juveniles placed in contract care since the time that the initial PREA audit was conducted in 2015. The security level of the contracted facilities range from high to foster home type settings. Five sample contracts were provided for review during the pre-audit phase. A copy of the Idaho Administrative Procedures Act, (IDAPA), statutes were also included for review. The IDAPA statutes require residential treatment providers to have written policies and procedures regarding zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the provider's approach to

preventing, detecting, and responding to such conduct. The statutes require the provider's policies to include language describing the process to demonstrate compliance with several specific PREA standards and sub-standards as well as suicide precautions. Compliance with the IDAPA statutes are monitored through annual visits made to each of the contract providers from a member of the IDJC Quality Improvement Services Bureau.

A review of the sample contracts provided revealed that the IDJC requires the contract providers to have written PREA policies that must be provided to the department and requirements are listed for the contractor to immediately report any allegations of sexual abuse or sexual harassment involving department juveniles and requires the contractor to provide immediate and appropriate medical and mental health care to any such victim. The contracts also require the contract provider to fully cooperate with IDJC in any investigation regarding sexual abuse or sexual harassment involving juveniles in department custody. The contracts do not include wording stating the obligation of the contracted entity to adopt and comply with the PREA standards as required in 115.312(a). It was also found that wording in the sample contracts did not include agency monitoring duties to ensure that the contractor is complying with the PREA standards.

Discussions with the PREA Coordinator revealed that annual visits are made to each of the contracted facilities to monitor PREA compliance. The IDJC does require contracted secure facilities to go through the full PREA audit process. The contractors who provide basic childcare type services in non secure settings are not required to undergo the full audit process at this time. Several of the providers are contracted as Reintegration Providers who have only one IDJC juvenile in their homes and provide independent living type services. Six sample contracts were provided for review during the course of this discussion. The sample contracts for the Reintegration Providers did not include the obligation to adopt and comply with the PREA standards.

Corrective Action Required:

In order to gain compliance with this standard the IDJC will need to modify the agency contracts to include the language that the contracting entity is obligated to adopt and comply with PREA standards. It was determined through discussion and guidance from the PREA Resource Center that this means the contracting entities agreeing to adopt and comply with the PREA standards are expected to have a PREA audit completed as a result of the agreement. IDJC contracts should also be modified to include language providing for agency monitoring to ensure that the contractor is complying with the PREA standards as required in standard 115.312(b). Any contracts with new providers should include the revisions and any contract renewals with existing providers should include the revisions discussed in this corrective action. It is noted that the IDJC does actively monitor their contract providers and has removed residents from contractors in the past due to their determination that providers have not complied with PREA requirements.

Since the audit: The IDJC has provided sample contracts for residential service providers that contain the wording required by the standard for review. The new language will be incorporated into all contracts for residential services at IDJC Care and Custody levels 3-5.

Guidance and clarification on this standard was provided through correspondence with the PREA Management Office. The issue to be determined was the applicability of this standard to all contract care facilities, including the home type facilities referred to as Reintegration Centers, and whether these service providers would be required to become PREA compliant and undergo the audit process. After exchanging emails on this topic for several months, a face to face conversation took place on January 21st at which time the IDJC Reintegration Centers were described and discussed in detail. It was determined at that time that the "home setting" would allow the Reintegration Centers to fall under the foster care exception listed here <https://www.prearesourcecenter.org/node/3238>.

With this clarification now in place, the contract revisions made by the IDJC have addressed the deficiency in meeting compliance with this standard.

Standard 115.313 Supervision and monitoring

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

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

Policy reviewed: IDJC Juvenile Supervision Policy 608
IDJC Policy 621 Duty Officer Responsibilities
Additional Material Reviewed: Facility Staffing Plan
Staff work schedules where deviations from staffing plan have occurred
Email thread where staffing plan updates are discussed
Unannounced Rounds documentation
Interviews Conducted: Facility Superintendent, PREA Compliance Manager, PREA Coordinator, Higher Level Staff

JCC-St. Anthony does have a video surveillance system that includes over 100 cameras. Camera placement was observed during the tour of the facility. The range and quality of the cameras were viewed on the computer in the Safety/Security Supervisor's office. The Superintendent and Youth Program Manager can also view the surveillance system through the computers in their offices.

A copy of the staffing plan was provided and the plan contains all of the elements required by the PREA standard. The staffing plan is based on a population of 128 residents. On the first day of the audit, there were 118 residents assigned to the JCC-St. Anthony facility. The facility is not required by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours or 1:16 during resident sleeping hours. JCC - St. Anthony provides their education staff the same training, including PREA that they provide their direct care staff. The education staff are responsible for the supervision of the youth during education hours with a few direct care staff available to offer assistance if needed. The facility maintains the staffing practice of having a minimum of two staff members per housing unit during waking hours when the youth are not in school and a minimum of one staff member assigned to each housing unit during the midnight to 8AM shift.

When the staffing plan is not complied with facility documents the reason and justification for the deviations on the staff schedule sheets. Copies of the schedules with the documented deviations were provided for review during the pre-audit phase. The facility did express concern over the mandated ratios of 1:8 during waking hours and 1:16 during sleeping hours scheduled to be effective October 1, 2017. The facility estimates that this will require more than 60 additional staff members to meet the new ratios and does not appear feasible at this time.

Unannounced rounds are conducted by the person serving in the capacity of Duty Officer. Management and administration personnel rotate on a weekly basis serving as the Duty Officer for a week at a time. The Duty Officer is required to conduct unannounced rounds on each of the living units at least once on each shift during the course of the week. The unannounced rounds observations are recorded in the duty officer report that is filed at the end of the week. Multiple duty officer reports were provided for review to verify this practice. The duty officer reports demonstrated that the rounds covered all three shifts at least one each month as required by the standard. Interviews with several staff who participate in this rotation were conducted to confirm and verify this practice. IDJC Policy 621 describes the unannounced rounds procedures in the Duty Officer Responsibilities section.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

Policy Reviewed: IDJC Policy 620, Contraband Acquisition & Disposal - Searches, Page 3, Section 4. B. 2
IDJC - Policy 608, Juvenile Supervision
IDJC Policy 672, The Non-Discriminatory, Developmentally-Sounds Treatment of Lesbian, Gay, Bi-sexual, Trans-gender and Inter-sex Youth
Additional Material Reviewed: Supervision & Management of LGBTI Students training power-point curriculum
LGBTI training records
Interviews Conducted: Random staff, Random residents

Cross-gender strip searches, pat-down searches, and cross-gender visual body cavity searches are prohibited by IDJC policy, except in
PREA Audit Report

exigent circumstances. The facility reported that no cross gender pat searches were conducted in the 12 month period preceding the audit. During random staff interviews, staff reported that they had received training on how to conduct a cross-gender search and explained that this practice is not allowed at the St. Anthony facility.

In interviewing residents, they reported that opposite-gender staff consistently announced themselves when entering living units. All residents reported that opposite-gender staff never see residents naked.

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

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

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

Policy Reviewed: O&A Intake Policy 640, Page 2, Section IV

Additional Material Reviewed: Translator Services Contract, English and Spanish Zero Tolerance material provided during intake, St. Anthony training records

Interviews Conducted: Agency Head, Residents with Limited English Proficiency, Random Staff

During the facility tour it was noted that PREA posters with reporting information were available in English and Spanish in the living units and other buildings throughout the campus. Printed materials for resident education during intake are available in Spanish and English, and were provided for viewing. Facility policy requires that PREA material be verbally explained to any residents who do not have the ability to read and comprehend the material without assistance. The St. Anthony facility has a contract with an interpreter service that is available to assist with several different languages seven days a week. The facility had several residents who were identified as having Spanish as their primary language. The auditor interviewed two of these residents and was able to clearly communicate with both. Each of the youth stated that staff read the PREA educational material to them during intake and made sure they understood the information. Each youth also stated that the school provides assistance to them anytime they need assistance with language barriers. A resident identified as having a traumatic brain injury was also interviewed. This resident explained that PREA material was explained to him during intake and the residents are also shown a PREA video that is easy to understand.

In staff interviews, the vast majority of staff told the auditor that a resident would never be used to interpret for another resident. Several staff appeared unsure about this practice but were able to talk through their uncertainty. All staff interviewed stated that they had never seen this happen during the course of their employment.

Standard 115.317 Hiring and promotion decisions

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

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

corrective actions taken by the facility.

Policy Reviewed: IDJC policy 340 Criminal History Background Checks, Page 1

IDJC Policy 340 Criminal History Background Checks, Page 4, Section II.E.3

Additional Material Reviewed: Staff Background Checks

Interviews Conducted: Administrative (Human Resources) Staff, PREA Compliance Manager

IDJC policy 340 prohibits the agency from hiring anyone who falls into the three categories listed in 115.317(a). Questions regarding sexual harassment are included in the pre employment exam that all candidates are required to pass before they are interviewed for job openings. A conditional letter of employment to all potential staff members contains a PREA disclosure statement and the facility's PREA policy in included in all new hire paperwork packets. In the past 12 months, the facility reported that there had been 24 new hires who had criminal background checks completed. Six names were randomly selected by the auditor during the on-site portion of the audit so background checks could be reviewed for verification. In each of the cases reviewed the agency had conducted criminal history checks at the state and national level, child abuse registry was checked, and sex offender database search results were present. Checks were conducted through the FBI with finger-printing, The Idaho Department of Health and Welfare, NCIC sex offender database, and state law enforcement database records. Reference check documents also include PREA statements. The PREA Compliance Manager is responsible at the St. Anthony facility for conducting background checks on volunteers and contractors. Records reviewed indicated that the required background checks were completed prior to the employees beginning their employment at the facility. Volunteer records were also reviewed on site and all required checks were present in the files. The interview conducted with the Human Resources staff verified that background checks are conducted at 5 year intervals as well as anytime a staff member is being considered for promotion.

Standard 115.318 Upgrades to facilities and technologies

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

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

Policy Reviewed:

Additional Material Reviewed:

Interviews Conducted: Agency Head, Superintendent, Agency PREA Coordinator

There has been no substantial expansions or modifications to the St. Anthony facility since their last PREA audit. Additional cameras have been added to increase coverage and cameras have been upgraded since the initial audit. Interviews conducted regarding this topic revealed that while there were no minutes from meetings regarding the instillation of additional cameras or upgrades to the video surveillance system, it is a conversation that occurs on a regular basis. Blind spots are identified and listed in the facility's staffing plan.

Standard 115.321 Evidence protocol and forensic medical examinations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: IDJC Policy 835, Sexual Assault

Additional Material Reviewed: US DOJ NIC Investigating Sexual Abuse in a Confinement Setting training, MOU between St. Anthony/Family Crisis Center, Fremont County SO's investigation policy

Interviews Conducted: PREA Compliance Manager, Random Staff, Residents who Reported Sexual Abuse, Medical Staff

The St. Anthony facility is responsible for conducting administrative investigations. Criminal investigations are conducted by the Fremont County Sheriff's Office. All staff who conduct investigations at the facility have completed the online course through the NIC titled Investigating Sexual Abuse in a Confinement setting. Training records were reviewed that verified completion of the training. There is no MOU in place with the Fremont County Sheriff's Office, however, the department has verbally agreed in meetings to follow the applicable PREA standards when conducting sexual abuse investigations at the facility.

SANE/SAFE exams are performed at Madison Memorial Hospital in Rexburg, Idaho without financial cost to the resident. The Nurse Manager at the St. Anthony facility verified in her interview that no forensic exams are performed by staff at the facility and that all exams would be performed at Madison Memorial Hospital.

The IDJC has an MOU in place with the Family Crisis Center for the purpose of providing victim advocate services to juveniles in custody of the IDJC. The IDJC also provided policy stating that if requested by the juvenile, a clinical level agency staff member shall accompany and support the juvenile through the forensic medical examination process and investigatory interviews and shall provide emotional support and crisis intervention. The facility provided the qualifications for a IDJC staff member who would provide advocacy services if requested. The facility also provided an MOU

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Policy Reviewed: IDJC policy 911, Investigations, Page 1, Section I, IDJC policy 910, IDJC policy 914, Operating Procedures I.A.

Additional Material Reviewed: Fremont County Sheriff's Office Investigation policy, IDJC website

Interviews Conducted: Agency Head

IDJC policy 911, Investigations, includes language stating that all allegations of sexual abuse and harassment received by the statewide PREA coordinator will be investigated promptly, thoroughly, and objectively, including third-party and anonymous reports, to the extent possible. The facility reported that in the past 12 months 50 allegations of sexual abuse or sexual harassment were received and all 50 allegations resulted in an administrative investigation. One of the 50 allegations was referred for a criminal investigation. The IDJC's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website.

Standard 115.331 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy Reviewed:

Additional Material Reviewed: St. Anthony training records, Power point training that is used with all staff

Interviews Conducted: Random Staff

Policy could not be located stating that training is provided to all staff on the required 11 elements listed in standard 115.331(a). The training curriculum that is provided to train all staff on the required elements was provided for review with the corresponding page numbers identified for each element. The curriculum was reviewed and each element was identified.

Staff training rosters were provided for Specialized Medical and Mental Health Training as well as records from traincaster, which is the web based training program used by the IDJC to provide and record computer based training. Training rosters were provided for Mechanical Restraints, PREA Investigators, and LBGTI training classes were provided for review. Facility training records verified that all 165 staff employed at the St. Anthony facility have been trained on the required elements listed in 115.331(a).

All employees at the St. Anthony facility receive automatic prompts through the electronic training system (traincaster) to complete on-line PREA training at their time of hire & within 12 months of having received their face to face PREA training for existing employees. All employees at the facility who may have contact with residents are required to complete refresher training within one year of having received their comprehensive face to face PREA training.

Random staff interviews included questions regarding training provided by the facility. Staff were able to discuss their annual trainings as well as refresher trainings offered periodically through face to face training and through traincaster. Sufficient training records and training materials were provided and staff interviews verified that the training required by the standard is being provided to the staff at the St. Anthony facility. In an effort to ensure the sustainability of their comprehensive training program for their employees, it is highly recommended that the IDJC develop policy on this topic.

Standard 115.332 Volunteer and contractor training

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

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.

Policy Reviewed:

Additional Material Reviewed: Power Point training material, Quiz material

Interviews Conducted: Volunteers, Faith Based Resource Developer

The training curriculum and the quiz that all volunteers and contractors are given at the conclusion of their training was provided for review. Sixty three volunteers/contractors have been trained at the St. Anthony facility. The training curriculum was reviewed and includes the facility's zero tolerance stance on sexual abuse and sexual harassment and reporting requirements and procedures if the volunteers/contractors are in a situation where reporting would be necessary.

Interviews were conducted with two volunteers and the Faith Based Resource Developer, who is responsible for recruiting, training, and supervising the volunteers. The interviews verified that the volunteers received their training before having contact with the juveniles and that the volunteers were knowledgeable regarding their reporting responsibilities.

Standard 115.333 Resident education

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

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

Policy Reviewed: IDJC Policy 914 PREA Compliance Page, Section X
Additional Material Reviewed: Resident Education Material, File Reviews
Interviews Conducted: Random Residents, Intake Staff

During preparation for the PREA audit the St. Anthony facility discovered that there was a lapse in documenting the resident education sessions that was attributed to a change in personnel and miscommunication. A corrective action plan was provided showing that training had already been provided and that the PREA Compliance Manager was frequently reviewing the process to ensure that the documentation was happening.

Ten resident names were randomly chosen to review records for documentation of education sessions completed during intake and comprehensive education completed within 10 days of intake. All but one file had both sessions documented in the records.

IDCJ policy indicates a requirement to educate all residents upon intake within the allotted time. Policy also requires that residents who are transferred from other facilities are educated on St. Anthony's PREA policies if they differ from the resident's previous facility. Resident training material provided for review included PREA education videos in English and Spanish, a PREA handout that is covered in group, and a PREA powerpoint that is covered with the residents within 10 days of intake.

During the facility tour, posters in English and Spanish were observed in all areas of the facility where residents or their families have access.

Residents were able to articulate during interviews that during the intake process, residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Residents also discussed the facility's practice of having PREA education classes every three months. All residents are required to participate in PREA education classes each time a new resident is assigned to their group. The frequent exposure to PREA information was evident in the interviews with the facility youth, as they were knowledgeable and comfortable discussing PREA. Training records verified the frequency of the education sessions with many of the residents. The resident PREA education being provided by the St. Anthony facility exceeds the requirements of the standard.

Standard 115.334 Specialized training: Investigations

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

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

Policy Reviewed: IDJC Policy 911, PREA Investigation, Page 1, Section IV, IDJC policy 914
Additional Material Reviewed: PREA Investigator Specialized Training Curriculum, Training Roster
Interviews Conducted: Investigative Staff

In addition to the general training provided to all employees, the facility ensures that the in-house staff designated as investigators have received training in conducting investigations in confinement settings. The training curriculum utilized by the facility to train its investigators is from the National PREA Resource Center titled Investigating Sexual Abuse in Correctional Settings. Training records were provided in addition to the curriculum. The facility has 25 staff who have completed the specialized training.

The specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The maintains documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations as required by the standard.

Standard 115.335 Specialized training: Medical and mental health care

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

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.

Policy Reviewed: IDJC policy 914. PREA Compliance, Page 3, Section II.E
Additional Material Reviewed: Training records for medical and mental health staff
Interviews Conducted: Medical and mental health staff

Policy is in place covering all required elements for this standard. The training curriculum was provided for review. Training records are maintained by the facility and were also provided for review. Interviews were conducted with nursing staff as well and clinicians who all stated that they had received PREA specific training like all other facility staff.

Standard 115.341 Screening for risk of victimization and abusiveness

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: IDJC policy 404, O&A Evaluations (Page 2, Section II.E.2), IDJC policy 640, O&A Intake (Page 3, Section V.H)
DJC policy 407, Initial Custody Level Assessment / Progress Assessment/Reclassification, Page 7, Section II.B
Additional Material Reviewed: DJC-269, The Risk of Sexual Victimization/Perpetration (RSV/P)
Interviews Conducted: Random Sample of Residents, Staff Responsible for Risk Screening

Per IDJC policy 640, within 72 hours of the resident's arrival at the facility, the juvenile is administered the Risk of Sexual Victimization/Perpetration screener by clinical staff. A total of 88 residents reportedly came into the St. Anthony facility and were screened within the initial 72 hour period in the 12 months preceding the audit. IDJC policy 407 requires that the resident's risk level be periodically reassessed throughout their confinement.

The facility uses an objective screening instrument that includes the following required criteria to assess residents for risk of sexual victimization:

- (1) Prior sexual victimization or abusiveness
- (2) Gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender or intersex, and whether the resident may be vulnerable to sexual abuse
- (3) Current charges and offense history
- (4) The age of the resident;
- (5) Level of emotional and cognitive development
- (6) The physical size and stature of the resident;
- (7) Mental illness or mental disabilities
- (8) Intellectual or developmental
- (9) Physical disabilities
- (10) The residents own perception of vulnerability
- (11) Any other specific information about individual residents that may indicate heightened needs to supervision, additional safety precautions, or separation from certain residents.

This information is ascertained through conversations with the residents during the intake process and medical and mental health screenings; during classification assessments; and documentation from the resident's file. In addition to implementing an objective screening instrument to ascertain a resident's level of sexual vulnerability as well as propensity towards sexual perpetration (the bare minimum required by the standard), the IDJC has implemented multiple other screenings & assessments to determine a residents criminogenic risks & needs. This information is all compiled in an O&A evaluation which makes up the core of every resident's referral information, therefore informing placement decisions on multiple levels.

The St. Anthony facility has 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.

Interviews with random residents verified the timeliness of the screenings, and interviews with clinicians verified the screening process and the limits on the dissemination of the information gathered in the screening process. After reviewing the intake and screening procedures, interviewing residents and clinicians, and reviewing additional information provided by the PREA Coordinator, it was determined that the St. Anthony facility exceeds the requirements of the standard.

Standard 115.342 Use of screening information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: The O&A Intake policy, Page 3, Section V.H, IDJC Policy 404 - O&A Evaluations, Page 4, Section IV D.E.F. IDJC policy 604, Special Management Interventions, Page 1, Policy statement, IDJC policy 604, Special Management Interventions, Page 5, Section V.D. 4 & 10, IDJC Policy 672, LGBTI Non-Discrimination, Page 4, Section V.A.1

Additional Material Reviewed:

Interviews Conducted: PREA Compliance Manager, Staff Responsible for Risk Screening, Superintendent, PREA Coordinator, Mental Health staff, Resident Who Identifies as Gay

Staff responsible for screening residents explained that all information gathered during the intake phase is used to make housing assignments with the goal of keeping all residents safe and free from sexual abuse. This practice was verified through the interview process, but no documentation was provided to demonstrate the process of implementing the practice.

Policy is in place to ensure that residents at risk for sexual victimization would only be isolated as a last resort. The use of isolation is very seldom used at the St. Anthony facility. The facility has multiple safeguards built into their policy to ensure that residents still receive full services if they were to be isolated for any length of time over 24 hours. Zero residents were reported to have been placed in isolation due to a risk of sexual victimization in the past 12 months

The St. Anthony facility does not place lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed or other assignments solely on the basis of such identification or status, nor shall agencies consider lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive. Two residents who identify as gay or bisexual were interviewed and both residents stated that they have never felt they received a housing assignment based on their sexual orientation.

In deciding whether to assign a transgender or intersex resident to a housing unit for male or female residents and in making other housing and programming assignments, the St. Anthony facility considers on a case by case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

Following the on-site audit additional discussion took place and additional information was provided by the PREA Coordinator that assisted the auditor in determining that the facility demonstrated full compliance with this standard.

Standard 115.351 Resident reporting

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

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

Policy Reviewed: IDJC Policy 675, Privileged Communications, Page 2 & 3, Section III & IV, IDJC Policy 671, Juvenile Grievance Procedure, IDJC Policy 914, PREA Compliance, Page 2, Section 1.F

Additional Material Reviewed: Juvenile PREA Education power-point slide 7 & 9, The JCC St. Anthony Orientation Checklist, page 4 The Juvenile/Parent handbook, Page 11, The Direct Care staff PREA Refresher Information Training power-point, Slide 9, 10 & 11

Interviews Conducted: Random Staff, Random Residents, PREA Compliance Manager, Resident who Reported Sexual Abuse

The St. Anthony facility provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility has also identified in policy one way for residents to report abuse or harassment to a public entity that is not part of the agency, and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to the IDJC PREA Coordinator, while allowing the resident to remain anonymous upon request. Resident interviews indicated that many of the kids were not aware they could do this anonymously.

Staff interviews verified that they accept reports made verbally, in writing, anonymously, and from third parties and promptly documents any verbal reports before the end of their shift.

The facility provides residents with access to tools necessary to make a written report, including grievances available on the living units, and paper, pens and pencils.

The St. Anthony facility provides a method for staff to privately report sexual abuse and sexual harassment of residents. Staff demonstrated knowledge in the interview process that they could step aside and make a private call or have a private discussion with a supervisor to make a report.

The Idaho Department of Juvenile Corrections does not detain juveniles solely for civil immigration purposes.

Standard 115.352 Exhaustion of administrative remedies

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

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

Policy Reviewed: IDJC Policy 671, Juvenile Grievance, Page 1, Policy Statement, IDJC Policy 671, Juvenile Grievance, Page 3, Section B.1, IDJC Policy 671, Juvenile Grievance, Page 4, Section IV.B.5

Additional Material Reviewed:

Interviews Conducted:

Residents are allowed to file a grievance at any time while at the St. Anthony facility and are not required to use an informal grievance process such as attempting to resolve the issue with the staff who may be the subject of the grievance. Policy outlines the administrative procedure for addressing youth grievances regarding sexual abuse. There is a box for the youth to check on the envelope marked Sexual Abuse/Sexual Harassment before it is placed in the locked box on the dorm. The box is checked daily by the safety and security supervisor or designee. Any grievance marked Sexual Abuse/ Sexual Harassment is immediately delivered to the facility PREA Compliance Manager. If the PREA Compliance Manager is not available then the grievance is taken to the Duty Officer. The grievance is processed as an emergency grievance which requires that an initial response, including corrective action that may be necessary, be provided within 48 hours. All emergency grievances are fully investigated. The facility's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final decision be issued within 5 days.

The facility reported that 14 grievances were filed that alleged sexual abuse in the 12 months preceding the audit. All 14 grievances were resolved within 90 days after being filed. The facility had no grievances alleging sexual abuse filed by residents in the past 12 months in which the residents declined third party assistance. The facility had no emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months.

Standard 115.353 Resident access to outside confidential support services

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

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

Policy Reviewed: IDJC Policy 675, Privileged Communication, Page 3, Section IV

Additional Material Reviewed: Juvenile PREA Education power-point slide 7 & 9, The JCC St. Anthony Orientation Checklist, page 4, The Juvenile/Parent handbook, Page 11

Interviews Conducted: Random Residents, Superintendent, PREA Compliance Manager,

The St. Anthony facility has policy in place stating that residents who are victims of an incident of sexual abuse/sexual harassment who desires to access victim advocacy services outside of IDJC will have access to outside victim advocacy services. The facility's policy also addresses the required confidentiality in any communication between the resident and the organization/agency.

Posters were identified around campus during the tour of the facility that displayed contact information to access services. The facility does have an existing MOU with Tueller Counseling.

Interviews with the residents revealed limited knowledge regarding the availability of victim services in the community. About half of the 16 residents interviewed were aware of outside victim services available in the community and whether or not there were limits to the level of confidentiality in talking with the service providers. Residents interviewed did state that they are allowed reasonable access to their families and would be allowed to contact an attorney if needed.

It is recommended that the facility provide additional material to the residents or offer periodic refresher groups so the residents will be able to better recollect this information in the future.

Standard 115.354 Third-party reporting

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

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

Policy Reviewed:

Additional Material Reviewed: The IDJC public website

Interviews Conducted:

From the public websites home page "If you suspect that a juvenile committed to the custody of IDJC has been subject to sexual abuse or harassment that has occurred at an IDJC facility or a provider contracted by IDJC, you may contact IDJC by selecting Contact Us below, or by contacting law enforcement in the jurisdiction of the facility. All reports are taken seriously and investigated as outlined in the PREA standards. Any knowingly false accusations may be prosecuted."

<http://www.idjc.idaho.gov/>

Standard 115.361 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 4, section VIII.A-C, IDJC Policy 914, PREA Compliance, Page 1, section I.B, IDJC policy 606, Abuse, Neglect & Exploitation of Juveniles, Page 3, section 2.E

Additional Material Reviewed:

Interviews Conducted: Random Sample of Staff

JCC St. Anthony has policy that directs all staff, including medical and mental health practitioners, to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse, sexual harassment, or retaliation against a staff or resident for reporting such an act. The policy also requires all staff to comply with applicable mandatory child abuse reporting laws.

Interviews with the Facility Administrator, the PREA Compliance Manager, medical and mental health staff, and random JSOs confirmed that the facility staff are knowledgeable regarding their reporting responsibilities.

Standard 115.362 Agency protection duties

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

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 3, Section IV.A

Additional Material Reviewed:

Interviews Conducted: Agency Head, Superintendent, Random Staff

The St. Anthony facility has policy detailing the steps to be taken if the facility learns that a resident is subject to a substantial risk of imminent sexual abuse. The policy calls for immediate corrective action to ensure that the resident is protected. Interviews with the agency head, the facility administrator, and random JSOs verified that all staff were knowledgeable of the steps to be taken to ensure the residents safety. The facility reported that there were zero cases where the facility determined that a resident was subject to substantial risk of imminent sexual abuse in the 12 months preceding the audit.

Standard 115.363 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 5, Section IX.A, IDJC Policy 914, PREA Compliance, Page 1, Policy Statement

Additional Material Reviewed: Documentation of Notifications to other Facilities

Interviews Conducted: Agency Head, Superintendent

IDJC has policy detailing the actions to be taken if an allegation is made that a resident was sexually abused while confined at another facility. The policy covers the required notifications be made and documented no later than 24 hours after receiving the allegation. The St. Anthony facility received three allegations in the 12 month period preceding the audit that a resident was abused while confined at another facility. Notification documentation was reviewed and all three were made within the 72 hour period after receiving the allegation as required by the PREA standard.

Standard 115.364 Staff first responder duties

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

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 3, Section IV.A-C

Additional Material Reviewed:

Interviews Conducted: Random Staff

IDJC has policy in place that meets all of the elements required for compliance with this standard. The facility had 47 allegations of sexual abuse during the 12 month period preceding the audit. Of those 47 allegations, 14 times the first security staff member to respond to the report separated the alleged victim and abuser. There were no examples of situations where the collection of physical evidence was appropriate or necessary. There were no cases during the past 12 months where a non security staff member was the first responder.

Staff interviews demonstrated basic knowledge of the requirements of a first responder. Staff understood their responsibility to separate the alleged victim from the alleged perpetrator and to try to preserve physical evidence when possible.

Standard 115.365 Coordinated response

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

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

Policy Reviewed:
Additional Material Reviewed: JCC-St. Anthony Coordinated Response Plan
Interviews Conducted: Superintendent

The JCC – St. Anthony Coordinated Response Plan was reviewed and the plan adequately coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

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

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

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

Policy Reviewed:
Additional Material Reviewed:
Interviews Conducted:

This standard is not applicable as neither the St. Anthony facility or the IDJC participates in collective bargaining.

Standard 115.367 Agency protection against retaliation

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

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 2, Section I.K, IDJC Policy 914, PREA Compliance, Page 2, Section N
Additional Material Reviewed:
Interviews Conducted: Agency Head, Superintendent, Staff Member Charged with Monitoring Retaliation

IDJC has policy in place stating that the agency 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 who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The facility PREA Coordinator is the designated staff member charged with monitoring for possible retaliation

All residents and staff at the St. Anthony facility who report sexual abuse or harassment or cooperate with an investigation are monitored by the PREA Compliance Manager to be protected from retaliation from other staff or residents. The PREA Compliance Manager was familiar with the mandatory 90 day minimum monitoring period required by this standard for residents or staff who report sexual abuse to protect them against retaliation. The PREA Compliance Manager maintains detailed records of the monitoring including regular check-ins with the persons being monitored.

Standard 115.368 Post-allegation protective custody

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

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

Policy Reviewed: IDJC policy 604, Special Management Interventions, Page 1, Policy Statement

Additional Material Reviewed:

Interviews Conducted: Superintendent, Staff who Supervise Residents in Isolation, Medical and Mental Health Staff

IDJC has policy detailing that a resident may only be isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. Documentation requirements required by the standard are included in this policy. Education and exercise as well as daily visits from a medical or mental health clinician shall also be provided to the resident during the period of isolation according to the facility policy. No cases of a resident being placed in isolation because they allege to have suffered sexual abuse were reported by the facility during the audit period. Staff interviewed verified that there had been no cases in this category, and that this practice would likely not be used at the St. Anthony facility.

Standard 115.371 Criminal and administrative agency investigations

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

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

Policy Reviewed: IDJC Policy 910, Investigation – Administrative, IDJC Policy 911, Investigation – PREA

Additional Material Reviewed: Investigative reports

Interviews Conducted: Investigative Staff, PREA Coordinator, PREA Compliance Manager, Superintendent

IDJC has comprehensive policies addressing criminal and administrative investigations at the facility. All sexual abuse or sexual harassment allegations of a criminal nature are investigated by the Fremont County Sheriff's Office. The St. Anthony does conduct internal investigations of an administrative nature into allegations of sexual abuse or sexual harassment. Policy ensures that the facility does not

terminate investigations solely because the source of the investigation recants the allegation. Policy also mandates that allegations that appear to be criminal are referred for prosecution and that all investigative reports are retained for the period of time required by this standard. As part of the internal investigations facility policy ensures that efforts are made to determine whether staff actions or failures to act contributed to an act of alleged abuse. St. Anthony investigative staff follows their internal evidence protocol and first responder protocol related to protecting and preserving the crime scene and any potential forensic evidence. One of the facility investigators interviewed who has conducted several administrative investigations was aware of the standard's requirements to gather and preserve direct and circumstantial evidence.

IDJC policy requires all investigative staff shall be trained in conducting sexual abuse investigations in confinement settings as required by subsection (b) of this standard. A review of training records and interviews with staff designated as investigators revealed that the facility staff has provided the special training in sexual abuse investigations involving juvenile victims as required by §115.334.

The St. Anthony facility has had no sustained allegation of conduct referred for criminal prosecution since August 20, 2012.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

Policy Reviewed: IDJC Policy 911, Investigations - PREA, Page 2, Section IV.B

Additional Material Reviewed:

Interviews Conducted: Investigative Staff

IDJC policy on investigations states that no standard higher than a preponderance of evidence is required to determine whether allegations of sexual abuse or sexual harassment are substantiated or unsubstantiated. Staff designated as investigators for the facility were able to identify that no standard higher than a preponderance of evidence is required to determine whether allegations of sexual abuse or sexual harassment are substantiated or unsubstantiated.

Standard 115.373 Reporting to residents

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

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

Policy Reviewed: IDJC Policy 911, Investigations - PREA, Page 2, Section IV.B.2

Additional Material Reviewed: Incident Reviews, Outside Entity Investigation, Section E of the Incident Review, Section D of the Incident Review, titled Notice of Findings2, A folder titled Notice of Receipt

Interviews Conducted: Superintendent, Investigative Staff

IDJF has the necessary notification policies to show compliance with the standard. There were 47 criminal or administrative investigations of alleged sexual abuse or sexual harassment completed at the St. Anthony facility in the 12 months prior the audit. Nineteen of the investigations resulted in findings of substantiated, unsubstantiated, or unfounded and therefore required notification to be made to the resident on the outcome of their allegation. Receipts signed by the residents regarding their notification of the outcome of the investigations were provided by the facility for the auditor's review. There was one case investigated by the Fremont County Sheriff's Office within the 12 months preceding the audit. A copy of the investigation was provided for review. The investigation conducted by the sheriff's office resulted in no charges being filed.

There were no cases of residents making allegations regarding sexual abuse from staff to residents in the 12 months preceding the audit. There were also no cases requiring the facility to notify residents pursuant to 115.373(d) when the abuser has been indicted on a charge related to sexual abuse within the facility or the alleged abuser has been convicted on a charge related to sexual abuse within the facility. The facility has documentation prepared to complete if the situation requires the notification to be made. Facility policy requires that all notifications required by this standard be documented.

The St. Anthony PREA Compliance Manager notifies residents of all investigative findings, even when it is a finding of unfounded. All notifications were documented and were provided to the auditor for review. The PREA standard does not require that notifications be made in cases where the investigative findings determine that the allegation is unfounded. The St. Anthony facility exceeds the standard requirements by making notifications to all residents, including the residents whose allegations were determined to be unfounded.

Standard 115.376 Disciplinary sanctions for staff

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

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 1, Section I.D

Additional Material Reviewed:

Interviews Conducted:

IDJC has policy stating that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse, subject to Idaho rules and statutes and IDJC policies regarding due process

The facility reported that in the past 12 months prior to the audit no staff had violated facility sexual abuse or sexual harassment policies, no staff had been terminated or disciplined for violation of facility sexual abuse or sexual harassment policies and that no staff had been reported to law enforcement or licensing boards for violating facility sexual abuse or sexual harassment policies.

Standard 115.377 Corrective action for contractors and volunteers

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

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

Policy Reviewed: IDJC Policy 606, Abuse, Neglect & Exploitation of Juveniles, Page 4, Section III

Additional Material Reviewed:

Interviews Conducted: Superintendent

IDJC policy requires that any contractor or volunteer that engages in sexual abuse be prohibited from contact with the residents and be reported to law enforcement agencies, unless the activity was clearly not criminal, and be reported to relevant licensing bodies.

The facility reported no contractors/volunteers had been reported to law enforcement for engaging in sexual abuse of residents in the 12 month period prior to the audit. The Superintendent verified the policy and procedures that would be taken during his interview.

Standard 115.378 Disciplinary sanctions for residents

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

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 5, Section X.(B-F)

Additional Material Reviewed:

Interviews Conducted: Superintendent, Medical and Mental Health Staff

IDJC policy states that residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident on resident sexual abuse. Policy also states that a resident may be disciplined for sexual contact with staff only upon a finding that the staff did not consent to such contact. The policy also states that for the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The St. Anthony facility reported that in the 12 months prior to the audit there were 2 administrative and 0 criminal findings of guilt for resident on resident sexual abuse and no residents were placed in isolation as a disciplinary sanction for resident on resident sexual abuse.

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

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy Reviewed: IDJC policy 404, O&A Evaluations. Page 3, Section II.E.8

Additional Material Reviewed: Notice of Limited Confidentiality

Interviews Conducted: Staff Responsible for Risk Screening, Medical and Mental Health Staff, Resident who Disclosed Sexual Victimization at Risk Screening

IDJC Policy 404 regarding evaluations conducted during the resident orientation and assessment phase simply states on page 3, in section II, E,8 as referenced in the Pre-Audit Questionnaire above that the Clinician conducts a clinical interview including a mental status examination. There is no wording in the policy stating that 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. There is also no wording in this policy stating that all residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner.

Staff interviews with medical and mental health staff, a clinician who performs risk screening, and an interview with a resident who disclosed prior sexual victimization during the risk screening indicated that the procedures required by the standard are being followed at the facility. The facility reported that 100% of residents who disclosed prior sexual victimization and 100% of all residents who disclosed previously perpetrated sexual abuse as indicated during screening who were offered a follow up meeting with a medical or mental health practitioner.

When a disclosure of prior abuse occurs, & services are offered by Medical & Mental Health staff, this is documented in the Observation & Assessment report, in the IJOS contact notes &/or on a Notification of Disclosure (IDJC 131) form. Interviews with Medical and Mental Health staff revealed that informed consent is obtained from every resident who is under 18 years old when they enter an IDJC facility.

Following the audit further discussion took place with the PREA Coordinator regarding compliance with this standard. While it is agreed that the practices are in place to meet the requirements for compliance with the standard, it is recommended that the agency's policies be revised to include the wording that follow up meetings with mental health clinicians are offered to all juveniles who disclose prior sexual abuse or sexual perpetration.

Standard 115.382 Access to emergency medical and mental health services

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

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 2, Section I.M

Additional Material Reviewed: Secondary documentation of medical services

Interviews Conducted: Medical and Mental Health Staff

IDJC policy provides that the agency will provide for the medical and mental health needs of identified victims. Secondary documentation is kept by medical staff and records were provided for review. Interviews conducted with facility medical and mental health staff verified that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services and that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

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

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

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

Policy Reviewed: IDJC Policy 404, O&A Evaluations, Page 3, Section II.E.8

Additional Material Reviewed:

Interviews Conducted: Medical and Mental Health Staff, Residents who Reported a Sexual Abuse

IDJC policy offered for review for this standard states that a Clinician conducts a clinical interview including a mental status examination during the orientation and assessment phase. The referenced policy does not include any language about ongoing medical and mental health care for sexual abuse victims and abusers.

The facility responded that all services required by this standard would be provided by the facility to any residents who have been victimized by sexual abuse in any juvenile facility in the pre-audit questionnaire. Interviews conducted with the facility Nurse Manager and a facility Clinician verified that the required services would be provided to any victims.

It is recommended that IDJC expand their existing policy to include language specific to this standard and identify the services that would be provided to residents who have been victimized by sexual abuse in any juvenile facility.

Standard 115.386 Sexual abuse incident reviews

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

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

Policy Reviewed: IDJC Policy 911, Investigations - PREA, Page 2, Section IV.B, IDJC policy 914 - PREA Compliance, Page 4

Additional Material Reviewed: Incident Review Reports

Completed Administrative Investigations Reports

Interviews Conducted: Superintendent, PREA Compliance Manager, Incident Review Team Member

The St. Anthony facility conducted 38 sexual abuse incident reviews within the required 30 days of concluding the administrative or criminal investigations. All of the incident reviews conducted at the facility were provided for review. The incident reviews included input from upper level management, unit managers, investigators, and at times medical or mental health professionals. Each review report contains a section that includes paragraphs (d)(1)-(d)(5) of this standard and recommendations for improvement.

The interview with the PREA Compliance Manager verified that written reports are completed after each review and each report includes her input. The Program Manager was also interviewed as she is involved in each incident review. The Program Manager described the incident review process and the various areas of consideration that are included in each review. The Program Manager also stated that the

goal is develop a corrective action plan 24-48 hours after the review findings are in place. The Superintendent also discussed the incident review process and stated that the facility usually implements the recommendations made by the review team.

Standard 115.387 Data collection

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

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

Policy Reviewed: IDJC Policy 914, PREA Compliance, Page 2, Section II.B
Additional Material Reviewed: DJC form 262, PREA Incident Review

Policy mandating the collection of accurate uniform data for every allegation of sexual abuse was provided during the pre-audit phase. The PREA Incident Review Form that is completed after all PREA related allegations contains a standardized set of definitions on the form. IDJC utilizes the DOJ PREA standard definitions for defining sexual abuse and sexual harassment. A report was provided demonstrating that data was collected and aggregated back to 2014. The reports reviewed contained the data necessary to complete the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

Standard 115.388 Data review for corrective action

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

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

Policy Reviewed: None
Additional Material Reviewed: PREA Incident Review Reports
IDJC 2015 Agency Annual PREA Report
[Link to IDJC Public Website](#)
Interviews Conducted: Agency Head, PREA Coordinator, PREA Compliance Manger

The agency documents corrective actions on each PREA Incident Review report. More than 25 of the review reports were provided for review during the pre-audit phase. Additional incident reports were provided by the PREA Coordinator and the Compliance Manager during the on site portion of the audit. Each of the reports reviewed contained corrective action taken by the facility demonstrating an ongoing assessment of needs followed by the corresponding corrective action. The 2015 Agency Annual PREA Report was also reviewed and contained the required aggregated data and analysis of the data in comparison to data collected in previous years. The report includes discussion of the agency's progress in addressing sexual abuse. The annual report is available on the IDJC public website.

Standard 115.389 Data storage, publication, and destruction

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

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

Policy Reviewed: None

Additional Material Reviewed: The IDJC Quality Improvement Handbook, IDJC public website

Interviews Conducted: Agency PREA Coordinator

The Quality Improvement Handbook provided contains a section on page 13 that discusses the Agency PREA Coordinator’s responsibility to retain all written reports related to PREA allegations for as long as the alleged abuser is incarcerated or employed by the agency, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention. The handbook also requires that all documentation shall be maintained in a secure location.

There is no agency policy, but evidence of compliance with 115.389(b) was shown through annual reports posted on the IDJC website. A review of the annual reports revealed that the agency does remove all personal identifiers before they are posted on the website.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Dwight Sadler

February 3, 2017

Auditor Signature

Date