

PREA Facility Audit Report: Final

Name of Facility: Juvenile Correctional Center St. Anthony

Facility Type: Juvenile

Date Interim Report Submitted: 03/10/2023

Date Final Report Submitted: 09/09/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Christina Kampczyk	Date of Signature: 09/09/ 2023

AUDITOR INFORMATION	
Auditor name:	Kampczyk, Christina
Email:	ceggert3@hotmail.com
Start Date of On-Site Audit:	01/23/2023
End Date of On-Site Audit:	01/25/2023

FACILITY INFORMATION	
Facility name:	Juvenile Correctional Center St. Anthony
Facility physical address:	2220 East 600 North , St. Anthony , Idaho - 83445
Facility mailing address:	2220 East 600 North, St. Anthony , Idaho - 83445

Primary Contact	
Name:	Joe Blume
Email Address:	joe.blume@idjc.idaho.gov
Telephone Number:	(208) 908-3283

Superintendent/Director/Administrator	
Name:	Alvin Winegar
Email Address:	Alvin.Winegar@idjc.idaho.gov
Telephone Number:	(208) 624-3462

Facility PREA Compliance Manager	
Name:	Katie Withers
Email Address:	katie.withers@idjc.idaho.gov
Telephone Number:	O: (208) 624-2184

Facility Health Service Administrator On-Site	
Name:	Shalaine Kress
Email Address:	Shalaine.Kress@idjc.idaho.gov
Telephone Number:	(208) 624-3462

Facility Characteristics	
Designed facility capacity:	106
Current population of facility:	81
Average daily population for the past 12 months:	78
Has the facility been over capacity at any point in the past 12 months?	No

Which population(s) does the facility hold?	Both females and males
Age range of population:	13.7 - 19.8
Facility security levels/resident custody levels:	1-5
Number of staff currently employed at the facility who may have contact with residents:	171
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5
Number of volunteers who have contact with residents, currently authorized to enter the facility:	26

AGENCY INFORMATION

Name of agency:	Idaho Department of Juvenile Corrections
Governing authority or parent agency (if applicable):	State
Physical Address:	954 W Jefferson St, Boise, Idaho - 83702
Mailing Address:	
Telephone number:	12083345100

Agency Chief Executive Officer Information:

Name:	Monty Prow
Email Address:	Monty.Prow@idjc.idaho.gov
Telephone Number:	1-208-334-5100

Agency-Wide PREA Coordinator Information

Name:	Joe Blume	Email Address:	joe.blume@idjc.idaho.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

3

- 115.321 - Evidence protocol and forensic medical examinations
- 115.365 - Coordinated response
- 115.381 - Medical and mental health screenings; history of sexual abuse

Number of standards met:

40

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-01-23
2. End date of the onsite portion of the audit:	2023-01-25

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<ul style="list-style-type: none">• Family Crisis Center• Just Detention International• Grand Peaks

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	106
15. Average daily population for the past 12 months:	78
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	78
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4

44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	3
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	27
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Per the Idaho Department of Juvenile Corrections website, "JCC-St. Anthony provides a highly structured, staff-secure program using a positive peer model for the custody and treatment of male and female juveniles who have a history of various crimes and have failed in less secure community-based programs and facilities. The JCC-St. Anthony program follows the fundamental values of the five pillars (targeted treatment, education, counseling, family engagement, and skills building) to develop productive citizens. The program also offers cognitive skills building to alter their criminal patterns of thought and requires juveniles to be accountable daily for their behavior and progress through the program." Through all components of the audit process, the auditor observed caring staff, an enriching environment and youth who generally feel supported by staff.</p> <p>There were no issues with identifying certain populations. The PREA Compliance Manager was very accommodating during the on-site visit. The Auditor was provided with updated juvenile rosters broken down by each housing unit as well as a list of the targeted populations.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>171</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>26</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>5</p>

<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>The facility employs one hundred seventy-one (171) staff and utilizes five (5) contractors and twenty-six (26) volunteers. The contracted staff consist of three (3) medical contractors, one (1) Barber, and one (1) religious services. Of the twenty-six (26) volunteers, there are two (2) Foster Grandparents, one (1) Therapy Animal Handler, and twenty-three (23) religious service volunteers. Volunteers and contractors receive background checks and PREA training, including signing PREA acknowledgements, prior to working with or interacting with the youth.</p>
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INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
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<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>There were seventy-eight (78) youth residing at the facility on the first day of the On-site Audit. The Auditor was provided with updated juvenile rosters broken down by each housing unit, as well as a list of the targeted populations. From these rosters, the Auditor selected sixteen (16) youth for interviews, with eight (8) youth interviewed utilizing the interview protocol for random residents. The remaining eight youth were interviewed utilizing the protocols for targeted youth. Overall, the youth who were interviewed had positive comments about the staff and the level of care and services they receive at the facility.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>There were no barriers completing the interviews with random youth. The facility provided private office space in which to conduct the interviews. The PREA Compliance Manager and her staff were very accommodating in ensuring youth were escorted to both the Auditor and Support Staff for their interviews.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>8</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor discussed the population characteristics with the PREA Coordinator and the PREA Compliance Manager and reviewed the resident rosters to determine there were no youth at the facility with a physical disability during the on-site visit.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor discussed the population characteristics with the PREA Coordinator and the PREA Compliance Manager and reviewed the resident rosters to determine there were no youth at the facility who were blind or visually impaired during of the on-site visit.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor discussed the population characteristics with the PREA Coordinator and the PREA Compliance Manager and reviewed the resident rosters to determine there were no youth at the facility who were deaf or hard-of-hearing during the on-site visit.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The Auditor discussed the population characteristics with the PREA Coordinator and the PREA Compliance Manager and reviewed the resident rosters to determine there were no youth at the facility who were Limited English Proficient (LEP) as of the first day of the on-site visit.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>

<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>2</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Isolation due to a risk of sexual victimization is not used at St. Anthony. The Auditor determined youth are not placed in segregated housing through conversations with the PREA Coordinator, the PREA Compliance Manager and through responses in the Pre-Audit Questionnaire.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>There were no barriers in completing the interviews with targeted youth. The facility provided private office space in which to conduct the interviews. The PREA Compliance Manager and her staff were very accommodating in ensuring youth were escorted to both the Auditor and Support Staff for their interviews.</p>

Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
71. Enter the total number of RANDOM STAFF who were interviewed:	13
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>There were no barriers in completing the interviews with random staff. The PREA Compliance Manager provided a listing of staff and their schedules on the first day of the On-Site Audit from which random staff were selected for interviews. The facility provided private office space to conduct the interviews. The PREA Compliance Manager and her staff were very accommodating to ensure staff were readily available to the Auditor for their interviews. Staff were randomly chosen based on their shift, assignment, time at the facility and their position in order to select a wide range of staff composition.</p>
Specialized Staff, Volunteers, and Contractor Interviews	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>12</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

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

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

84. Did you have access to all areas of the facility?

Yes

No

Was the site review an active, inquiring process that included the following:

85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

Yes

No

86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

Yes

No

87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

Yes

No

88. Informal conversations with staff during the site review (encouraged, not required)?

Yes

No

89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

JCC-St. Anthony is a secure facility operated by the Idaho Department of Juvenile Corrections located in St. Anthony, Idaho. The Idaho Department of Corrections operates two (2) other juvenile facilities located in Nampa and Lewiston, Idaho. The audit was conducted by Department of Justice Certified PREA Auditor Christina Kampczyk and was assisted by Support Staff Teri Brister. This was the fourth PREA audit of the St. Anthony facility. During the pre-audit phase, there were numerous phone calls and emails with the PREA Coordinator to discuss audit logistics for the three (3) audit phases to establish goals and expectations, and to set timelines for the On-Site Audit and the entire audit process. The Auditor provided the PREA Audit Notice in English and Spanish to the PREA Coordinator. Colored photographs of the PREA Audit Notices posted in various locations of the facility were sent to the Auditor via email, six-weeks prior to the on-site visit. The PREA Coordinator completed and submitted the Pre-Audit Questionnaire including the uploading of all the required documentation providing the Auditor with ample time in which to review the responses, in preparation for the on-site visit. This review included the Staffing Plan, the facility schematics with camera locations, and the agency's policies and procedures in relation to PREA. Interviews with the PREA Coordinator, PREA Compliance Manager, Chief Executive Officer, the Superintendent and other supervisory level staff were conducted during this phase. The Auditor provided the PREA Coordinator with a tentative schedule (Agenda) for the three (3) day audit visit. The Auditor also reviewed the agency's website to include PREA information, conducted a broad internet search of the facility to review Idaho's mandatory reporting laws, and to determine if there was any newsworthy information or press clippings that would provide any information on the culture and history of the facility. The On-site PREA Audit of the St. Anthony facility was conducted on January 23rd thru

January 25th, 2023. An entrance meeting was conducted immediately upon arrival to the facility. Facility administrators in attendance also included the PREA Compliance Manager, PREA Coordinator, Superintendent and Youth Programs Manager. The Auditor was provided with up-to-date staff and youth rosters from which to select random youth and staff for interviews. The Auditor provided the PREA Compliance Manager with lists of those youth selected for random and target interviews and staff for random and specialized interviews. At the conclusion of the entrance meeting, the Auditor and Support Staff were escorted by the PREA Compliance Manager who led the facility tour. During the tour, the Auditor was provided with unimpeded access to all areas of the facility's twenty-seven (27) buildings, including each housing unit, intake unit, dining room, kitchen and food prep/storage areas, the gym, administration buildings, school building and classrooms, the church, medical offices, laundry building, maintenance rooms, vocational building and the facility exterior grounds. The Auditor noticed camera and security mirror locations, secured/locked closets and other storage areas, grievances and grievance boxes in each living unit, reporting notices and telephones for youth reporting, and PREA posters with Zero-Tolerance and other PREA information. The Auditor observed brightly colored Notices of the PREA Audit posted abundantly throughout the facility including each living unit, the day areas, the education building, and the administration building which is accessible to visitors. The Auditor also observed staff conducting supervisory rounds in the housing units.

During the three (3) day On-site Audit, the Auditor was able to speak randomly and privately with both staff and residents. Staff and residents alike were aware of the PREA Audit and their ability to speak with the Auditor and to send confidential correspondence directly to the Auditor. While in one (1) of the housing units, three (3) of

the youth, explained in detail, the reporting process if they wanted to make a complaint of sexual abuse or sexual harassment. They showed the Auditor where to find a form in which to make a written complaint and where to submit the complaint, and the phone they would use to make to report abuse. These youth were very aware of how to report abuse if it happened to themselves or to another youth at the facility. They also pointed out the PREA posters which explained there is a Zero-Tolerance for Sexual Abuse or Sexual Harassment at the facility, and they explained they received this information when they first arrived at JCC-St. Anthony.

Interviews were conducted with random and targeted youth by the Auditor and Support Staff in private office space in the education building. The Auditor utilized the Interview Protocols for Juvenile Facilities and informed the youth of the confidentiality of the interviews. Staff interviews included a medical contractor, religious contractor, volunteer foster grandparent, random staff and specialized staff. Following the conclusion of the staff and youth interviews, the Auditor and Support staff began a review of requested documentation, staff files, and resident files. The Auditor was able to view resident and staff file information stored electronically and was provided with a hard copy of other requested documentation. The Auditor also verified criminal background checks on eighteen (18) staff, Annual and Refresher PREA Training records for staff, volunteers and contractors, criminal background checks on volunteers and contractors, grievances, risk screening assessments and re-assessments for sixteen (16) youth, and youth PREA education.

While on-site, the Auditor also reviewed the camera/video recording/monitoring system, tested telephone function in several living units, reviewed logbook documentation, Duty Officer reports of unannounced rounds, reviewed investigative files for each investigation involving sexual abuse or sexual

harassment, Retaliation Monitoring Forms, Incident Reviews, PREA education materials, youth, and staff PREA training, tests, and videos. Throughout the three (3) day on-site visit. the PREA Compliance Manager and PREA Coordinator were very accommodating in providing any requested documentation. This includes the National Center for Construction and Educational Research (NCCER) accreditation and the most recent Fire and Safety Inspection reports. These records further indicated the facility's commitment to providing the youth with a greater educational foundation but also ongoing facility inspections to ensure the safety of the youth.

An Exit meeting was conducted at the end of the third day of the on-site visit. Among those in attendance included the PREA Coordinator, PREA Compliance Manager, Superintendent, Program Manager and Chief Executive Officer. During the meeting, the Post-Audit Process was discussed along with a preliminary assessment of the facility's overall compliance with the PREA standards.

Documentation Sampling

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

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

Yes

No

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

As previously mentioned, the PREA Coordinator and PREA Compliance Manager were very responsive and accommodating in providing any additional information or documentation. Even during the Post-Audit period, the PREA Coordinator graciously responded to requests for documents that had already been submitted.

The Auditor verified criminal background checks on eighteen (18) staff, Annual and Refresher PREA Training records for staff, volunteers and contractors, criminal background checks on volunteers and contractors, PREA Acknowledgements for staff, volunteers and contractors, grievances, risk screening assessments and re-assessments for sixteen (16) youth, and youth PREA education. While on-site, the Auditor reviewed the camera/video recording/monitoring system, tested telephone function in several living units, reviewed logbook documentation, Duty Officer reports of unannounced rounds, reviewed investigative files for each investigation involving sexual abuse or sexual harassment, Retaliation Monitoring Forms and Incident Reviews, PREA education materials for youth, and staff PREA training, tests and videos. The Auditor also reviewed notifications made to youth following an investigation, and housing determination documentation. There were no barriers when reviewing any requested documentation.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	12	4	8	8
Staff-on-inmate sexual abuse	0	0	0	0
Total	12	4	8	8

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	3	0	2	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	3	0	2	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	2	2
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	3	2	2

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

12

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>12</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were sexual harassment cases during this reporting period.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>There were no incidents during this reporting period.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>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.</p>

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. PREA Posters and Resources Postings 3. St. Anthony Employee Organizational Charts 4. Position Description for PREA Coordinator 5. Position Description for PREA Compliance Manager 6. Employee Certification of Understanding (COU) 7. IDJC - PREA Compliance Policy/Procedure (613) 8. Coordinated Response Chart <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager

3. Program Director
4. Assistant Program Director
5. Specialized and Random Staff
6. Random and Targeted Youth

The Idaho Department of Juvenile Corrections has three (3) State run facilities. Each of these facilities has a PREA Compliance Manager. The Compliance Manager's PREA duties at these three facilities are overseen by a PREA Coordinator. The agency's PREA Compliance Policy/Procedure (613) provides information regarding the agency's Zero-Tolerance for all forms of sexual abuse and sexual harassment. This information is provided to the staff upon hire and is in the agency's COU documents. All employees are required to read this information and sign and date that they understood their responsibilities and rights regarding the PREA Standard and agency's Zero-Tolerance Policy. Interviews with specialized and random staff indicated the staff received this information upon hire. PREA Zero-Tolerance posters and information regarding sexual abuse and sexual harassment were visible and accessible to staff, youth, contractors, and visitors throughout the facility during the on-site audit. When interviewed, youth were able to articulate where the posters and resource information were located. The agency's Organizational Chart was uploaded to the PAQ and indicates the PREA Coordinator is upper-level personnel and reports directly to the Quality Improvement Services Director. The interview with the PREA coordinator and observations of the facility's PREA philosophy during the on-site audit, revealed the PREA Coordinator has the time and authority to perform the duties of a PREA Coordinator as described in the PREA standards.

The policies listed above provide the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policies provide definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policies provide strategies and responses to reduce and prevent sexual abuse. The policies also include procedural guidelines, such as screening youth upon intake, training (for both staff and youth), reporting procedures (both staff and youth), and intervention procedures. As reviewed, the policies provide for data collection and data reporting.

The Organization Charts for the agency-wide facilities, including the JCC-St. Anthony facility, were reviewed. The PREA Compliance Manager is also identified in the Organization Chart. Interviews were conducted with the PREA Coordinator, the PREA Compliance Manager, and Superintendent. The PREA Coordinator and the PREA Compliance Manager indicated they had enough time to coordinate the agency's PREA compliance efforts. The PREA Coordinator and PREA Compliance Manager were extremely knowledgeable about the requirements and implementation of the PREA standards. They articulated the vision of Zero-Tolerance for all their facilities and specifically the JCC-St. Anthony facility. The following observations were made during the on-site tour of the facility: The housing units had signs informing youth of their right to be free of sexual abuse. There were signs in both English and Spanish informing youth about reporting incidents of sexual abuse to include outside agencies.

	<p>The JCC-St. Anthony facility has a Zero-Tolerance Policy and training program that meets the requirements for this standard. The policies provide the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>These policies and training include, but are not unlimited to:</p> <ul style="list-style-type: none"> • Designating a staff member at the JCC-St. Anthony facility as a PREA Compliance Manager, who will ensure that the JCC-St. Anthony facility will comply with all PREA standards. • Training staff (including contractors and volunteers) to detect sexual abuse and sexual harassment. • Screening for risk of sexual victimization and abusiveness. • Requiring all staff (including contractors and volunteers) to promptly report all reported or suspected sexual abuse, sexual harassment, and retaliation incidents. • Respond promptly and effectively to all reports of sexual abuse, sexual harassment, and retaliation by ensuring that staff (including contractors and volunteers) cooperate fully with any investigation. • Administer sanctions for those found to have participated in prohibited behavior. • Providing medical and mental health care to victims and abusers. • Performing an annual evaluation to assess how the JCC-St. Anthony facility can improve its Zero-Tolerance Policy and procedures. • Ensuring that the JCC-St. Anthony facility is audited for PREA compliance. <p>The PREA Compliance Manager indicated they had enough time to manage and oversee the implementation of PREA standards. The Auditor reviewed several policies and the agency's Organizational Chart. The Auditor conducted a facility tour to evaluate posted information throughout the facility. Also, interviews were conducted with the PREA Coordinator, PREA Compliance Manager, Superintendent, and agency's Director. The Director and Superintendent supported the efforts of the PREA Coordinator and PREA Compliance Manager.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility Meets Compliance with this standard.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed:

	<ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Review of the Contracted facility Websites for PREA Audits <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager (PCM) 3. PREA Coordinator <p>The IDJC has three (3) contracts for the confinement of youth at county facilities (two juvenile detention centers and one county jail). All contracts were reviewed and include the following information which mandates the contractor to comply with the PREA Standards: <i>“The CONTRACTOR must adopt and comply with the PREA Standards & acknowledges that IDJC will conduct announced or unannounced compliance monitoring to ensure compliance with the PREA Standards. The Contractor will be subject to a Department of Justice (DOJ) PREA audit every three (3) years. The Contractor shall be solely responsible for paying for a PREA audit as required by its contract with IDJC. Failure to comply with PREA Standards may result in termination of the contract.”</i></p> <p>The PREA Coordinator assists the Contract Administrator in preparing the contracts, so they contain the appropriate PREA wording and PREA standard’s requirements. In addition, the PREA Coordinator reviews the contracted facilities to ensure they are following the PREA Standards by reviewing the contracted facility audits and Annual PREA Reports on the contractor’s website. When interviewed, the PREA Coordinator, Superintendent, and the PCM confirmed the PREA Coordinator’s responsibilities to ensure the contracts and contracted agencies comply with the PREA Standards. A review of the contracted agency’s website further confirmed these contracted agencies complied with the PREA Standards.</p> <p>Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. JCC-St. Anthony Staffing Plans 2019, 2020, 2021, 2022 3. Documentation of staffing plan deviations 4. Review of camera locations on the facility camera schematics

5. IDJC PREA Juvenile Supervision, Policy/Procedure (608)
6. IDJC Ethics and Standards of Conduct Policy/Procedure (324)
7. IDJC Duty Officer Responsibilities Policy/Procedure (621)
8. Duty Officer Report (DJC-275)
9. On-Site Employee Shift Report
10. On-Site Youth Rosters
11. Facility Schematics

Interviews Conducted:

1. IDJC Director
2. PREA Coordinator
3. Superintendent
4. PREA Compliance Manager

Observations

1. Staff line of sight throughout the facility while touring the facility.
2. Review of all camera locations and potential blind spots as reviewed on the monitoring screens while on-site.

The JCC-St. Anthony facility has developed a Staffing Plan that considers the number of youth and program activities during the week. According to the PAQ, the average daily number of youth in the last twelve (12) months was eighty-one (81). Since the last PREA audit, the average daily number of residents on which the Staffing Plan was predicated was one-hundred and six (106). When interviewed, the Superintendent stated the Staffing Plan includes staffing ratios and video monitoring. The Staffing Plan includes the eleven (11) elements required by the standard. The Staffing Plan is reviewed at least once a year or sooner if deemed necessary. The PREA Coordinator will review the Staffing Plan and determine and document whether any changes are needed to the:

- The Staffing Plan
- Prevailing staffing patterns
- The facility's deployment of video monitoring systems and other monitoring technologies
- Resources the facility has available to commit to adhere to its Staffing Plan.

This information is also noted as a requirement in the IDJC Juvenile Supervision Policy/Procedure (608) section I, C on page 1. This policy states the facility, *".... Shall maintain a staff to juvenile ratio of a minimum of 1:8 per group during waking hours. Any deviation from this planned staffing ratio should be limited, involve exigent circumstances, and shall be fully documented. Only staff who have completed the training necessary for sole supervision may be counted in this ratio."* This same policy, as noted in the Observation of Juveniles During Sleeping Hours, section D, page 3, staff must also maintain a minimum ratio of 1:16 per group during

sleeping hours. Any deviations from this planned staffing ratio should be limited, involve exigent circumstances, and shall be fully documented.”

Each time the Staffing Plan is not in compliance, the facility documents and notes the reasons for the deviation from the Staffing Plan. The PREA Coordinator provided several documents in the PAQ which indicated the facility was out of compliance on multiple occasions regarding staffing ratios during the last twelve (12) months. The reasons for deviation from the Staffing Plan as reported on the PAQ was due to: *"Short staff, Family Medical leave, Vacation, Training and Sick."* Unfortunately, these reasons were not due to exigent circumstances. Further review into the facility’s staffing ratios revealed the facility was previously out of compliance three (3) years ago as mentioned in the facility’s PREA Audit report dated June 30, 2020. The facility was out of compliance regarding staffing ratios during this year’s audit review and will require a corrective action Staffing Plan for this standard. The facility is not obligated 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.

The facility employs Duty Officers who are higher level employees responsible for monitoring the security of the facility whose duties include conducting unannounced rounds. Unannounced rounds are done randomly, once during the day shift and once during the night shift, at least twice weekly. Staff are prohibited from alerting other staff regarding when these unannounced rounds will take place. This information was in the IDJC Ethics and Standards of Conduct Policy/Procedure (324), page 5, which states *"employees are prohibited from alerting other staff that supervisory rounds are occurring."* The policy states *"the Duty Officer conducts and documents in the (DJC-275) unannounced rounds for purposes including but not limited to, ensuring the safety and security of juveniles and staff and helping to identify and deter staff sexual abuse and sexual harassment in all areas of the facility, both during the day as well as night shifts. The frequency of the rounds is determined by each facility Superintendent, but not less than twice per rotation."* When interviewed, supervisory staff stated unannounced rounds include, but not limited to, counting the youth in each unit or in group if they are not in their cottages. The Duty Officer will enter the cottages while youth are sleeping to ensure they are accounted for and not in distress. Review of the staff’s location of supervision and direct line of sight of the youth are also reviewed.

The Staffing Plan also reviews the need for video monitoring to assist in any blind spots. During the on-site audit, the Auditor observed a total of 160 cameras throughout the facility’s interior and exterior buildings. The majority of the cameras were functioning and marked on the camera schematics. There were a few cameras that were not in operation and a few cameras that were not listed on the schematics. Prior to the completion of this audit report, all cameras were operational and new schematics were provided to the Auditor.

A review of the kitchen area found that there were several areas in the kitchen storage area and beyond into the delivery area where blind spots were prevalent. In order to alleviate these blind spots, the facility met and reviewed the areas of

concern and provided additional supervision requirements. Per the PREA Coordinator, any youth in that area are required to be under supervision of at least two (2) staff, eliminating the possibility of resident-on-resident or a staff-on-resident incident to be undetected by supervision. The kitchen is now required to have two (2) staff supervise all youth who enter the food storage area.

Corrective Action

PREA Standard, 115.313(c) - 2 & 3 states, "The facility maintains staff ratios of a minimum of 1:8 during waking hours" and "The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours."

The IDJC Juvenile Supervision Procedure Policy/Procedure (608), page 1 states, "*In alignment with national best practices, IDJC facilities shall maintain a staff to juvenile ratio of a minimum of 1:8 per group during waking hours. Any deviation from this planned staffing ratio should be limited, involve exigent circumstances, and shall be fully documented. Only staff who have completed the training necessary for sole supervision may be counted in this ratio.*"

The IDJC Juvenile Supervision, Operation Procedure Policy/Procedure (608), page 3 states, "*Staff shall maintain a staff to juvenile ratio of a minimum of 1:16 per group during sleeping hours. Any deviation from this planned staffing ratio should be limited, involve exigent circumstances, and shall be fully documented. Only staff who have completed the training necessary for sole supervision may be counted in this ratio.*" The PAQ indicates during the last twelve (12) months, there were 512 times the facility deviated from the staffing ratios during the youth waking hours and were out of compliance 497 times with the 1:16 staff to youth sleeping hours.

When interviewed, the PCM, PREA Coordinator and the Superintendent all expressed a concern with the staffing ratios. Staff shortage appeared to be a significant issue and something they have been working on for several years. Filling positions in the wake of COVID-19 has been difficult in addition to the State overseeing staffing quantities. However, the facility was recently approved by the State of Idaho Department of Juvenile Corrections to hire nine (9) additional staff which would assist with the Staffing Plan and youth-to-staff ratios. A review of the staff-to-youth ratios during the on-site audit and during the Pre-Audit review indicated the facility in some instance, was able to control the number of staff to youth ratios through different ways of planning. While on-site, a youth was placed in a cottage causing the staff to youth ratio to be 1:9. It appeared this could have been alleviated if the facility had made temporary living arrangements in another cottage that still provided the youth with appropriate placement. Suggestions for oversight of scheduling by the Superintendent, eliminate placing a youth in a cottage when the staff-to-youth ratios are already 1:8 during awake hours and 1:16 during sleeping hours.

Corrective Action Plan:

The Auditor and the facility agreed the facility will provide a plan which will address how the facility will comply with the PREA staffing ratios. The PREA Coordinator

provided the Auditor with the Leadership Team Meeting Minutes dated February 7, 2023. The importance of flexibility in order to meet the staffing ratio was discussed. The IDJC Director reminded program and education staff to be flexible and proactive in order to meet staffing ratios when the group numbers fluctuate. He further stated the areas should collaborate to ensure ratio is met when aware of a fluctuation and anticipated duration. The PREA Coordinator provided a snapshot of the Deviation Log, demonstrating that St. Anthony had not deviated since January 25, 2023. Additionally, the facility will provide proof of no less than five (5) months of compliance with the PREA Standard staffing ratio requirements. The Auditor is confident the facility has the ability to meet this requirement and provide proof of compliance within the one hundred-eighty (180) day Corrective Act Plan.

Corrective Action Plan Implementation and Verification

Since the last day of the on-site audit (on January 31, 2023), the PREA Coordinator has been in communication with the Auditor on a regular basis to ensure the Corrective Action Plan was being met. Each month the PREA Coordinator would provide a copy of the Staff Schedules and Youth Rosters for each cottage based on dates the Auditor randomly chose. In addition, the PREA Auditor also provided the Auditor with a copy of the meeting minutes from the February 7, 2023, IDJC Leadership Team Meeting which included the agency's plan to comply with staffing ratios. A review of all documentation found the facility was able to come into compliance with this standard. The agency has not had any staffing deviations since January 25, 2023.

Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **Meets** compliance with this standard.

115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - Contraband Detection and Disposition/Searches Policy/Procedure (620) 3. IDJC - Observation and Assessment/Intake Policy/Procedure (640) 4. IDJC Juvenile Supervision Policy/Procedure (608) 5. Idaho - Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender, Intersex, and Questioning Juveniles Policy/Procedure (672) 6. Staff Training Logs 7. "Mechanical Restraints and Pat Down Searches" training curriculum

Interviews conducted:

1. Clinical Staff
2. PREA Compliance Manager
3. Random and Targeted Staff
4. Random and Targeted Youths

JCC-St. Anthony staff are prohibited from conducting body cavity searches. When interviewed, staff and youth were able to articulate that staff do not conduct body cavity searches. A review of The Idaho Department of Juvenile Corrections Institutional Policy/Procedure (620), page 4, states, *“Manual or instrument body cavity searches for contraband are not performed by IDJC staff under any circumstances.”* The (IDJC) Institutional Policy/Procedure (640), page states, *“Looking into a juvenile’s mouth, nose, ears, and observing a juvenile showering constitutes visual inspection that does not rise to the level of a body cavity search.”*

Should a body cavity search be required, this would be completed at a local hospital by licensed medical professionals. The facility reported no cross-gender strip or cross-gender visual searches over the past twelve (12) months on the Pre-Audit Questionnaire. Interviews with Random Staff revealed they are prohibited from conducting cross-gender strip or cross-gender visual searches. Interviews with Non-Medical Staff involved in Cross-Gender Strip or Visual Searches was not conducted, as facility policy prohibits such searches. When interviewed, facility staff, medical staff, and youth all confirmed that cross-gender or cross-gender medical searches were prohibited and have not taken place. If a cavity search or cross-gender pat down search was conducted, this information would be documented.

Clothed searches, or pat-down searches are performed by a trained staff. All staff at JCC-St. Anthony are trained in how to conduct pat-down searches however, these searches are usually conducted by the Rehabilitation Technicians who are the direct care staff. When interviewed, staff and youth alike stated the youth are usually asked to do a visual search where the youth will pull out their pockets, lift their shirts to show their waist bands, and remove their shoes and socks. Metal detecting wands are also used to detect metal objects. As further reported in these interviews, at no time has a youth been subjected to a cross-gender search of any kind.

Youth can shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks. When interviewed, youth stated they are always able to dress, shower, and use the toilet without staff of the opposite sex viewing them.

Although it is mostly Rehabilitation Technicians who conduct all searches, all staff at JCC-St. Anthony are provided training on conducting cross-gender pat-down searches and searches of those individuals who may be transgender or intersex. When staff were interviewed, they stated they were not allowed to search a youth based on perceived gender or to determine the youth’s sex. Staff are provided information regarding the youth’s sex prior to the youth's arrival to the facility.

Should the youth be transgender or intersex, the youth is asked who they would feel comfortable searching them. The youth, when interviewed, stated they rarely receive pat-down searches. If they need to be searched, it is a process of turning their pockets inside out, removing their shoes and socks and the staff using the "wand" to search for metal objects. Upon intake, youth are provided clothing and a "skin check" is performed. This involves same sex staff looking at the youth while they are naked to search for any cuts, bruises, or injuries. At that time, they are provided facility clothing and their personal clothes are searched. These searches are always conducted by the same sex staff or, in the case of a transgender or intersex youth, the youth would be able to state who they feel comfortable with conducting their search. A review of random staff training logs and curriculum indicated the staff were receiving the appropriate training for this standard.

IDJC Juvenile Supervision Policy/Procedure (608) states "*Staff will not enter shower/toilet areas or observe juveniles of the opposite sex in shower/toilet areas except in emergencies or when deemed necessary. In situations in which intensive staff supervision in toilet/shower areas is needed to reduce safety and security threats, there must be Unit Manager/designee approval. All staff must provide a reasonable accommodation for privacy for all toilet/shower areas and areas where juveniles change their clothing. Each living area will use a sign that will indicate if juveniles are showering or changing. Staff entering the living area during times juveniles are changing or showering, must announce their presence.*" During the on-site visit and interviews with youth, the Auditor found that staff of the opposite gender do not announce themselves when entering a living unit. The facility utilizes signage to alert staff when youth may be showering, using the restroom, or changing clothing so that opposite gender staff will not enter the area. Furthermore, showers are supervised by staff of the same gender per policy so staff of the opposite gender would not enter this area. Two (2) of the living units are equipped with single-cell rooms with doors and magnetic curtains, thus allowing youth privacy when changing clothing. The other living units are dormitory style. Two (2) of these living units allow youth to change clothing in their living units while the other living units require youth to change clothing only in the restroom, thus creating an inconsistency in practice, and a potential opportunity for staff of the opposite gender to enter while youth are undressing if the signage is not flipped to "changing in progress."

The facility advised staff that any changing of clothing by the youth needs to occur in the living units with individual rooms or in the restrooms. According to the PREA Compliance Manager, this was a problem occurring in two (2) of the cottages and was addressed. Copies of the notice/training and roster of staff signatures and a statement that they understand the information/training they received was provided to the Auditor.

Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. PREA Postings 3. IDJC - Contraband Detection and Disposition/Searches Policy/Procedure (620) 4. IDJC - Observation and Assessment/Intake Policy/Procedure (640) 5. Campus Youth/Parent Handbook 6. Language Link - Corporate Translation Services, Inc 7. PREA Information for Youth (Youth Video) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random and Targeted Youth 3. Random Staff <p>The facility indicated in their response to the PAQ that the agency has established procedures to provide disabled youth equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse or sexual harassment as reviewed in the Observation and Assessment/Intake Policy/Procedure (640), on page 3 and 4. All PREA information is available in English and Spanish. If a youth has learning disabilities or is blind, the PREA information will be read to them. If the person is deaf and illiterate, the youth will be provided videos with closed captions and written information. Should the youth not be able to understand the information presented by a staff member, the agency would contact Language Link to assist in the translation services. Interviews with youth who had disabilities were able to articulate that they received information and were explained the information they received based on their individual disability. Any youth with a disability is identified during intake. Pre-entrance paperwork is also provided to the facility prior to the youth’s arrival which helps staff identify all possible disabilities.</p> <p>Except under emergent circumstances, using youth as interpreters, readers, or other offender assistants is prohibited. Facility staff who can translate languages other than English will ensure full understanding of the rights to be free from sexual abuse and sexual harassment and how to report a PREA incident. Should a youth be visually impaired and unable to read the material provided, staff will read the literature to the offender as they do with the intake paperwork. There was also documentation within each of the youth’s file that indicated they had received PREA training and understood their rights and how they would report a PREA incident.</p>

	<p>The agency provides outside interpreter services for the facility through Language Link which provides services twenty-four (24) hours a day, three-hundred sixty-five (365) days a year. This was verified by contacting Language Link and verifying available services and by reviewing billing statements provided by the facility. Information regarding Language Link services is also available on the Language Link website. All staff can access the translation service and are authorized to call the service if needed. Per the PREA Coordinator, the staff help to facilitate the services available to assist the deaf or hard of hearing youth in the use of the video conferencing equipment. All staff interviewed confirmed youth are not used as interpreters and understand prior arrangements have been made regarding language interpreters. The PREA audit notice was printed in English and Spanish and posted in multiple places throughout the facility to include every cottage.</p> <p>Evidence shows JCC- St. Anthony ensures access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to youth who are limited English proficient, including taking steps to provide interpreters who can interpret effectively, accurately, and impartially, using any necessary specialized vocabulary. The agency prohibits use of youth interpreters, youth readers, or other types of youth assistants except in emergent circumstances where an extended delay in obtaining an effective interpreter could compromise the youth’s safety, the performance of first-response duties or the investigation of the youth’s allegations. Interviews with staff indicated they will document all circumstances where exigent circumstances required youth interpreters, readers, or other types of youth assistants were used. Information provided on the PAQ, for this auditing period indicates there have been no instances where youth were used for this purpose. Staff interviewed articulated that using youth for interpretation services was prohibited. PREA information is posted throughout the facility in both English and Spanish and other languages are available to youths, if needed.</p> <p>Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.317	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Personnel records of staff who were hired and promoted 2. Pre-Audit Questionnaire (PAQ) 3. Staff employment application including questions regarding past criminal and administrative sexual misconduct. 4. IDJC - Background Checks Policy/Procedure (340)

5. Criminal History Check Authorization and Self-Declaration form (DJC-058)

Interviews:

1. Human Resource Manager
2. PREA Coordinator

When an applicant has been determined to be appropriate for employment, the agency's Human Resource Department will begin processing the applicant's background investigation. The Human Resource Manager confirmed this information when interviewed. Background records located in the employee files confirmed background clearances were completed. These mandates require a background check to be completed at time of hire for all new employees and every five (5) years throughout their employment. Employees may not begin working until all background clearances have been completed.

Background checks consist of a review of the Idaho Law Enforcement Tracking System (ILETS). ILETS includes a search of the following:

- Local law enforcement
- Federal Bureau of Investigations (FBI)
- Idaho Department of Transportation
- Police Officer Standards Training (POST)
- Sex Offender Registry
- Child Abuse Registry
- Department of Health and Welfare

Additional background investigations include:

- History of applicant's residency for the past 10 years (as disclosed on Criminal History Check Authorization and Self-Declaration Form DJC-058)
- Prior employment history
- All prior contacts with local and out of state law enforcement agencies.

The agency has Background Checks Policy/Procedure (340) which prohibits hiring or promoting anyone with a history of a sexual abuse conviction or administrative adjudication for those who have engaged in or convicted of sexual misconduct. This policy clearly states: *"The IDJC does not hire or promote anyone who may have contact with juveniles, and does not enlist the services of any volunteers, interns, or contractors who may have contact with juveniles, who:*

- *Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997).*
- *Has been convicted of engaging or attempting to engage in sexual activity*

in the community facilitated by force, overt or implied threats of force, coercion, if the victim did not consent or was unable to consent or refuse.

- *Has been civilly or administratively adjudicated to have engaged in the activity described in (2) above.*
- *The IDJC considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any volunteers, interns, contractors, or subcontractors who may have contact with juveniles in custody.”*

During a review of the eighteen (18) staff files, the auditor confirmed that background checks were completed. Any omissions or false information provided during the pre-employment process would bar the person from employment. If there are any omissions or false information provided during a promotional background check/recurring background check, the employee may be subject to immediate termination. This information was confirmed during interviews with the Human Resource Manager, PREA Coordinator, and is also listed in the agency’s policy (340), page 4.

The agency considers all incidents of sexual abuse and sexual harassment when determining whether to enlist the services of volunteers and contractors or anyone who may have contact with the youth. Volunteers and contractors are subject to the same background checks and standards as those of the employees with some exceptions such as, POST certification. One (1) volunteer and two (2) contractors were interviewed and confirmed the background process. This was verified during interviews with the Human Resource Manager, and the PREA Coordinator, and can be found in the agency’s policy (340), page 5. Employee, volunteer, and contractor files were reviewed, and all the files contained pre-employment background checks, promotional background checks, and recurring background checks within the five (5) year requirement.

Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.318	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed <ol style="list-style-type: none">1. Pre-Audit Questionnaire (PAQ)2. Facility Staffing Plan3. Staffing Plans and Staffing Plan Reviews for 2019, 2021, and 20224. IDJC JCC- St. Anthony Facility Operations Manual (1/06/22)

5. IDJC - Juvenile Supervision Policy Policy/Procedure (620)

Interviews:

1. Agency Head
2. Superintendent
3. PREA Coordinator
4. PREA Compliance Manager
5. Rehabilitation Technician Specialist

Observations:

1. Camera placement
2. Security mirror placements
3. Facility camera monitors

The JCC-St. Anthony Facility Operations Manual is intended as the guideline for performing facility-specific procedures for daily operations at JCC-St. Anthony. This operating procedure is used to ensure that any upgrades to facilities of technologies take into consideration the facility's deployment of video monitoring system and other monitoring technologies, as well as all components of the facility's physical plant (including blind spots or areas where staff or residents may be isolated). These expectations are in place: (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse; (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Per the Facility Operation Manual, new construction or modification to the facility is approved by the Department of Public Works. The Deputy Director will inform the Director, Facility Superintendent, Chief Fiscal Officer, and Agency PREA Coordinator. Notification will include the location of the construction or modification, the number and type of residents it is anticipated to serve or house, any schematics or construction plans, and the date by which construction or modification is intended to begin and end.

Per the Facility Operation Manual, proposal for installation or update of the video monitoring system is approved by IDJC Leadership Team. The Deputy Director will inform the Director, Facility Superintendent, Chief Fiscal Officer, and Agency PREA Coordinator. Notification includes the location of the installation or update, any schematics or construction plans and the date by which construction or modification is intended to begin and end.

The guidelines require consideration of the effect of the planned activity on the agency's ability to prevent and detect sexual abuse. The PREA Coordinator is

	<p>responsible for providing the Deputy Director with feedback regarding the physical design of the proposed new construction or modification related to mitigation of “blind spots” or areas where staff or residents may be isolated. The PREA Coordinator will also provide the recommendations for video camera locations and feedback regarding the recommended location of video cameras and monitors in order to provide the best possible coverage and elimination of “blind spots”.</p> <p>The JCC-St. Anthony has not undergone any substantial expansion or modification as indicated the by the Superintendent, PREA Coordinator and PREA Compliance Manager when interviewed. A review of the Staffing Plan further confirmed there had not been any expansion or modifications in the last twelve (12) months. According to the PAQ, eleven (11) additional cameras were installed at the facility to enhance supervision. During the on-site tour of the facility, 160-camera locations both interior and exterior, were compared with the facility camera schematics. Confirmation of the camera locations were reviewed to ensure all cameras were in working order and located in the same areas as listed on the camera schematics.</p> <p>According to the PREA Compliance Manager, recordings are kept for thirty (30) days. If there were an allegation of sexual abuse or sexual misconduct, they would be able to download a video of the incident for investigative purposes. The PREA Coordinator and PREA Compliance Manager stated during interviews that they routinely consider how camera technology may enhance the agency’s ability to protect residents from sexual abuse.</p> <p>When touring the facility, several buildings also incorporated security mirrors to enhance supervision. During individual meetings with juvenile(s) in an area without camera coverage, or in an office without a window, staff will leave the door open to increase safety and security of both staff and juveniles.</p> <p>Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - Investigations - Administrative Policy/Procedure (910) 3. IDJC - Investigations - PREA Policy/Procedure (614) 4. IDJC - Neglect and/or Exploitation of Juveniles Policy/Procedure (606) 5. IDJC - Sexual Abuse Policy/Procedure (835) 6. Email from Chief Deputy of the Fremont County Sheriff’s Office to the PREA

Compliance Manager dated November 22, 2022

7. MOU – Family Crisis Center
8. Idaho Sexual Assault Responses Guidelines (ISARG)
9. Fremont County Sheriff’s Office Website
10. Family Crisis Center (FCC) MOU

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager (PCM)
3. Random and Targeted Staff
4. Random and Targeted Youth
5. Family Crisis Center Director

St. Anthony’s is only responsible for administrative investigations as noted in IDJC Investigations- Administrative Policy/Procedure (910), the Idaho ISARG, and as confirmed in the interviews with the PREA Coordinator and the PCM. If during an administrative investigation there is evidence a crime has been committed, the investigation will stop, and local law enforcement will be notified. All allegations of sexual abuse or sexual misconduct are reported to the PCM. The Duty Officers (DO), the PREA Coordinator, and the PCM have received training through the National Institute of Corrections (NIC) - Investigating Sexual Abuse in a Confinement Setting. These investigators gather information and evidence such as written allegations from the victim, video surveillance, any prior history of sexual misconduct and interview the alleged victim and the alleged suspect. If the incident is found to be criminal, the PCM will contact law enforcement. After gathering all the facts and evidence is collected for an administrative investigation, a report is prepared, and the information is provided to the PREA Coordinator who will review the information and request further investigation if needed. After the PREA Coordinator has determined they have received all the facts of the incident, the PREA Coordinator’s findings are sent to the Deputy Attorney General (DAG) who will also review the investigation findings. The DAG and the PREA Coordinator work closely together to ensure all the facts and evidence of the case are reviewed and together will determine the outcome as to if the incident was Unfounded, Unsubstantiated or Substantiated.

The Fremont County Sheriff’s Office handles all criminal allegations of sexual abuse for the JCC- St. Anthony facility. An email dated November 22, 2022, from the Chief Deputy of the Fremont County Sheriff’s office was reviewed by the Auditor. In addition, agencies within the State of Idaho developed, “The Idaho Sexual Assault Guidelines.” These guidelines were developed in 2014, “*with a goal of creating guidelines for a trauma informed and victim centered response to sexual assault in Idaho.*” The group of advisors consists of a State Legislator, State and Local Law Enforcement, Prosecutors, Public Defenders, a Supreme Court Representative, a Judge, Victim Advocacy and Resource Groups, Victim Compensation Fund Administrators, Sexual Assault Nurse Examiners, a Physician, Hospital

Administrators, Researchers, College Campus Representatives and Forensic Laboratory Personnel, all working together to improve the response to sexual assault cases in Idaho. The JCC-St. Anthony PREA Coordinator was contacted for their input to ensure relevant PREA information was included in the training for all law enforcement was in compliance with the standard. *“These guidelines were developed in an effort to provide a uniform response to sexual assault statewide, and to provide a model for best practices in a multidisciplinary response to sexual assault.”* The Idaho Sexual Assault Guidelines contains sixty-nine (69) pages of detailed information regarding the following resources, topics, and protocols and follow a uniformed evidence protocol:

- Definitions
- Idaho Sexual Assault Related Statutes
- Resources
- Statewide and National
- Central, Eastern, Northern, and Southwestern Idaho
- Professional
- Best Practices for Disciplines
- Victim Needs & Rights
- Medical Forensic Examinations
- PREA
- Law Enforcement
- Forensic Laboratory
- Legal
- Idaho Sexual Assault Kit Tracing and Forms

As defined in the Victim Needs & Rights section of this procedure, the victims of sexual abuse are provided access to sexual abuse advocacy services, medical care, mental health counseling, forensic medical examination. All services are free to the victim. JCC-St. Anthony does not provide forensic medical exam services on-site. If a criminal act occurs, the victim would be transferred to Madison Memorial Hospital and examined by a SAFE/SANE Medical Examiner. The Family Crisis Center also has SANE Nurses if the victim choose not to go to the hospital. The FCC provides advocacy, support services, accompaniment to forensic exams, sexual assault exams, counseling, pregnancy test and information and services regarding sexually transmitted diseases. The FCC Director was contacted on January 30, 2023, and confirmed this information. The FCC Director further stated they have not received any calls for services from the youth or the facility during this auditing year.

As The Idaho Sexual Assault Response Guidelines are updated, a description of the changes is located at the beginning of the guidelines describing the date of changes and a description of the changes. If an incident of sexual assault were to happen in an adult or juvenile detention facility, these guidelines cover all the requirements as set forth in the PREA Standards.

The Idaho Sexual Assault Response Guidelines is extremely well planned with coordination from all agencies to respond to an incident of sexual abuse. Based upon the review and analysis of the available documentation, interviews with staff

and youth, the Auditor has determined the facility **EXCEEDS** this standard.

115.322 Policies to ensure referrals of allegations for investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documentation Reviewed:

1. Pre-Audit Questionnaire (PAQ)
2. IDJC - PREA Compliance Policy/Procedure (613)
3. IDJC - Investigations Policy/Procedure (614)
4. IDJC - Abuse, Neglect and/or Exploitation of Juveniles Policy/Procedure (606)
5. IDJC - Sexual Abuse Policy/Procedure (835)
6. Seven (7) PREA Allegation Incident Reviews
7. PREA Response Flow Charts

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager (PCM)
3. Agency Head
4. Facility Administrative Investigators

The PREA Compliance Policy/Procedure (613) is written in accordance with the PREA standards and requires an investigation is completed for all allegations of sexual abuse or sexual harassment. All allegations of reported sexual abuse or sexual harassment found to be criminal, are referred for investigation to the Fremont County Sheriff's Office. The PCM receives all information regarding an alleged PREA violation and conducts the majority of the investigations. If the PCM is unavailable, a trained PREA Investigator will complete the fact finding and the PCM and facility investigator will work together to determine the best course of action. Although the PCM completes the majority of all PREA investigations, the agency has twenty-three (23) trained investigators to assist the PCM. If during the fact finding the incident appears to be criminal, the investigation will stop, and the Fremont County Sheriff's Office will be contacted. The JCC-St. Anthony facility policy is posted on the website under the PREA section and was verified by the Auditor.

Targeted interviews with the facility PREA investigators, the PCM, and Facility Superintendent verified that all allegations of sexual abuse or sexual harassment are investigated. Random staff who were interviewed stated they would immediately contact their supervisor and the PCM and keep the youth safe while determining the best course of action. If there is no exigency and no evidence that a crime has occurred, an administrative investigation will be initiated. Interviews with

	<p>staff indicated they are aware of their responsibility to report every allegation of alleged sexual abuse and sexual harassment.</p> <p>All allegations of sexual abuse and sexual harassment are documented. In the last twelve (12) months, there were seven (7) allegations of sexual abuse. Of the seven (7) alleged allegations, four (4) resulted in an administrative investigation and three (3) were referred to the Fremont County Sheriff's Office for criminal investigation. Criminal and administrative investigations were completed and closed prior to the beginning of this PREA audit.</p> <p>Each year the facility completes a PREA Annual Report and posts the report on their website. A review of previous year's reports (2022) was posted on the website, and confirmed the facility is documenting all incidents of alleged sexual abuse and sexual harassment.</p> <p>Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed/Observations:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Therapeutic Rapport and Professional Boundaries PowerPoint Training 3. PREA TrainCaster Training Records 4. IDJC - Training Requirements Policy/Procedure (665) 5. IDJC - PREA Compliance Policy/Procedure (613) 6. Quality Improvement Services (QIS) Handbook 7. PREA PowerPoint Training 8. Employee Certificate of Understanding (DJC- 009) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Staff 3. PREA Compliance Manager 4. Facility Training Coordinator <p>IDJC Training Requirements Policy/Procedure (665) states all IDJC staff will successfully complete PREA Basics for First Responders (one-hour initial classroom training and/or online annual refresher with biennial one-hour classroom training) within forty-five (45) days of being hired. Per the PREA Coordinator, all IDJC staff</p>

assigned sole supervision of juveniles will successfully complete the PREA Basics training for First Responders before being assigned direct, lone supervision of juveniles. IDJC PREA Compliance Policy/Procedure (613) states the PREA Coordinator is responsible for ensuring that all staff, volunteers, interns, and contractors receive training on IDJC's sexual abuse response procedures, including required specialized PREA training for all full-time and part-time medical and mental health care practitioners and specialized PREA training for investigators. These policies are also supported in the Quality Improvement Services Handbook which states the agency PREA Coordinator in conjunction with the Deputy Attorney General (DAG) shall ensure that training needs within the agency are met.

The PREA PowerPoint Training was reviewed by the Auditor. This training consists of thirty (30) slides and contains all the elements required in this standard including:

- The agency's Zero-Tolerance Policy for sexual abuse and sexual harassment.
- How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting and response policies and procedures.
- Residents' right to be free from sexual abuse and sexual harassment.
- The rights of residents and staff to be free from retaliation for reporting sexual abuse and sexual harassment.
- The dynamics of sexual abuse and sexual harassment in juvenile facilities.
- The common reactions of juvenile victims of sexual abuse and sexual harassment.
- How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents.
- How to avoid inappropriate relationships with residents.
- How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents.
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- Relevant laws regarding the applicable age of consent.

Training is tailored to the unique needs, attributes, and gender of the residents at the facility. Since the facility houses both males and females, the training is not gender specific. Per the PREA Coordinator, all staff receive training on adolescent development and attributes of residents in juvenile facilities. Gender specific training may also occur related to delivery of gender specific programming such as "Voices" training. All staff additionally are required to complete the Therapeutic Rapport and Professional Boundaries PowerPoint training. The objective of this training is to help staff understand the importance of building a rapport and a therapeutic relationship with the youth. The training consists of forty-five (45) slides covering the following topics:

- Building rapport.
- Define therapeutic rapport.
- Understand why therapeutic rapport is important.
- Identify types of relationships.
- Define the boundaries of a therapeutic relationship.
- Maintaining Professional Boundaries.
- Understand why maintaining boundaries is important.
- Communications techniques for setting appropriate boundaries.
- Avoidance & Protection Techniques.

Between trainings, the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. Per the PREA Coordinator, and as stated in IDJC Policy and Procedure (665), every-other-year, staff complete a PREA training on-line through the TrainCaster training platform. Reports of all facility training are electronically documented. The Training Coordinator can easily access and query records to determine who has and has not completed the required training. The facility's Training Coordinator, the PREA Coordinator, the PREA Compliance Manager and others with appropriate access can generate a report of staff completing the required trainings. The Auditor reviewed the refresher training on the Articulate training platform. The training is interactive where staff are required to provide a response as they move through the materials followed by a quiz.

The Auditor was provided with and reviewed the staff training rosters for the initial PREA training and the PREA Basics Training for First Responders. Staff interviewed indicated they received the PREA training upon hire and refresher training biannually. Staff were able to articulate their duties as a first responder and the agency's Zero-Tolerance Policy. Additionally, staff were able to describe the dynamics of sexual abuse and harassment in a juvenile facility and common reactions of victims. Based upon the review and analysis of the available documentation and interviews with staff, the Auditor has determined the facility **MEETS** this standard.

115.332	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documents Reviewed <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Training Records 3. Volunteer, Interns, and Contractor (VIC) PowerPoint and Quizzes 4. Volunteer/Intern/Contractor Prison Rape Elimination Act Zero Tolerance

Acknowledgement Form (DJC-294)

5. PREA Refresher Training Pamphlet

6. IDJC - Volunteer, Interns, and Contracted Service Providers (VICs) Policy/ Procedure (631)

Interviews

1. PREA Compliance Manager

2. Volunteers who have contact with the youth

3. Contractors who have contact with the youth

All Volunteers, Interns, and Contractors (VIC), receive PREA training prior to working with youth. According to IDJC- Volunteer, Interns, and Contracted Service Providers (VICs) Policy/Procedure (631), page 2, all VICs are required to have PREA training and any specialized training if applicable. Training is geared toward the level of service and contact the VIC will have with the youth. The VIC training PowerPoint, Quizzes and PREA annual refresher information was reviewed. The VIC training PowerPoint includes the following information:

- Why PREA was Enacted
- Vulnerability of Youth
- Purpose of PREA
- Red Flags of Perpetrators
- Symptoms of a Victim and Abuser
- Prevention of Sexual Violence
- Zero-Tolerance
- Reporting and Responding
- Agency Protection Against Retaliation
- “What would you do” Scenarios

Per the PAQ and the PREA Coordinator, there were twenty-eight (28) volunteers and contractors who have contact with the youth during this reporting period. All volunteers and contractors were trained in the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The Auditor reviewed PREA training records including the VIC Orientation Checklist, PREA Quizzes and PREA Acknowledgement (DJC-294) form. Upon completion of the PREA training, the VICs must complete a quiz to determine if they understood what they learned. They also sign documentation that they received the training, and they understood what they learned. Annually, the VICs are provided written information that provides a refresher on the agency’s Zero-Tolerance Policy and how to respond and report to an incident of sexual abuse or sexual harassment.

During the on-site audit, interviews were conducted with volunteers and contractors. These individuals confirmed that they had received the PREA training and refresher information. VICs were able to articulate the training they had received. The PREA Compliance Manager further provided information to confirm

the training policy and curriculum when interviewed. The PREA Compliance Manager maintains electronic documentation that volunteers and contractors understand the training they received.

Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.333 Resident education

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed

1. Youth Education Video
2. IDJC - Juvenile Understanding of Prison Rape Elimination Act (PREA) form (DJC - 162)
3. IDJC - Agreement and Understanding of Juvenile Handbook form (DJC -164) -
4. IDJC - Juvenile Rights and Grievance Process Acknowledgement of Understanding form (DJC - 165)
5. IDJC - Juvenile Notice of Limited Confidentiality form (DJC - 206)
6. Test of the Orientation and Assessment Handbook

Interviews

1. PREA Compliance Manager
2. Intake Staff
3. Random and Targeted Youth
4. Observation
5. PREA Posters throughout the facility

Upon intake, and no more than seventy-two (72) hours of arrival, youth are provided age appropriate PREA education. In the past twelve (12) months, there were seventy-one (71) youth who were processed through intake. If the youth is unable or has limited reading abilities, staff will read the PREA information to them and provide information as to where they can locate the information presented throughout the facility. Written materials and videos are written provided in Spanish and English. Should a youth need an interpreter, staff will attempt to contact another staff that speaks the same language as the youth. If there are no staff who can interpret, staff will contact Language Link which provides interpretation services in multiple languages. The Auditor called Language Link and confirmed the facility is contracted with the agency to provide interpretation services. Video services are available at the facility for those youth who may be deaf or hearing impaired.

All youth who are processed through intake receive PREA education regardless of if

they have previously received PREA education at another facility. The intake process regarding PREA education for the youth begins with the youth watching a training video that provides information about the agency' Zero-Tolerance Policy. This training provides, but is not limited to:

- Explanation of PREA
- Prohibited Acts
- The youth's rights and responsibilities
- How to respond to an incident of sexual abuse or sexual harassment
- Definitions of sexual abuse and sexual harassment
- How to report sexual abuse and sexual harassment
- The Agency's response to sexual abuse and sexual harassment
- The youth's rights to be free from sexual abuse and sexual harassment and their rights to be free from retaliation for reporting

After watching the video, youth take a test to ensure they understand what they have learned and are provided contact information on how to report an incident to the Idaho Department of Health and Welfare. The Youth Handbook also contains PREA information on how to report a PREA incident, the grievance process, and information regarding the limits of confidentiality. After the youth receives this information, they sign the forms as listed above indicating they received the information and understand the information they received. When interviewed, intake staff, and random and targeted youth, stated the youth received the PREA training and the information stated above "immediately" during intake. Additional information regarding PREA, how to report, and the youth's rights are provided to the youth within the Youth Handbook they receive during intake. PREA posters and contact information are prevalent throughout the facility as viewed by the Auditor during the on-site audit. In addition to the information and training the youth receives during intake, whenever a new youth enters a cottage group, the group watch the youth PREA video and review the training as a group. All youth PREA training, information and quizzes are contained in the youth's files which were reviewed by the Auditor.

Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Documentation Reviewed

1. National Institute of Corrections - Investigating Sexual Abuse in a Confinement Setting
2. Idaho Sexual Assault Responses Guidelines
3. Letter from the Deputy Chief of the Fremont Sheriff's Office.
4. IDJC - Contraband Detection and Disposition/Searches Policy/Procedure (620)
5. IDJC - Observation and Assessment/Intake Policy/Procedure (640)
6. IDJC - Training Requirements Policy/Procedure (665)
7. IDJC - Prison Rape Elimination Act (PREA) Policy/Procedure (613)

Interviews

1. PREA Compliance Manager
2. Investigative Staff

The JCC-St. Anthony facility only conducts administrative investigations. All criminal investigations are conducted by the Fremont Sheriff's Office. According to the agency's PREA policy, JCC-St. Anthony only conducts administrative investigations. If during an administrative investigation, the incident is found to be criminal, the investigation will stop, and the Fremont Sheriff's Office will be contacted. The agency has documentation from the Chief Deputy of the Fremont Sheriff's Office that indicated the Fremont Sheriff's Office is familiar with the PREA Standards and are confident that the deputies responding to an investigation are trained to adhere the standards of PREA. In addition, the agency has established a multi-agency response known as the Idaho Sexual Assault Responses Guidelines provides detailed information of how each agency responds to an incident of sexual abuse. These guidelines were reviewed by the Auditor. The PREA Compliance Manager and Duty Officers have received training from the National Institute of Corrections, Specialized Investigator Training. This is a recommended training from the PREA Resource Center and contains a training curriculum that includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity Warnings, sexual abuse evidence collection in confinement settings, and evidence required to substantiate a case for administrative action or prosecution referral. When interviewed, staff were able to articulate the training they had received. A review of the staff's training records revealed the staff had completed the training successfully. At the time of the audit, there were twenty-three (23) PREA Investigators who successfully completed the specialized training.

Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Documents Reviewed</p> <ol style="list-style-type: none"> 1. IDJC - Prison Rape Elimination Act (PREA) Compliance Policy/Procedure (613) 2. IDJC - Sexual Abuse Policy/Procedure (835) 3. IDJC - Training Requirements Policy/Procedure (665) <p>Interviews</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager (PCM) 2. PREA Coordinator 3. Clinician 4. Random and Targeted Youth <p>All full-time and part-time medical and mental health staff receive training on how to:</p> <ul style="list-style-type: none"> • Detect and assess signs of sexual abuse and sexual harassment • Preserve physical evidence of sexual abuse • How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment • How and to whom to report allegations or suspicions of sexual abuse and sexual harassment <p>Medical and mental health professionals receive the same PREA training that all staff receive in addition to specialized training geared toward their profession. This specialized training is provided online through Traincaster. All medical and mental health professionals confirmed they have completed the specialized training and the standardized PREA training for all staff when interviewed. As reported and confirmed, there were twenty-two (22) medical and mental health staff who received this specialized training.</p> <p>The JCC-St. Anthony facility does not have Sexual Assault Forensic Nurse Examiners (SANE) or Sexual Assault Nurse Examiners (SAFE). If an incident of sexual assault occurs, the Fremont County Sheriff’s Office is notified and completes the investigations. As defined in PREA Standard 115.321 above, The Idaho Sexual Assault Guidelines describes the steps that each agency takes when a sexual assault occurs.</p> <p>Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documentation Reviewed

1. IDJC - Prison Rape Elimination Act (PREA) Compliance Policy/Procedure (613)
2. IDJC - Risk of Sexual Victimization/Perpetration (RSVP) (DJC - 269)
3. Service Implementation Plan (SIP)

Interviews

1. Clinician

The agency's PREA Prison Rape Elimination Act (PREA) Compliance policy (613), requires all youth who are transferred from another facility receive risk of sexual abuse victimization and sexual abusiveness toward other residents. The policy states, *"Juveniles shall be screened for risk of sexual victimization/perpetration using the Risk of Sexual Victimization/Perpetration Screener (RSVP) (DJC-269) form by a mental health professional within seventy-two (72) hours of O&A intake. In order to guide placement and management strategies the RSVP shall also be administered at least every six months after the date of placement."* Clinical staff are responsible for this screening which is completed within seventy-two (72) hours of the youth's arrival. When conducting the screening, Clinicians ensure the interview is in a private area where the youth can speak freely, confidentiality, and without interruptions. The RSVP screening tool gathers information regarding the following:

- Prior sexual victimization or abusiveness
- Gender nonconforming appearance, manner, or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may therefore be vulnerable to sexual abuse.
- Current charges and offense history
- Age
- Level of emotional and cognitive development
- Physical size and stature
- Mental illness or mental disabilities
- Intellectual or developmental disabilities
- Physical disabilities
- The youth's own perception of vulnerability
- Addition information about the youth that may indicate heightened need for supervision, safety precautions or separation from other youth.

When a youth enters the facility, they go through the intake process which includes the RSVP completed by the clinician. They are then placed in the Observation and Assessment Unit where their placement needs are reviewed. Every week, the Population Management Meeting (PMM) is held to determine each individual youth's needs for rehabilitation and which of the three facilities would best suit the youth's needs. The Population Management Team (PMM) develops an individualized Service Implementation Plan (SIP) that provides a set of goals for the youth to successfully

complete while in detention and transitional goals for their release. This meeting consists of staff from the agency's three facilities and include the following the following individuals:

- Superintendents from each facility
- Educator
- Clinician who evaluated the youth
- Medical staff
- Rehabilitation Supervisors
- Social Worker
- Juvenile Probation Officer
- Parent/Guardian

During the last twelve (12) months, there were seventy-one (71) youth who entered the facility. When interviewed, youth stated they received this risk screening within twenty-four (24) hours of their arrival and at some time thereafter. A review of the screening tool revealed the tool was objective. The Auditor also reviewed youth intake records which confirmed the youth had received this screening within seventy-two (72) hours of arrival as well as the reassessment.

Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documentation</p> <ol style="list-style-type: none"> 1. Placement Consideration for Population Management Report 2. Review of several juvenile Service Implementation Plan (SIP) forms (DJC-156-09) 3. Review of high scoring Risk of Sexual Victimization/Perpetration (RSVP) forms 4. IDJC - Special Management Intervention Policy/Procedure (604) 5. IDJC - PREA Compliance Policy/Procedure 613 6. IDJC - Nondiscrimination of Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning Juveniles Policy/Procedure (672) 7. IDJC - Observation and Intake Policy/Procedure (640) 8. IDJC - Observation and Assessment Evaluations Policy/Procedure (404) <p>Interviews</p>

1. PREA Compliance Manager (PCM)
2. Clinician
3. Targeted youth

When a youth enters the facility, they go through the intake process which includes meeting with the intake staff, medical staff and a Mental Health Clinician. The Clinician prepares the Placement Considerations for Population Management report, which reviews the youth's:

- Criminal history
- Rehabilitation needs
- Family history and behavior
- Prior Treatment Services
- Responsiveness to treatment
- Mental Health and Medical Needs
- Risk of Sexual Victimization and Sexual Perpetration
- Substance abuse history
- Jesness Inventory - Revised Interpretive Report (The Jesness Inventory report is a computerized report that is a comprehensive, self-report measure of personality and psychopathology that is applicable to children and adolescents with more severe behavioral problems and with whom violence potential is a concern.)

The parents are also involved in the Placement Considerations for Population Management Report. This report helps to determine the best program and cottage for the youth's placement at one of the three (3) State facilities to keep the youth safe and free from sexual abuse.

During interviews with staff and youth, it was determined that isolation is not used at the St. Anthony facility. If an incident of sexual abuse occurs, the victim and the alleged perpetrator are separated and monitored to ensure their safety and the protection of evidence until law enforcement arrives. According to IDJC Observation and Intake Policy/Procedure (604), if a youth is removed from their cottage and temporarily housed in another cottage, they will continue to receive all educational, programming and personal privileges. As noted in the PAQ, isolation is not used and therefore there were no youth who were placed in isolation, during this auditing period.

The facility prohibits placing lesbian, gay, bisexual, transgender, and intersex residents in particular housing, bed, or other assignments solely based on such identification or statue and further prohibits this classification of youth as an indicator of likelihood of being sexually abusive. During interviews with targeted youth, they stated they were not placed in cottages specifically for their sexuality identification. Youth further indicated they were given an opportunity to express their views on placement, clothing, and opinions regarding their safety and comfort. These youth indicated they were allowed to wear clothing based on how they identify as an individual and can shower separately if they chose to do so.

	<p>A review of IDJC Nondiscrimination of Lesbian, Gay, Bisexual, Transgender, Intersex, and Questioning Juveniles Policy/Procedure (672) provides detailed information regarding the rights of those who identify as being LGBTIQ and that they will not be discriminated against or classified differently than other youth. All placement considerations are on a case-by-case basis.</p> <p>Based upon the review and analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.351	Resident reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre - Audit Questionnaire (PAQ) 2. IDJC - Juvenile Understanding of Prison Rape Elimination Act (DJC-162) 3. JCC - St. Anthony Juvenile/Parent Handbook 4. Zero Tolerance PREA Posters 5. External Reporting Agreement with Idaho Department of Health and Welfare 6. IDJC - Observation and Assessment Policy/Procedure (640) 7. Agreement of Understanding of Juvenile Handbook (DJC-164) 8. IDJC - PREA Compliance Policy/Procedure (613) 9. Notification of Disclosure (DJC-131) (1) 10. Notification of Disclosure Fact Sheet (DJC-131) 11. Juvenile Grievance Policy/Procedure (671) 12. Juvenile Grievance Filing Form (DJC-124) 13. Juvenile Grievance Filing Form (samples) 14. PREA PowerPoint Presentation for Juveniles 15. PREA Training PowerPoint for Staff 16. JCC - St. Anthony Orientation Checklist for New Group Members (DJC-130-02) 17. "PREA and Sexual Safety Education for Residents in a confinement Facility" video <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Random Staff 2. Random and Targeted Youth 3. PREA Compliance Manager 4. Superintendent <p>The IDJC provides multiple ways for youth to privately report sexual abuse and</p>

sexual harassment, retaliation by other youth or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The JCC-St. Anthony Juvenile/Parent Handbook on page eleven (11) describes both the internal and external ways in which a youth can report abuse. Reporting methods for youth are described as follows:

- Report to any staff, volunteer, contractor, or medical or mental health staff.
- Submit an Emergency Grievance
- Report to the PREA Compliance Manager
- Tell a family member, friend, legal counsel, or anyone else outside of the facility who can report on the youth's behalf.

This information is also prominently displayed on colorful posters throughout the JCC-St. Anthony facility and were observed in the day rooms of each cottage, each living unit, classrooms, cafeteria, gym, and the administration building. The posters describe the agency's Zero-Tolerance Policy against sexual abuse and harassment and the youth's right to report such abuse. In addition to the methods described above, the poster indicates a youth may call their Juvenile Probation Officer (JPO) or their Juvenile Services Clinician (JSC). Additionally, youth may make a verbal or written report to report abuse and their report can remain anonymous. The telephone number and address to the Idaho Department of Health and Welfare (external reporting agency) is on the poster. A working telephone is close by for the youth to make a phone call.

During the intake process, youth are required to watch the video "PREA and Sexual Safety Education for Residents in a Confinement Facility." This video describes the various methods of reporting abuse, including filing a written grievance, reporting to a teacher or a staff member, calling their Probation Officer, or calling the external reporting agency. The Juvenile Understanding of Prison Rape Elimination Act (PREA) form states that in addition to reporting to a staff or a supervisor the youth can write down what they know on a grievance form and put it in a locked box that only certain approved staff can open. Youth interviewed were able to describe the ways in which they would report an incident of sexual abuse or harassment including how they would report outside of the facility.

The Auditor spoke with several youth during the on-site audit tour who pointed out where they could find the telephone number to call in a report, and how they would make a confidential written report. Locked grievance boxes, grievance forms, and envelopes are in various areas throughout the facility and in each cottage. Youth interviewed were able to describe how they would make a written complaint through the grievance process. Each youth explained the grievance form and envelopes have a check box to indicate sexual abuse or sexual harassment. The youth would seal the envelope and if the box on the envelope is checked, the grievance would remain private and be routed directly to the PREA Compliance Manager for immediate review and follow-up. The youth interviewed expressed no concern about the grievance process and were confident that their concerns would be immediately addressed and taken seriously by a staff member. Youth interviewed

	<p>reported if needed they could report outside of the facility. No youth are detained solely for civil immigration purposes at the JCC-St. Anthony facility.</p> <p>The IDJC website includes information on reporting sexual abuse on behalf of a youth committed to the custody of IDJC. Reports of suspected abuse can be made by contacting the Idaho Department of Health and Welfare, law enforcement, or by contacting IDJC directly, through the “Contact Us” link which includes the mailing address, telephone number and email address.</p> <p>IDJC PREA Compliance Policy/Procedure (613) states “staff shall accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports.” This information is also contained in the PREA Training PowerPoint for staff. PowerPoint slides numbers eight (8) and nine (9) describe the methods for victims to make a verbal or written report. Slide number ten (10) discusses retaliation by other youth or staff for reporting sexual abuse and sexual harassment. During interviews with random staff, they were able to state the multiple methods that staff, and youth could report sexual abuse or sexual harassment. Staff described the ways in which they could make a private report on behalf of a youth, such as calling the Child Protection hotline, telling their supervisor or by contacting the PREA Compliance Manager.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed/Observations:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC Juvenile Understanding of Prison Rape Elimination Act (DJC-162) 3. JCC - St. Anthony Juvenile/Parent Handbook 4. Zero Tolerance PREA Posters 5. External Reporting Agreement with Idaho Department of Health and Welfare 6. IDJC - Observation and Assessment Policy/Procedure (640) 7. IDJC - Agreement of Understanding of Juvenile Handbook (DJC-164) 8. IDJC - PREA Compliance Policy/Procedure (613) 9. IDJC - Notification of Disclosure Form (DJC- 131) 10. IDJC - Notification of Disclosure (DJC-131) Fact Sheet 11. IDJC - Juvenile Grievance Policy/Procedure (671) 12. IDJC - Juvenile Rights and Grievance Process Acknowledgement of Understanding Form (DJC-165).

13. IDJC - Juvenile Grievance Filing Form (DJC-124)
14. IDJC - Juvenile Grievance Filing Form (samples)
15. PREA PowerPoint Presentation for Juveniles
16. PREA Training PowerPoint for Staff
17. JCC - St. Anthony Orientation Checklist for New Group Members (DJC-130-02)
18. "PREA and Sexual Safety Education for Residents in a confinement Facility" video

Interviews Conducted:

1. Random Staff
2. Random youth
3. PREA Compliance Manager
4. PREA Coordinator

The IDJC has administrative policies and procedures for dealing with grievances by the youth regarding sexual abuse. The Juvenile Grievance Policy/Procedure (671) states *"It is the policy of the Idaho Department of Juvenile Corrections (IDJC) to provide an administrative means for handling complaints from juveniles related to their care and confinement as well as a means for juveniles to report incidents relating to the Prison Rape Elimination Act (PREA). The juvenile grievance process is available to all juveniles placed at an IDJC facility without reprisal. All complaints receive a written, signed response within a reasonable timeframe. This policy requires problem solving without intimidation. Staff that uses acts of intimidation with juveniles in regard to this problem-solving process will be subject to disciplinary action."* Per the written procedure, all youth are advised of this process within 24-hours of intake. When a youth is admitted to the facility staff explains the grievance procedure and has the youth read the Juvenile Grievance Policy/Procedure (671). Youth are required to sign the Juvenile Rights and Grievance Process Acknowledgement of Understanding Form (DJC-165) indicating their understanding. The intake staff also signs and dates the DJC-165 form which is then placed in the youth's Case Management File. Agency policy/procedure allows a youth to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.

Grievance boxes are accessible in various locations throughout the facility including each cottage in the day room or hallway area adjacent to each living unit, the education building, the cafeteria, and the gym. The grievance boxes were observed to be locked and in well-maintained condition. The Grievance Forms (DJC-126) and envelopes are readily available to the youth. Youth may file a sexual abuse or sexual harassment complaint through the grievance process by completing the (DJC-126) form, placing the form in a sealed envelope, and checking the "Sexual Abuse/Sexual Harassment" box on the top of the form and/or on the envelope. The youth would then place the envelope in the locked box. Policy states "if assistance is needed to complete the form, any neutral member of the treatment team, or appropriate third party may provide the assistance." During interviews with the youth, they were able

to knowledgeably explain this process. Each youth stated that if it was "PREA" then their complaint would go directly to the PREA Compliance Manager and would be confidential.

Any grievance marked Sexual Abuse/Sexual Harassment or a grievance that alleges substantial risk of imminent sexual abuse will be treated as an emergency grievance. The Duty Officer or staff retrieving an envelope or form from the grievance box would notify the PREA Compliance Manager immediately. The PREA Compliance Manager stated security staff checks the grievance box every night by midnight and if the envelope or form is check-marked sexual abuse or sexual harassment, the grievance would be routed to her immediately. She stated that an administrative support staff logs each grievance and thereby creates a tracking system for the progression and handling of that grievance. IDJC Grievance Policy/ Procedure (671) states that initial response to the grievance is provided within forty-eight (48) hours; however, the PREA Compliance Manager stated that response would be right away, and within twenty-four (24) hours. All emergency grievances are taken seriously and fully investigated. If it is found that a youth intentionally filed an emergency grievance where no emergency exists, an appropriate program response may be initiated.

A review of the IDJC Grievance Policy/Procedure (671) requires a youth to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint and per this policy, on page two (2), requires that a youth's grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. The Supervisor, or designee, talks with the youth and others involved in the incident and completes the review. The findings are discussed with the youth within three (3) working days of receipt of the (DJC-126) form. If the grievance is resolved, the Supervisor signs and dates the grievance form and forwards it to the Superintendent for review. If the grievance is unresolved, the Superintendent, or designee, reviews the facts presented and may undertake further investigation as indicated. The youth is advised of the Superintendent's decision within five (5) working days of receipt of the grievance.

The PREA Coordinator provided the following information which the Auditor reviewed in the PAQ:

- In the past twelve (12) months, there were two (2) grievances that were filed that alleged sexual abuse.
- In the past twelve (12) months, there were two (2) grievances alleging sexual abuse that reached final decision within 90 days after being filed.
- In the past twelve (12) months, there were zero (0) grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days.
- In the past twelve (12) months, there were zero (0) grievances alleging sexual abuse filed by youth in which the youth declined third-party assistance, containing documentation of the youth's decision to decline.
- In the past twelve (12) months, there were two (2) emergency grievances

	<p>alleging substantial risk of imminent sexual abuse that were filed.</p> <ul style="list-style-type: none"> • In the past twelve (12) months, there were two (2) grievances alleging substantial risk of imminent sexual abuse that reached final decisions within five (5) days. <p>IDJC Grievance Policy/Procedure (671) requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within ninety (90) days of the filing of the grievance. All emergency grievances are taken seriously and fully investigated. If it is found that a youth intentionally filed an emergency grievance where no emergency exists, an appropriate program response may be initiated. Per information submitted in the PAQ, there were zero (0) grievances alleging sexual abuse that reached the final decision outside of the ninety (90) days after being filed.</p> <p>Youth and staff alike provided a solid description of the grievance process. Youth interviewed appeared comfortable with the grievance process and that if they submitted one, it would be handled in a timely manner.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.353	Resident access to outside confidential support services and legal representation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - Juvenile Understanding of Prison Rape Elimination Act (DJC-162) 3. JCC - St. Anthony Juvenile/Parent Handbook 4. IDJC - Correspondence and Communication: Mail, Telephone, and Visitation Policy (674) 5. IDJC - Privileged Communications Policy/Procedure (675) 6. PREA posters 7. Memorandum of Understanding (MOU) with Family Crisis Center (FCC) 8. IDJC - Observation and Assessment Policy/Procedure (640) 9. IDJC - Agreement of Understanding of Juvenile Handbook (DJC-164) 10. IDJC - PREA Compliance Policy/Procedure (613) 11. IDJC - Notification of Disclosure Form (DJC- 131) 12. Notification of Disclosure Fact Sheet (DJC-131)

13. PREA PowerPoint Presentation for Juveniles
14. PREA Training PowerPoint for Staff
15. JCC - St. Anthony Orientation Checklist for New Group Members (DJC-130-02)
16. "PREA and Sexual Safety Education for Residents in a confinement Facility" video
17. IDJC - Juvenile Notice of Limited Confidentiality Form (DJC-206)

Interviews Conducted:

1. Random Staff
2. Random and Targeted Youth
3. PREA Compliance Manager
4. Family Crisis Center (FCC) Director

IDJC PREA Compliance Policy/Procedure (613) states *"Through education of staff and juvenile offenders, the IDJC will increase awareness of safe reporting mechanisms, grievance procedures, and available services to victims, thereby creating institutional cultures that discourage sexual misconduct and encourage reporting of such incidents."* The IDJC Privileged Communications Policy/Procedure (675) states youth who are victims of sexual abuse/sexual harassment may access outside victim advocacy services if they so desire, and communication would be considered privileged. This policy further describes the reporting methods available to the youth to the outside victim advocacy service provider. Youth may contact the provider by phone or mail to the victim advocacy service provider.

For youth wishing to access outside victim advocacy services by phone, staff would allow the youth privacy in which to make the phone call. A poster with the phone number and address to the FCC is located in each cottage and accessible to the youth. Youth reported they would ask a staff to use the phone, letting them know that it was a PREA matter, and they would be able to make a private and confidential phone call. Working phones are near the PREA poster containing the contact information. The Juvenile/Parent Handbook also contains the telephone number and address to the FCC.

The IDJC JCC-St. Anthony facility informs the youth on the limits to confidentiality, advising them of the extent to which such communications would be monitored, and to the extent to which reports of abuse would be forwarded to authorities in accordance with the mandatory reporting laws. The form describes the disclosures that would be reported to law enforcement and to the Department of Health and Welfare. The disclosures that must be reported are as follows:

- Prior criminal activity not involving sexual behavior.
- Prior sexual abuse perpetrated by the juvenile.
- Prior sexual abuse in which the juvenile was a victim.
- Sexual activity among juveniles of the facility.
- Sexual activity among juveniles at previous placements.

- Physical abuse in which the juvenile was a victim.

Youth are required to sign the Juvenile Notice of Limited Confidentiality form (DJC-206) during the intake process. Staff will read and explain the form to the youth if needed to ensure their understanding of the limits to confidentiality.

The facility maintains an MOU with the FCC for outside victim advocacy services. The Auditor interviewed the FCC Director regarding services they provide to St. Anthony's youth may contact the center. The director acknowledged the MOU with JCC-St. Anthony is currently in place and the FCC would provide victim advocacy services to the facility's youth. The FCC Director stated there have not been any calls from any JCC-St. Anthony youth and no contact with any facility staff for at least the last two (2) years. The FCC Director confirmed the services they would provide if they received a call which includes, but is not limited to victim advocacy, confidential emotional support services and accompaniment to sexual assault exams, forensic exams, and court hearings. The FCC Director explained advocates would explain to the youth what is happening every step of the way and basically walk youth through the process. The FCC is equipped to accept calls twenty-four (24) hours per day, and seven (7) days per week. The FCC Director shared the FCC has bilingual advocates, advocates proficient in American Sign Language (ASL), and a contract with Alboum Translation Services for youth speaking any other language. The FCC Director stated she would be notified immediately of a call from JCC-St. Anthony youth, and she would in turn notify the Superintendent or the Duty Officer at JCC-St. Anthony. The FCC Director further shared, the FCC would work closely with the Fremont County Sheriff's Department in coordinating services as the Sheriff's Department would be responsible for coordinating the sexual assault exam and/or forensic exams. If therapy or counseling services are needed, the FCC can provide the youth with referrals. Youth can receive confidential services; however, youth are informed of the limits to confidentiality. All services are provided without cost to the youth, or their families, and the safety of the youth is the FCC's utmost priority.

The JCC-St. Anthony also maintains an MOU with Grand Peaks for external emotional support services related to sexual abuse. The MOU was signed into effect on June 5, 2019, and continues into perpetuity or until terminated by either the agency or the facility.

Interviews conducted with youth revealed they are aware they can access victim services outside of the facility, but they could not name the FCC as the external victim advocacy provider and the specific services they would provide. However, youth informed the Auditor they could refer to the posters in their cottage for the telephone number if they needed to make a call or they could ask staff. The Juvenile/Parent Handbook lists the FCC as the external victim advocacy service provider and Grand Peaks as the external sexual abuse counseling provider, but youth were unable to recall this information. Although youth recalled receiving the Juvenile/Parent Handbook during the intake process, no youth stated they had current access to the Juvenile/Parent Handbook. Corrective Action is required.

Corrective Action Plan

The PREA Compliance Manager updated the resident PREA education with additional external victim advocacy and emotional support services information (training and posters) and provided re-education to all youth. The updated posters were placed throughout the facility. The Parent/Youth Handbook was updated to include the services provided by the outside advocacy and emotional support services providers. The Juvenile/Parent Handbook was laminated and placed in each cottage dayroom of the facility and therefore made available to youth at all times. The facility also posted external victim advocacy and emotional support services in the breezeway by the medical room where youth receive medications. The medical room is located in the same building as the dining hall and all youth pass through this area three times a day and thereby ensuring the information is continuously available to them. The updated posters, the Parent/Youth Handbook and the youth training rosters were sent to the Auditor for review. The facility took immediate and decisive steps at ensuring youth understand the services available to them and ensuring youth have continued access to this information.

The facility provides all youth with reasonable and confidential access to attorneys or other legal representation phone and mail. However, youth are not allowed reasonable access to their parents. Youth can call their parents/guardians, but the phone call is monitored by staff and by two of the youth's peers who sit in during the conversation to ensure appropriateness of the conversation per facility programming rules. Additionally, youth can write to their parents/guardians, but their letters are first "scanned" by staff before being mailed out. According to IDJC policy and the Juvenile/Parent Handbook, mail is scanned when opened and will only be read if it is reasonably thought necessary to ensure safety and security of the facility. According to the PREA Coordinator and the Juvenile/Parent Handbook, mail is checked for contraband and for plans of escape. In order to determine if the letter contains plans of escape, the letter would in fact need to be read. Therefore, a youth who only feels comfortable making a complaint through his parent/guardian would not be able to make a confidential disclosure to them. Youth can visit with their parents/guardians during visits at the facility, however, visits are monitored by staff who visually observe the visit and two of the youth's peers are required to sit in on the visit and listen to the conversation. A Corrective Action is Required.

Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **Does not Meet Compliance** with this standard.

Corrective Action Plan Implementation and Verification

The Auditor discussed the youth's reasonable access to their parents/guardians in the event they wanted to report a PREA allegation only to their parents/guardians with the facility's Administrators during the exit meeting. The facility proposed a change to youth's reasonable access to their parents/guardians. Youth would be able to request a confidential phone call to their parents/guardians by filling out a form and putting the request in a sealed envelope marked "Sexual Abuse/Sexual

Harassment" and placing the envelope into the grievance box. The request will be routed directly to the PREA Compliance Manager who will then facilitate and ensure the youth's private and confidential call to their parents/guardians.

The facility will create a form, provide evidence of the form, and provide evidence of staff and youth training on the intent, structure and process following the completion of a form by a youth. This process will be detailed in a Standard of Operating Procedure (SOP) for the JCC-St. Anthony facility.

St. Anthony leadership, including the PREA Compliance Manager, met on March 13, 2023, to discuss the youth's request for a confidential phone call with their parent/guardian to make a report of sexual abuse or sexual harassment. The following information was forwarded to the Auditor (via email) by the PREA Coordinator:

The process will be as follows:

1. The Juvenile Request for Confidential Phone Call to Parent/Guardian form will be located in the Grievance Box with the other forms.
2. Youth will complete the request form and mark sexual abuse and/or sexual harassment on the grievance envelope.
3. Program Support staff will collect the grievances as usual and continue to place all grievances marked sexual abuse and/or sexual harassment in PREA Compliance Manager's (PCM) mailbox or the Duty Officer if PCM is out of the office. They will email the PCM or Duty Officer informing them about the envelope being placed in their mailbox.
4. Upon receipt of the request form the PCM or the Duty Officer will work with the youth to facilitate the phone call in a timely manner. The phone will be dialed and then youth will be given a reasonable amount of privacy to make the call.
5. If parents don't reach out to the facility with a report the PCM or Duty Officer will then contact the parents to see if a report needs to be made.
6. The facility will then follow through with PREA Investigation practices outlined in policy and procedure.
7. If youth do not check the box for sexual abuse and/or harassment on the envelope and it is routed through the regular grievance process PCM or Duty Officer will still be given the request form and the same process followed.
8. Request forms will be saved in the PREA File.

The PREA Compliance Manager provided training to the youth and had them sign a training roster that they received the information on the process to request a confidential phone call to their parents/guardians. The Duty Officers and staff were informed of the process during team meeting and through the team meeting minutes which they are required to review. The Auditor was provided a copy of the Juvenile Request for a Confidential Phone Call to Parent/Guardian form, youth training rosters and the Facility Operations Manual which was updated with the new process.

	<p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility Meets Compliance with this standard.</p>
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115.354	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC Website 3. IDJC - PREA Compliance Policy/Procedure (613) 4. IDJC - Juvenile/Parent Handbook <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Random Staff 2. Random Youth 3. PREA Compliance Manager 4. PREA Coordinator <p>As stated in IDJC- PREA Compliance Policy/Procedure (613), the JCC-St. Anthony accepts third-party reports of sexual abuse and sexual harassment. This information is also reflected in the Juvenile/Parent Handbook. According to the PREA Compliance Manager, parents and/or legal guardians are mailed a copy of the Juvenile/Parent Handbook at the time the youth is admitted to the facility.</p> <p>The IDJC agency public website on the "About" tab contains a page specific to PREA. Included in this information is a section which discusses reporting abuse. This section states <i>"If you suspect that a juvenile committed to the custody of IDJC has been the subject to sexual abuse or harassment that has occurred at an IDJC facility or a provider contracted by IDJC, you may contact IDJC, contact Child Protection at 1 (855) 522-5437, or contact law enforcement in the area where the facility is located. All reports are taken seriously as outlined in the PREA standards. Any knowingly false accusations may be protected."</i> The direct contact IDJC link is embedded in the section. The "Contact Us" page provides an email, telephone number, address, and fax number to each IDJC facility. According to the PREA Coordinator, he would be forwarded and provided with information on any third-party report the IDJC receives and would take immediate action based on those reports.</p>

	Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.
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115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC -PREA Compliance Policy/Procedure (613) 3. IDJC - Abuse, Neglect, and/or exploitation of Juveniles Policy/Procedure (606) 4. IDJC - Juvenile Grievance Policy/Procedure (671) 5. PREA Training PowerPoint for Staff 6. IDJC - Investigation Policy/Procedure (614) 7. IDJC Investigations-Administrative Policy/Procedure (910) 8. IDJC - Juvenile Notice of Limited Confidentiality form (DJC-206) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Compliance Manager 2. PREA Coordinator 3. Medical and Mental Health Staff 4. Superintendent <p>The applicable IDJC policies related to this standard were reviewed. According to the PREA Compliance Policy/Procedure (613), when staff have any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred at an IDJC facility, staff shall immediately contact their supervisor, designee if not available, or the duty officer. The PREA PowerPoint Training for staff explains this requirement. The IDJC Abuse, Neglect and Exploitation Policy/Procedure (606) states any employee involved in, witnesses, or otherwise becomes aware of an incident of juvenile abuse, neglect or exploitation, shall report it to their immediate supervisor, the superintendent, or their designee. Policy (606) further states the reporting employee shall complete documentation prior to the end of their shift. Failure to report may warrant disciplinary action against the employee.</p> <p>IDJC Grievance Policy/Procedure (671) states the youth’s grievance process is available to all youth placed at an IDJC facility without reprisal. All complaints receive a written, signed response within a reasonable timeframe. This policy requires problem solving without intimidation. Staff who use acts of intimidation with youth regarding this problem-solving process will be subject to disciplinary</p>

action. IDJC requires all staff to comply with the mandatory child abuse reporting laws by immediately reporting to their supervisor or duty officer.

Staff are prohibited from revealing information related to an allegation of sexual abuse to anyone, including other staff, except for purposes of reporting as outlined below or to the extent necessary to assist in an investigation, to provide medical or mental health treatment, or for other security purposes per PREA Compliance Policy/Procedure (613). All staff will respect the dignity and privacy of those involved in an allegation of sexual abuse, including the alleged offender, alleged victim, and any witness. Incidents of sexual abuse are not topics for casual conversation with staff or youth.

Medical and mental health practitioners at JCC-St. Anthony receive the same PREA training as staff. As such, they are required to report any knowledge or suspicion of sexual abuse and sexual harassment per PREA Compliance Policy/Procedure (613) and per mandatory reporting laws. During interviews with the Nurse Manager and a Clinician, they acknowledged their responsibilities as a mandatory reporter and that they would promptly report directly to their supervisor as well as the PREA Compliance Manager. Further, they stated the youth are informed of their duty to report and the limitations of confidentiality. The Juvenile Notice of Limited Confidentiality form (DJC-206) is provided to the youth at intake.

The Superintendent and the PREA Compliance Manager stated their responsibilities upon receiving any allegation of sexual abuse by immediately reporting to the Fremont County Sheriff's Department, the victim's parents or legal guardian, the youth's attorney, the youth's Juvenile Probation Officer and to the Juvenile Services Coordinator. All notifications would be as soon as possible but no later than twenty-four (24) hours after the receipt of the allegation.

The PREA Compliance Manager or Duty Officer would be promptly notified of any report or allegations of sexual abuse or sexual harassment. PREA Investigations Policy/Procedure (614) states allegations involving criminal actions, or those where an initial investigation reveals evidence supporting criminal prosecution, are referred to the appropriate law enforcement agency for criminal investigation. In this case, the Fremont County Sheriff's Department would investigate the allegations. The need for subsequent departmental investigation is determined at the recommendation of law enforcement or at the close of the law enforcement investigation at the recommendation of the Deputy Attorney General (DAG). Allegations involving IDJC employees are investigated according to the procedures in IDJC Investigations-Administrative Policy/Procedure (910) and include the involvement of Human Resources. All other allegations of sexual abuse and sexual harassment are investigated by departmental investigators trained in investigation of sexual abuse.

Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.362	Agency protection duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 596 376">Documents Reviewed:</p> <ol data-bbox="341 443 900 519" style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy (613) <p data-bbox="280 560 596 595">Interviews Conducted:</p> <ol data-bbox="341 663 638 819" style="list-style-type: none"> 1. IDJC Director 2. Superintendent 3. PREA Coordinator 4. Random Staff <p data-bbox="280 860 1468 1016">The JCC-St. Anthony will take immediate actions when learning a youth is subject to a substantial risk of immediate sexual abuse in order to protect the youth. In reviewing PREA Compliance Policy/Procedure (613), the IDJC will implement the following procedures to reduce the risk of sexual abuse and harassment:</p> <ul data-bbox="354 1084 1468 1621" style="list-style-type: none"> • The IDJC will aggressively respond to, investigate, and support the prosecution of sexual abuse and sexual harassment, both internally and externally, in partnership with law enforcement and prosecutors. • The IDJC will comply with all mandatory reporting laws. The IDJC will contact law enforcement and any relevant licensing bodies when staff, volunteers, interns, or contractors violate IDJC sexual abuse or sexual harassment policy, unless the activity was clearly not criminal. • Staff will ensure the safety of the alleged victim and take steps to separate the alleged offender, alleged victim, and any witnesses. • Upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC Juvenile Corrections Center, staff will immediately contact their Supervisor or if not available, the designee, or Duty Officer. <p data-bbox="280 1662 1468 2069">In the past twelve (12) months, there were no incidents of a youth being a substantial risk of imminent sexual abuse according to the PAQ response. Therefore, random staff interviewed described the steps they would take if a youth were at imminent risk of sexual abuse. Overall, staff reported they would respond immediately by separating the victim from the abuser, protecting, and preserving the crime scene, ensuring the victim is monitored and kept safe, and notifying their Supervisor, or Duty Officer. Staff unequivocally stated the youths' safety was of the utmost priority. Volunteers and contractors also stated during interviews they would immediately ensure the safety of the victim and would stay with them until other staff arrived. Per the PREA Coordinator, if imminent risk of sexual abuse was</p>

	<p>determined to be present, immediate action would be taken to protect the youth's safety.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy/Procedure (613) 3. IDJC - Investigations PREA Policy/Procedure (614) 4. IDJC - Documentation of Incidents Policy/Procedure (600) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Agency Head 2. Superintendent 3. PREA Coordinator <p>PREA Compliance Policy/Procedure (613) requires upon suspicion and/or becoming aware of a possible sexual abuse incident that is reported to have occurred at another facility, the Superintendent of the facility where the youth is located, or the IDJC Director, shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, and shall also notify the Fremont County Sheriff's Department for investigation.</p> <p>PREA Compliance Policy/Procedure (613) requires such notifications shall be provided as soon as possible, but no longer than twenty-four (24) hours after receiving the allegation. The PREA Coordinator is responsible for ensuring that documentation for such notifications has been made. Per the PREA Coordinator and a review of the PAQ, the facility received zero (0) allegations that a youth was abused while confined at another facility in the past twelve (12) months.</p> <p>PREA Policy/Procedure (614) requires that upon receiving an allegation of sexual abuse or harassment at an IDJC facility or contracted provider, an investigation is conducted. The policy states <i>"the IDJC is committed to the elimination of sexual abuse or sexual harassment in its facilities. Investigation of all allegations of sexual abuse or sexual harassment is essential to maintaining a culture of zero-tolerance towards these types of actions and behaviors."</i> Interviews conducted with the Superintendent and the Agency Head confirmed notifications would be made and</p>

	<p>documented according to agency policy and in accordance with the requirements of this standard. The receipt of a notification from another facility would be investigated by the appropriate investigative entity and documented. Per the PREA Coordinator and a review of the PAQ, the JCC-St. Anthony facility received zero (0) allegations of sexual abuse from other facilities in the past twelve months.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy/Procedure (613) 3. Fourteen (14) Incident Reviews 4. PREA PowerPoint Training for Staff 5. JCC- St. Anthony Coordinated Response Plan to Reports of Sexual Abuse 6. Volunteer, Intern, Contractor (VIC) PowerPoint Training 7. IDJC - Volunteer, Intern, Contractor PREA Refresher Acknowledgement form 8. Volunteer/Intern/Contractor PREA Information 9. PREA Staff First Responder Cards <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. Security Staff and Non-Security Staff First Responders 2. Random Staff 3. Youth who reported abuse 4. PREA Compliance Manager 5. PREA Coordinator 6. Religious Contractor <p>The PREA Compliance Policy/Procedure (613) states the following <i>“Incidents of sexual activity, whether consensual or nonconsensual; threats to engage in nonconsensual sexual activity; and solicitation to engage in sexual activity are recognized problems that can occur in juvenile correctional facilities in the United States. The occurrence of such behavior within the Idaho Department of Juvenile Corrections (IDJC) interferes with the agency’s mission and seriously compromises the welfare of the juveniles within the agency’s care and custody.”</i> The policy further states all facilities and contract providers will adhere to a zero-tolerance</p>

standard for incidents of sexual abuse or misconduct and that all allegations of sexual abuse or misconduct will be investigated and responded to accordingly. The IDJC provides a coordinated response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership.

The PREA Compliance Policy/Procedure (613) describes the responsibilities of a staff becoming aware of and responding to an incident of sexual abuse at the facility as follows:

- Ensure the safety of the alleged victim and take steps to separate the alleged offender, alleged victim, and any witnesses. Separation does not mean isolation, unless other less restrictive measures to ensure the safety of those involved have failed.
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.
- If the abuse occurred within a time frame that still allows for evidence collection from the alleged victim or abuser, staff shall request that the alleged victim or abuser not take any action that could destroy physical evidence.
- Immediately contact their supervisor or if not available, the designee or duty officer.

The JCC-St. Anthony security and non-security staff are well trained on their responsibilities as a first responder to an incident of sexual abuse and knowledgeably described the immediate steps they would take to separate and protect the victim followed by reporting the incident to a supervisor and documenting in an incident report. The direct care staff and education staff are both trained as first responders and receive the same PREA training. The PREA PowerPoint Training for staff provides education for new staff as well as refresher training. Staff receiving the training sign an acknowledgment form indicating their understanding of their responsibilities in responding to an incident of sexual abuse. The Volunteer, Intern, Contractor (VIC) PowerPoint provides training for new volunteers, interns, and contractors. This training is differentiated in that the responder is required to notify security staff of the incident or allegation. VICs are also required to sign a training acknowledgement form indicating their understanding of their responsibilities in responding to an incident. The contractors interviewed stated in the event they became aware of an incident they would immediately notify the duty officer or security staff of the situation, but their priority would be to keep the victim safe.

The JCC-St. Anthony Coordinated Response Plan to Reports of Sexual Abuse is a comprehensive document which describes not only the duties of first responders, but also the duties of the PREA Compliance Manager or designee (PREA Investigator), Medical and Mental Health Staff, Facility Leadership, and Facility Superintendent. This helpful document contains detailed instructions for who to contact during regular business hours and non-business hours, along with telephone numbers to the Fremont County Sheriff's Department, the Idaho Department of

Health and Welfare, the Forensic Medical Examination Provider, and the Victim Advocacy Provider.

The PREA Coordinator provided the following information which the Auditor reviewed in the PAQ:

- In the past twelve (12) months, the number of allegations that a resident was sexually abused: fourteen (14)
- Of these allegations, the number of times the first security staff member to respond to the report separated the alleged victim and abuser: four (4)
- In the past twelve (12) months, the number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: zero (0)
- Of these allegations in the past twelve (12) months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: zero (0)
- Of these allegations in the past twelve (12) months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: zero (0)
- Of these allegations in the past twelve (12) months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: zero (0)
- Of the allegations that a resident was sexually abused made in the past twelve (12) months, the number of times a non-security staff member was the first responder: zero (0)
- Of those allegations responded to first by a non-security staff member, the number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence: zero (0)
- Of those allegations responded to first by a non-security staff member, the number of times that staff member notified security staff: zero (0)

Youth who reported abuse were interviewed and staff responded immediately, in accordance with IDJC PREA Compliance Policy (613), and ensured their safety. Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.365	Coordinated response
	<p data-bbox="280 188 1015 221">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 266 564 300">Auditor Discussion</p> <p data-bbox="280 344 588 378">Documents reviewed:</p> <ol data-bbox="341 445 1414 562" style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy/Procedure (613) 3. JCC - St. Anthony Coordinated Response Plan to Reports of Sexual Abuse <p data-bbox="280 602 596 636">Interviews Conducted:</p> <ol data-bbox="341 703 770 819" style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. PREA Compliance Manager <p data-bbox="280 860 1474 1144">The JCC-St. Anthony has a developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among first staff responders, medical and mental health practitioners, investigators, and facility leadership. The Coordinated Response Plan to Reports of Sexual Abuse was uploaded to the PAQ by the PREA Coordinator and reviewed by the Auditor. This comprehensive document lists telephone numbers for staff to call and describes the following duties of the first responder:</p> <ul data-bbox="352 1211 1474 1832" style="list-style-type: none"> • Ensure safety of the alleged victim and steps taken to separate all involved parties. • Offer medical/mental health services to youth involved. • Notify the Duty Officer and PREA Compliance Manager. • Preserve the evidence (including bedding, clothing, etc.) block off the area. • Request the alleged victim and alleged perpetrator do nothing to damage potential evidence (including but not limited to changing clothes, showering, brushing teeth eating or drinking using water). • Complete PREA documentation as directed by PREA Compliance Manager/ Designee (incident report or DJC form 131). • Follow directives of law enforcement, the PREA Compliance Manager or the Superintendent/Designee. • Ensure Confidentiality of the investigation. • Participate in an incident review for all substantiated and unsubstantiated incidents of sexual abuse. <p data-bbox="280 1872 1474 2074">Page two (2) of the coordinated response describes the duties of the PREA Compliance Manager or Designee (PREA Investigator) Duties. Their responsibilities include contacting the Superintendent and informing them of the allegation, ensuring the first responder has followed and completed all response requirements, ensuring medical and mental health needs of the alleged victim and perpetrator are</p>

provided and contacting the PREA Coordinator before initiating an investigation. If an investigation is initiated, the PREA Compliance Manager's duties would include:

- Preserve video evidence and place it in the Deputy Attorney General (DAG) folder for review.
- Report initial fact findings to the Superintendent and State PREA Coordinator.
- Within twenty-four (24) hours send an email to the PREA Coordinator about the alleged incident.
- Complete initial fact finding and PREA interview (if applicable).
- Ensure a thorough, prompt, bias free investigation occurs.
- Ensure the investigation is documented on form (DJC-276).
- Ensure all potential witnesses (staff and youth) are interviewed.
- Ensure the crime scene and potential evidence has been preserved.
- If criminal potential activity is disclosed, ensure the investigation is referred to the investigative entity with the authority to conduct criminal investigations.

The coordinated response plan contains telephone numbers to the Fremont County Sheriff's Office and to the Idaho Department of Health and Welfare Child Abuse and Neglect Hotline. In the event of a sexual assault that rises to the level of criminal conduct, the PREA Compliance Manager will ensure the mandatory reporting to the hotline and/or law enforcement is made. If criminal conduct is disclosed during the fact finding or interview, the interview will be immediately ended, and law enforcement will be contacted. Additional notifications will include the parent or guardian of the involved youth, the Juvenile Probation Officer, and the Juvenile Services Coordinator. The PREA Compliance Manager will ensure PREA documentation, schedule and attend the PREA Incident Review Team meeting, follow-up with any further directives by law enforcement and monitor for retaliation.

The coordinated response document contains contact information for the Forensic Medical Examination Provider (Madison Memorial Hospital) and the Victim Advocacy Provider (Family Crisis Center), and the services provided to victims. JCC-St. Anthony Medical and Mental Health Staff Duties consist of the following:

- Ensuring that any medical and/or mental health needs of the alleged victim and/or perpetrator are met.
- If requested by the youth a clinical level agency shall provide immediate mental health services and may additionally provide follow up mental health services.
- If requested by the youth, the facility medical staff provides an initial response to stabilize injuries.
- Youth victims of sexual abuse while incarcerated shall be offered testing, treatment, and follow up care for sexually transmitted infections as indicated.

	<ul style="list-style-type: none"> • In incidents of serious sexual assault (Rape) and at the direction of law enforcement, the youth will be transported to the forensic examiner provider. • Follow further directives of law enforcement, the PREA Compliance Manager or the Superintendent. • Participate in the Incident Review meeting. <p>The facility Superintendent will ensure notification to the IDJC Director, providing the response to the incident and work with the department of Human Resources and supervisors to authorize personnel actions if applicable. The Superintendent will participate in the Incident Review meeting and ensure recommendations for improvement(s) are implemented or request that the facility PREA Compliance Manager document any reasons for not implementing the recommendations.</p> <p>Interviews with the Superintendent and the PREA Compliance Manager are consistent with the steps laid out in the JCC-St. Anthony Coordinated Response Plan to Reports of Sexual Abuse. This written document is detailed and a helpful reference tool for staff first responders and other facility staff for ensuring services are provided to the alleged victim and that all subsequent steps are followed.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility EXCEEDS this standard.</p>
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115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ul style="list-style-type: none"> • Pre-Audit Questionnaire (PAQ) • Idaho Right to Work PDF • Idaho Administrative Procedure Act (IDAPA) Code (15.04.01) • Email communications with the Deputy Attorney General (DAG) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. IDJC Director <p>The IDJC has not entered into or renewed any collective bargaining agreement or any other agreement that would limit their ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or of a</p>

	<p>determination of whether and to what extent discipline is warranted. A review of email communications with the Deputy Attorney General (DAG), IDAPA (15.04.01) and an interview with the Agency Head supports there are no collective bargaining units. Per the IDJC Director, there is a voluntary employee union with no collective bargaining agreement, and per the DAG, the union cannot compel membership. Per IDAPA (15.04.01), pay and discipline, including removing employees from contact pending investigations are governed by statute and administrative rules.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Quality Improvement Services (QIS) Handbook 3. IDJC - PREA Compliance Policy/Procedure (613) 4. IDJC - Sexual Abuse/Harassment Retaliation Monitoring Form (DJC-266) 5. PREA Training PowerPoint (staff) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Superintendent 4. IDJC Director 5. Resident who reported sexual abuse <p>The IDJC has a policy to protect all youth and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other youth or staff. This policy is found in PREA Compliance Policy/Procedure (613) which says IDJC will Monitor for and respond to acts of retaliation. The policy further states, <i>“the PREA Compliance Manager will be responsible for monitoring the conduct and treatment of all juveniles and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, in an effort to protect juveniles and staff from retaliation. All monitoring efforts are documented.”</i></p> <p>Monitoring for retaliation is discussed in the Quality Improvement Services (QIS) Handbook which states <i>“In order to create a reporting culture in IDJC facilities it must be a safe place for juveniles and staff to report suspicion or knowledge of</i></p>

sexual abuse or harassment. Retaliation against juveniles and staff for making such reports will not be tolerated, and staff designated to monitor retaliation play a critical role in the development of the culture IDJC wants to promote.” The PREA Compliance Manager acknowledged her responsibilities and the importance of monitoring for retaliation. She explained staff are made aware that if they suspect retaliation, they must address it to make sure that it does not happen again.

The IDJC employs multiple protection measures, such as housing changes or transfers for resident victims or abusers from contacts with victims, and emotional support services for youth or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PREA Compliance Manager stated she begins monitoring for retaliation immediately and utilizes the IDJC Sexual Abuse/Harassment Retaliation Monitoring Form (DJC-266). She initiates face-to-face contact with the youth reminding them what retaliation is, that it is not acceptable, and that they should report retaliation immediately if they feel it is happening to them or someone else. In monitoring for retaliation and per the form, the PREA Compliance Manager checks, reviews, and monitors disciplinary reports, housing/program changes and monitors for staff reassignments. For at least ninety (90) days following a report of sexual abuse, the IDJC monitors the conduct or treatment of youth or staff who reported the sexual abuse and of youth who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by youth or staff and shall act promptly to remedy any such retaliation.

The PREA Compliance Manager stated she actively meets with the youth and spends time with them observing interactions with staff and other youth. She monitors to make sure staff are treating the youth fairly and equally and not being denied activities. Monitoring for retaliation or periodic status checks are documented weekly on the (DJC-266) form and can continue past the ninety (90) day requirement, often lasting as long as the youth remains at the facility. If another youth or staff who cooperates with an investigation expresses a fear of retaliation, the IDJC would take appropriate measures to protect them against retaliation. The IDJC Director reiterated the PREA Compliance Manager’s responsibilities in monitoring retaliation, and reporting through the supervisory chain if staff were involved. He further stated if the retaliation was by a staff member, a progressive discipline process would occur in accordance with human resources.

Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.368	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire (PAQ)
2. IDJC - Special Management Interventions Policy/Procedure (604)
3. IDJC - PREA Compliance Policy/Procedure (613)

Interviews Conducted:

1. Superintendent
2. Medical and Mental Health Staff
3. PREA Coordinator

The IDJC JCC-St. Anthony facility has a policy that youth who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other youth safe, and only until an alternative means of keeping all youth safe can be arranged. The IDJC PREA Compliance Policy/Procedure (613) states, *"Upon suspicion and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center will ensure the safety of the alleged victims and take steps to separate the alleged offender."* The IDJC will separate and carefully monitor sexually aggressive juvenile offenders from their victims. The policy further states separation does not mean isolation, unless other least restrictive measures to ensure the safety of those involved have failed. Information submitted in the PAQ indicates the IDJC and JCC-St. Anthony facility does not use isolation to protect a youth alleged to have suffered sexual abuse.

The PREA Coordinator provided the following information which the Auditor reviewed in the PAQ:

- During the past twelve (12) months, zero (0) youth alleged to have suffered sexual abuse were placed in isolation.
- During the past twelve (12) months, zero (0) youth alleged to have suffered sexual abuse were placed in isolation and were denied daily access to large muscle exercise, and/or legally required education or special education services.
- During the past twelve (12) months, there was no average period of time youth who alleged to have suffered sexual abuse were held in isolation to protect them from sexual victimization.

IDJC Special Management Interventions Policy/Procedure (604) states, *"use of an intervention which results in room confinement, isolation, or segregation from their current treatment program is to be used solely as an adjunct to the treatment process when a juvenile's behavior seriously endangers the safety and security of others at the facility."* The policy further states there will be documentation that all other least restrictive means to maintain safety and security have been exhausted.

Interviews conducted with the medical and mental health staff and the

	<p>Superintendent supports that the IDJC and JCC-St. Anthony facility does not use isolation to protect a youth alleged to have suffered sexual abuse. The Superintendent stated the facility would create the safest possible plan for the youth in order to keep them safe.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility MEETS this standard.</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy/Procedure (613) 3. IDJC - Investigations- PREA Policy/Procedure (614) 4. IDJC - Investigations- Administrative Policy/Procedure (910) 5. IDJC - Ethics and Standards of Conduct Policy/Procedure (324) 6. IDJC - Quality Improvement Services (QIS) Handbook 7. Sexual Abuse Investigation Reports 8. Investigator Training Records 9. Coordinated Response Plan to Reports of Sexual Abuse 10. PREA Interview Form (DJC 276) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager/Investigator 3. Superintendent 4. Investigative Staff 5. Residents who Reported Abuse <p>The IDJC has two (2) policies related to criminal and administrative agency investigations. The IDJC Investigations - PREA Policy/Procedure (614) states <i>“the IDJC is committed to the elimination of sexual abuse and harassment in its facilities. Investigation of all allegations of sexual abuse or harassment is essential to maintaining a culture of zero-tolerance towards these types of actions and behaviors. The Prison Rape Elimination Act (PREA) has formulated standards to prevent, detect and respond to sexual abuse and harassment in juvenile correction settings, including the investigation of these types of allegations.”</i> The policy of the IDJC is that upon receiving an allegation of sexual abuse or harassment at an IDJC</p>

facility or contract provider, an investigation is conducted in an impartial, objective, confidential and expeditious manner.

The IDJC Investigations - Administrative Policy/Procedure (910) states *“Ensuring that employees adhere to the policies and procedures of the IDJC by providing formal procedures to investigate alleged IDJC employee misconduct is essential in upholding public trust and confidence in the department and allows appropriate corrective actions to be implemented when evidence of misconduct is found.”* The policy of the IDJC is that upon request of the IDJC Director, and under direction of the Deputy Attorney General (DAG) assigned to the IDJC, investigations shall be conducted according in an impartial, objective, confidential and expeditious manner.

Per policy, the IDJC utilizes investigators who have received specialized training in sexual abuse investigations involving juvenile victims. The facility has twenty-three (23) staff who have completed the “Investigating Sexual Abuse in a Confinement Setting” through the National Institute of Corrections (NIC). This curriculum contains the fundamental information to understanding the concepts required by PREA standard .334 and best practice in investigating incidents of sexual abuse. The Auditor reviewed the training records of staff who completed and passed the NIC training. Staff training records are maintained through the agency’s electronic system called Traincaster.

If a sexual abuse incident were to occur IDJC staff and investigators will preserve the direct, circumstantial, and physical evidence and this evidence would only be collected by law enforcement. Upon receiving a report of abuse, the PREA Compliance Manager or designee would initiate the investigation at the direction of the PREA Coordinator and the DAG. The PREA Compliance Manager or designee would ensure the crime scene and potential evidence is preserved, including reviewing, and retaining relevant video footage. The PREA Compliance Manager or designee will interview the alleged victim, the suspected perpetrators, and any potential witnesses (staff and youth). The initial point of the investigation would be fact-finding, collecting statements, reviewing prior reports and case history notes, and documenting this information on the PREA Juvenile Interview form (DJC 276). Once complete, the form is submitted to the PREA Coordinator and then to the DAG for review. If criminal activity is disclosed, the investigation is referred to the Fremont County Sheriff’s Department who has the authority to conduct criminal investigations.

The IDJC will not terminate an investigation solely because the source of the allegation recants the allegation per PREA Investigations Policy/Procedure (614). The departure of the alleged victim or the alleged abuser from the employment or control of the facility or agency shall not provide a basis for the termination of an investigation.

The Investigations - PREA Policy/Procedure (614) states the credibility of those interviewed is not determined by their status as a staff or youth and is assessed on an individual basis. Policy further states that no polygraph or truth-telling device is to be used. The Investigations - Administrative Policy/Procedure (910) states

department employees identified as potential witnesses, or an accused employee shall cooperate fully with the investigation and answer all questions truthfully and completely. Failure by employees to cooperate in an investigation is considered misconduct and a violation of the IDJC Ethics and Standards of Conduct Policy/ Procedure (324) and may result in disciplinary action, up to and including dismissal.

The PREA Coordinator will retain all written reports related to PREA allegations for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years, unless the abuse was committed by a youth and applicable law requires a shorter period of retention. Per the QIS Handbook, all documentation shall be maintained in a secure location.

The IDJC PREA Compliance Policy/Procedure (613) states within five (5) days of a determination that a report of sexual abuse or sexual harassment is substantiated or unsubstantiated, the PREA Compliance Manager will complete Section B of the PREA Incident Review form (DJC-262) and meets with the Incident Review Team. A review and assessment are completed on each incident by the Incident Review Team and a variety of factors are considered to determine if the investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse or harassment as a result of the incident. Policy states the Superintendent will meet with the appropriate parties to develop, implement, document, and communicate a plan of action. The plan of action will be documented and maintained in the electronic PREA file.

The Fremont County Sheriff's Department conducts all criminal investigations at the JCC-St. Anthony facility and therefore, the Fremont County Sheriff's Department would make the referral to the county prosecutor for prosecution, if they believed there was enough evidence for the alleged crime to be prosecutable. Interviews conducted with the PREA Compliance Manager, the PREA Coordinator and the Superintendent indicate a strong working relationship with the Fremont County Sheriff's Department and the agency maintains ongoing communication as to the status and outcome of the criminal investigations. The facility helps to facilitate and assist the Sheriff's Department in setting up interviews, providing video footage and whatever is needed for the department to complete the investigation. Once the investigation is complete, the Sheriff's Department provides a copy of the written police report to the facility. There were three (3) substantiated allegations that appeared to be criminal that were referred for prosecution since the last PREA Audit. The Auditor reviewed samples of both administrative and criminal investigation reports and the reports appeared to be thorough and complete in accordance with agency policies and procedures and the PREA Standards.

Based upon the review and the analysis of the available documentation, interviews with staff and youth, the Auditor has determined the facility **MEETS** this standard.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - Investigations- PREA Policy/Procedure (614) <p>Investigative Reports</p> <ol style="list-style-type: none"> 1. Interviews Conducted: 2. PREA Compliance Manager/Investigator <p>The IDJC Investigations - PREA Policy/Procedure (614) states that <i>“the investigation is closed when the PREA Incident Review Team has reviewed the (DJC-276) form and supporting information, as applicable, and based on the preponderance of the evidence provided, makes a determination whether the allegation is substantiated, unsubstantiated, unfounded, considered non-abusive contact, or does not fit the definition of a PREA incident.”</i> The PREA Compliance Manager stated her role is to present the facts and findings gathered during her investigation and to present this information to the PREA Coordinator and to the Deputy Attorney General (DAG) who will work collectively to make the determinations of findings.</p> <p>Based upon the review and the analysis of the available documentation, interviews with staff and youth, the auditor has determined the facility MEETS this standard.</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy/Procedure (613) 3. IDJC - Investigations- PREA (614) 4. PREA Juvenile Interview Reports (DJC-276) 5. Police Reports 6. PREA Incident Review Form (DJC 262) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator

2. PREA Compliance Manager
3. Superintendent

The IDJC Investigations - PREA Policy Procedure (614) states the youth making the allegation receives a copy of Section D of the (DJC-262) form notifying them of the investigation findings, when the finding is substantiated, unsubstantiated or unfounded. Section D of the (DJC-262) form includes the following information: the finding, the action taken for substantiated findings to the youth or staff abuser and an acknowledgement section where the youth signs that they received the notice of the investigation results. A youth would also be notified on this form the status of the investigation of their allegation against the staff member. The PREA Compliance Manager stated she provides the notice of findings to the youth, explaining the outcome and has them sign the form. She further stated the form is then scanned and maintained in the electronic PREA file. In the past twelve (12) months, there were eight (8) reports of sexual abuse which were investigated by the agency and determined to meet the definition of abuse. Of those eight (8) reports, three (3) reports were determined to be substantiated, two (2) were determined to be unsubstantiated and three (3) were determined to be unfounded. In each case, youth received notification of the findings both verbally and in writing.

In the case of a criminal investigation conducted by the Fremont County Sheriff's Department, The PREA Compliance Manager requests the status of the investigation, the disposition of the investigation and a copy of the police report. In the past twelve (12) months, there were four (4) investigations of alleged resident sexual abuse in the facility that were completed by the Fremont County Sheriff's Department. Of these investigations, there were four (4) residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation. The Auditor reviewed investigation reports and the documentation showing that youth received the notification of the results and findings of the investigation. Interviews with residents who reported abuse and the PREA Compliance Manager confirmed residents are provided this information, the information is documented, and youth sign upon receiving the information. The IDJC's obligation to report to youth under this standard terminates if the youth is released from IDJC custody.

Based upon the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility **MEETS** compliance with this standard.

115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire (PAQ)
2. IDJC - PREA Compliance Policy/Procedure (613)
3. IDJC - Abuse, Neglect and/or Exploitation of Juveniles Policy/Procedure (606)
4. IDJC - Corrective and Disciplinary Actions Policy/Procedure (325)
5. IDJC - Ethics and Standards of Conduct Policy/Procedure (324)

Interviews Conducted:

1. PREA Coordinator
2. Superintendent
3. IDJC Director

IDJC staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This requirement is clearly addressed in multiple IDCJ policies/procedures which were reviewed by the Auditor. The Abuse, Neglect and/or Exploitation of Juveniles Policy/Procedure (606) states, *"the abuse, neglect, or exploitation of any juvenile in IDJC custody is absolutely prohibited. No employee will subject any juvenile to any form of abuse, neglect, or exploitation, nor will they allow any other person to do so. Any employee participating in, witnessing, or having knowledge of such an incident must report it in accordance with the procedures listed in this policy. Failure to report may warrant disciplinary action against the employee."* IDJC PREA Compliance Policy/Procedure (613) states. *"Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse, subject to Idaho rules and statutes and IDJC policies regarding due process."* This policy additionally states, *"All resignations in lieu of terminations for violations of agency sexual abuse or sexual harassment policies shall be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal."*

- The PREA Coordinator provided the following information which the Auditor reviewed in the PAQ
- In the past 12 months, there were zero (0) staff from the facility who violated agency sexual abuse or sexual harassment.
- In the past 12 months, there were zero (0) staff from the facility who were terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.
- In the past 12 months, there were zero (0) staff from the facility who were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).
- In the past 12 months, there were zero (0) staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

According to IDJC Corrective and Disciplinary Actions Policy/Procedure (325), corrective and disciplinary processes are intended to correct unsatisfactory performance, behavior or conduct at the earliest possible opportunity. The IDJC utilizes a two-phase approach which includes corrective or disciplinary action. Policy states the use of one (1) or both actions are intended to correct unsatisfactory employee behavior and job performance and to provide the employee with the guidance, tools and information they need to be successful in their job. Setting clear expectations and communicating consequences if the employee does not make the necessary changes in their behavior, conduct, and job performance is included in this process.

Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment is also discussed in IDJC Ethics and Standards or Conduct Policy/ Procedure (324). The policy states sexual relationships with any youth in custody is strictly prohibited and will be immediately reported to the proper authorities. The policy further states an employee shall not engage in any activity which might compromise the mission or the orderly conduct of the IDJC; security of the unit; safety of its employees, the youth, and the public; or their ability to carry out their assigned duties, responsibilities in an efficient, unbiased, and professional manner. This includes the improper care of youth in IDJC custody, including abuse, neglect, or exploitation and sexual misconduct (including sexualizing a situation without physical touching such as partaking in activities involving suggestive or explicit pictures, writings, or statements).

The Ethics and Standards or Conduct Policy/Procedure (324) states, *“If it is determined that a violation of this policy did occur, disciplinary action against the offender, commensurate with the severity of the offense, will be recommended to management in accordance with the Corrective and Disciplinary Action for IDJC Employees (325) policy and procedure and the Prison Rape Elimination Act (PREA) Compliance (613) policy and procedure.”*

The PREA Compliance Policy/Procedure (613) states in accordance with the requirements of this standard, *“All resignations in lieu of terminations for violations or agency sexual abuse or sexual harassment policies shall be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal.”* Interviews with the PREA Coordinator, the Superintendent and the IDJC Director indicate that their knowledge of the disciplinary sanctions process for staff is in accordance with the requirements of this standard.

Based upon the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility **MEETS** this standard.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire (PAQ)
2. IDJC - PREA Compliance Policy/Procedure (613)
3. IDJC - Volunteers, Interns, and contracted Service Providers (VICS) Policy/ Procedure (631)
4. IDJC - Abuse, Neglect, and/or Exploitation of Juveniles Policy/Procedure (606)

Interviews Conducted:

1. Superintendent
2. PREA Coordinator
3. Contractors and Volunteers

The IDJC Abuse, Neglect and/or Exploitation of Juveniles Policy/Procedure (606) requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. Policy states, *“Any volunteer, intern or contractor who engages in juvenile abuse, neglect, or exploitation is prohibited from contact with juveniles.”* Policy further states, *“The IDJC shall take appropriate remedial measures and shall prohibit further contact with juveniles in case of any alleged violation of agency sexual abuse or sexual harassment policies by a volunteer, intern, or contractor. Unless the activity was clearly not criminal, the volunteer, intern, or contractor is reported to law enforcement and relevant licensing bodies.”*

The PREA Coordinator provided the following information which the Auditor reviewed in the PAQ:

- In the past 12 months, there were zero (0) contractors or volunteers who were reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.
- In the past 12 months, there were zero (0) contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents.

During his interview, the Superintendent stated if a volunteer, contractor, or intern engaged in an incident of sexual abuse, in addition to reporting to and cooperating with the Fremont County Sheriff’s Department, the agency would immediately discontinue their service. They would discuss the incident with the Deputy Attorney General and would report to their licensing board. Policy further states the Superintendent may also direct investigative staff to conduct an initial inquiry to determine if a formal investigation should be conducted by one of the IDJC’s trained investigators who works outside of the facility where the alleged abuse occurred. Per policy, *“An investigation undertaken by the IDJC, must in no way impede any investigation conducted by law enforcement if that action is anticipated or has already begun.”*

	<p>Volunteers, Interns and Contractors receive training in accordance with IDJC Volunteers, Interns, and contracted Service Providers (VICS) Policy/Procedure (631) which states they must attend volunteer training prior to performing any VIC activities and must attend annual refresher training. Interns must complete all training videos which includes the PREA PowerPoint training. This training contains the mandatory reporting laws and the agency's Zero-Tolerance Policy against sexual abuse and sexual harassment. Volunteers and Contractors were interviewed during the on-site visit and stated they received the PREA training.</p> <p>Based upon the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility MEETS this standard.</p>
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115.378	Interventions and disciplinary sanctions for residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - Prison Rape Elimination Act (PREA) Compliance Policy/Procedure (613) 3. IDJC - Special Management Interventions Policy/Procedure (604) 4. Juvenile/Parent Handbook <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Medical and Mental Health Staff 4. Superintendent <p>The Prison Rape Elimination Act (PREA) Compliance Policy/Procedure (613) states the following:</p> <ul style="list-style-type: none"> • The IDJC prohibits all sexual activity between residents. Following an administrative finding that a juvenile(s) engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the IDJC will provide appropriate discipline. • Disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories. • The disciplinary process shall consider whether the juvenile's mental disabilities or mental illness contributed to their behavior when determining

what type of sanction, if any, should be imposed.

- The IDJC will only discipline a juvenile for sexual contact with staff upon a finding that the staff member did not consent to such contact.
- 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 JCC-St. Anthony does not use isolation as a disciplinary measure, as stated in the PAQ. In the event a disciplinary sanction results in isolation of a youth, per the Special Management Interventions Policy/Procedure (604), the youth's basic rights are maintained, and the following criteria are followed (unless it presents a safety and security risk, such as increased risk to a youth on suicide precautions and/or the youth's behavior warrants a restriction):

- The youth has access to reading and writing materials as requested and as available at the facility.
- The youth has access to grievance and other methods of communicating concerns. Grievance forms are available at the youth's request.
- The youth has the right to have daily recreation/exercise of at least one hour outside the individual room. A youth with medical or physical limitations as documented by medical staff has appropriate recreation/exercise activities developed according to needs.
- The youth has the right to daily visits by licensed medical staff to express complaints and concerns. These visits are documented on the Special Management Close/Observation Activity Log (DJC-133).
- The youth have the right to mail.
- The youth have the right to legal counsel.
- The youth have the right to education and materials during scheduled school hours.

The JCC-St. Anthony facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Rehabilitation is the goal of treatment. Per the PREA Coordinator, all treatment and programming are designed to address the problem behavior that led to the youth's commitment. Access to any rewards-based behavior management system or other behavior-based incentives is often times earned through pro-social behavior. Refusing to participate in treatment may affect the youth's ability to earn rewards.

The IDJC prohibits all sexual activity between youth and may discipline youth for such activity. Per the PREA Coordinator, for an administrative or criminal finding that a youth engaged in juvenile-on-juvenile sexual abuse, the IDJC would utilize the standardized definition provided by the Department of Justice, to include the element of coercion.

The PREA Coordinator provided the following information which the Auditor

	<p>reviewed in the PAQ:</p> <ul style="list-style-type: none"> • In the past 12 months, there was one (1) administrative finding of resident-on-resident sexual abuse that occurred at the facility. • In the past 12 months, there were two (2) criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility. • In the past 12 months, there were zero (0) residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse. • In the past 12 months, there were zero (0) residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services. • In the past 12 months, there were zero (0) residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse who were denied access to other programs and work opportunities. <p>Based upon the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility MEETS this standard.</p>
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115.381	Medical and mental health screenings; history of sexual abuse
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Documentation Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire 2. IDJC - Observation and Assessment Evaluations Policy/Procedure (404) 3. IDJC - PREA Compliance Policy/Procedure (613) 4. IDJC - Sexual Abuse Policy/Procedure (835) 5. IDJC - Observation and Intake Acceptance Checklist Form (DJC- 161) 6. IDJC - Notification of Disclosure and/or PREA Incident Form (DJC- 131) 7. IDJC - Juvenile Notice of Limited Confidentiality Form (DJC- 206) 8. IDJC - Risk of Sexual Victimization/Perpetration Screener Form (DJC-269) 9. IDJC- Abuse, Neglect, and/or Exploitation of Juveniles Policy/Procedure (606) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Medical and Mental Health Care Staff 3. Residents who disclosed Abuse <p>Every youth admitted to the JCC-St. Anthony Facility receives various assessment protocols to assist in the development of the Observation and Assessment</p>

Evaluation. Of these assessments every youth receives the Risk of Sexual Victimization/Perpetration Screener (DJC- 269) by a Clinician within three (3) calendar days of the youth's entry into the Observation and Assessment (O&A) Unit according to the IDJC Observation and Assessment Evaluations Policy/Procedure (404). The requirements of the standard, states if the screening indicates that a youth has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, shall ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within fourteen (14) days of the intake screening. However, according to the PAQ, and the PREA Coordinator, since all screenings are administered by a licensed Clinician, the youth who discloses prior sexual victimization will be offered mental health follow-up at the same time or immediately following the screening.

In the past twelve (12) months, one hundred percent (100%) of youth who disclosed prior sexual victimization during screening were offered a follow-up meeting with a medical or mental health practitioner. On page two (2), question nine (9) of the Risk of Sexual Victimization/Perpetration Screener Form (DJC-269) asks the youth if they have ever been a victim of sexual abuse. If the youth answers "Yes" to this question, the Clinician must confirm if it has been reported per mandatory reporting laws and in accordance with the IDJC Abuse, Neglect, and/or Exploitation of Juveniles Policy/Procedure (606) to ensure proper reporting occurs. The youth is offered follow-up mental health services related to sexual victimization by the Clinician who checks a box on the Risk of Sexual Victimization/Perpetration Screener form (DJC- 269) if the youth accept or declines the services. Documentation of this form including the response for follow-up services is maintained in the youth's electronic file.

If the Risk of Sexual Victimization/Perpetration Screener Form (DJC-269) indicates that a youth has previously perpetrated abuse, whether it occurred in an institutional setting or in the community, a licensed Clinician will ensure the youth is offered a follow-up meeting at the same time or immediately following the intake screening. The Risk of Sexual Victimization/Perpetration Screener form (DJC-269) specifically asks if the youth has been arrested or charged with a sex offense. If the youth has been charged with a sex offense, they will be offered the follow-up meeting with the Clinician. The results of the screening and the follow-up meeting will be documented and maintained electronically in the Idaho Juvenile Offender System (IJOS). In the past twelve (12) months, one hundred percent (100%) of youth who previously perpetrated sexual abuse, as indicated during screening, were offered a follow-up meeting with a mental health practitioner.

The IDJC PREA Compliance Policy/Procedure (613) states *"Juveniles shall be screened for risk of sexual victimization/perpetration using the Sexual Victimization/ Perpetration Screener (RSVP) (DJC- 269) form by a mental health professional within seventy-two (72) hours of Observation and Assessment (O&A) intake. In order to guide placement and management strategies the RSVP shall also be administered every six (6) months after the date of placement."* The policy further states staff shall not reveal information related to an allegation of sexual abuse to anyone, including other staff, except for the purposes of assisting in an investigation, to

provide medical or mental health treatment, or for other security purposes.

According to the PREA Coordinator, certain information is limited strictly to medical and mental health care practitioners. In the event of a reported incident of sexual abuse, other staff may need to be aware of security and management decisions, and for the successful implementation of strategies to prevent on-going abuse. The Sexual Abuse Policy/Procedure (835) states the alleged perpetrator's health information as well as the alleged victim's health information is shared on an as needed basis, with the community treatment facility and a qualified mental health professional for treatment purposes.

Upon admittance to the JCC-St. Anthony facility, youth are required to sign the IDJC Juvenile Notice of Limited Confidentiality form (DJC- 206). During the O&A process, staff explain to the youth the limits of confidentiality and obtain informed consent. The form states, *"All staff of the Idaho Department of Juvenile Corrections (IDJC) is required by Idaho law to document and report disclosures made by juveniles who are in the custody of the IDJC. That means that if you disclose any of the things listed below, the law requires staff to report it to law enforcement, the Department of Health & Welfare, or some other program professional."* The following are disclosures that must be reported:

- Prior criminal activity not involving sexual behavior.
- Prior sexual abuse perpetrated by the juvenile.
- Prior sexual abuse in which the juvenile was a victim.
- Sexual activity among juveniles of the facility.
- Sexual activity among juveniles at previous placements.
- Physical abuse in which the juvenile was a victim.

The notice explains a youth committed to the Idaho Department of Juvenile Corrections has only a limited right to confidentiality regarding disclosures. Youth must sign the Juvenile Notice of Limited Confidentiality form (DJC-206) acknowledging they read it, staff explained it to them, and they understand what they are signing. A staff witness also signs the form which is then maintained in the electronic file system.

Interviews with medical and mental health staff were conducted and their statements indicate youth are made aware of the limits to confidentiality, and to whom they would share such information, and that they would offer follow-up services to youth who report prior sexual abuse victimization or prior sexual abuse perpetration. The Auditor reviewed Risk of Sexual Victimization/Perpetration Screener form (DJC-269) of youth who reported prior victimization/perpetration and they were offered follow-up services during both the initial screening and at time of their six (6) month screening. Youth who reported victimization confirmed during their interview of receiving an initial screening, and sometime thereafter, and being offered mental health services.

The facility utilizes mental health professionals to administer the risk screenings, who are immediately able to offer follow-up mental health services well ahead of

	<p>the fourteen (14) days required per the standard. Based upon the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility EXCEEDS this standard.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy/Procedure (613) 3. IDJC - Sexual Abuse Policy/Procedure (835) 4. JCC - St. Anthony Coordinated Response Plan to Reports of Sexual Abuse <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Medical and Mental Health Staff 4. First Responder Staff <p>JCC-St. Anthony youth who are victims shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Interviews conducted with first responder staff and medical and mental health staff indicate youth would be provided with immediate services once the alleged victim and alleged perpetrator were separated and safe. The facility provides on-site medical and mental health services and if during afterhours an incident were to occur, staff would call the nurse supervisor and she would likely respond or send another nurse to respond to the facility. As far as immediate mental health treatment is concerned, the facility has the Suicide Evaluator, who is a Licensed Clinician, that would respond to an incident and provide services to the victim.</p> <p>The JCC-St. Anthony Coordinated Response Plan to Reports of Sexual Abuse is a written document which describes the duties for first responder staff, and medical and mental health staff. After the safety of the alleged victim is assured, staff are to offer medical and mental health services as stated above. The document states medical and mental health duties include the following:</p> <ul style="list-style-type: none"> • Ensure that medical and/or mental health needs of the alleged victim and/or perpetrator are met.

	<ul style="list-style-type: none"> • If requested by the juvenile a clinical level agency staff shall provide immediate mental health services and may additionally provide follow up mental health services. • If requested by the facility, the facility medical staff shall provide initial response to stabilize any injuries. • Juvenile victims of sexual abuse while incarcerated shall be offered testing, treatment, and follow up care for sexually transmitted infections as medically indicated. • In incidents of serious sexual assault (Rape) and at the direction of law enforcement, transport the juvenile to the Forensic Examination Service Provider. <p>IDJC PREA Compliance Policy/Procedure (613) indicates the PREA Compliance Manager will ensure that medical and mental health services are offered to the alleged victim. IDJC Sexual Abuse Policy/Procedure (835) states <i>“medical and mental health treatment by appropriate licensed health care professionals is provided while the juvenile is in IDJC custody.”</i> The alleged victim is referred to a community facility and an IDJC staff member accompanies and supports the juvenile through the forensic medical examination process. Per the PREA Coordinator and as stated in the PAQ, juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow-up care for sexually transmitted infections free of charge as medically indicated, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Based upon the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility MEETS this standard.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC Observation and Assessment Evaluations (O&A) Policy/Procedure (404) 3. IDJC PREA Compliance Policy/Procedure (613) 4. IDJC Sexual Abuse Policy/Procedure (835) 5. Memorandum of Understanding (MOU) with the Family Crisis Center <p>Interviews Conducted:</p>

1. PREA Coordinator
2. Medical and Mental Health Staff
3. Residents who Reported Abuse
4. Family Crisis Center (FCC) Director

The JCC-St. Anthony Facility offers medical and mental health evaluation and as appropriate, treatment to all residents who have been victimized by sexual abuse in any juvenile facility. The Observation and Assessment Evaluations Policy/Procedure (404) states the IDJC values the Observation and Assessment (O&A) evaluation as the foundation for service planning throughout the youth's commitment. It is policy that O&A evaluation reports are completed by a Licensed Clinician under the supervision of a Clinical Supervisor who ensures that the evaluation tools used are evidence-based. This policy states *"Measuring behaviors associated with risk to recidivate and addressing those behaviors with clear, measurable treatment goals is the major objective of the O&A process."* The O&A Evaluation contents once completed are confidential and are only shared on a need-to-know basis.

Interviews with the medical and mental health staff indicate victims of sexual abuse would receive follow-up services, treatment plans, testing, counseling, and education. If needed and when necessary, youth will be referred to an outside agency for medical or mental health treatment on an out-patient basis or for in-patient treatment. The facility also has an on-call Nurse Practitioner that can assist with on-going medical care. The Juvenile Services Coordinator would provide referrals for youth transitioning from the facility and for those upon release from custody. The JCC-St. Anthony provides victims of sexual abuse with medical and mental health services consistent with the community level of care. The facility maintains an MOU with the Family Crisis Center (FCC) and is the Victim Advocacy Provider. The FCC Director stated in addition to victim advocacy services following an incident of abuse, the FCC can provide on-going mental health and counseling services.

Female youth who are victims of sexual abusive while incarcerated shall be offered pregnancy tests according to the PAQ response by the PREA Coordinator. The Sexual Abuse Policy/Procedure (835) states *"if pregnancy results from sexual abuse while incarcerated, the juvenile receives timely and comprehensive information about and access to all pregnancy-related medical services and treatment consistent with state law and the regulations of the jurisdiction."* Youth that are victims of sexual abuse while incarcerated, are offered, and provided testing, treatment, and follow-up care for sexually transmitted infections free of charge as medically indicated. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Observation and Assessment Evaluations Policy/Procedure (404) states *"Youth committed to the IDJC for sexual misconduct or with substantiated documentation of such behavior, receive an in-depth, sexual offender-specific, individual assessment which includes sexual offense-specific conditions, and which identifies*

essential elements of the treatment plan related to the individual juvenile's identified risk to offend sexually."

Based upon the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility **MEETS** this standard.

115.386 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

Documents Reviewed:

1. Pre-Audit Questionnaire (PAQ)
2. IDJC - PREA Compliance Policy/Procedure (613)
3. IDJC - Investigations PREA Policy/Procedure (614)
4. Incident Reviews (14 reviews)
5. Incident Review Tracking Document
6. Police Reports
7. Juvenile Incident Reviews (D-J262)
8. Glossary of Terms and Acronyms
9. JCC - St. Anthony Coordinated Response Plan to Reports of Sexual Abuse
10. Quality Improvement Services (QIS) Handbook

Interviews Conducted:

1. PREA Coordinator
2. PREA Compliance Manager
3. Superintendent

A sexual incident review is conducted at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PREA Compliance Policy/ Procedure (613) states the agency will conduct incident reviews following an allegation of sexual abuse or harassment in order to identify opportunities to protect potential victims from sexually aggressive juvenile offenders in an effort to reduce the incident of sexual abuse. This is documented on the PREA Incident Review form (DJC-262). Per procedure, the PREA Compliance Manager will gather input from the Superintendent, supervisors, investigators, and medical or mental health practitioners. The PREA Compliance Manager will submit the (DJC-262) form to the Superintendent, agency PREA Coordinator and Deputy Attorney General (DAG) for review and feedback. The PREA Coordinator and the DAG will review the information provided by the PREA Compliance Manager and make preventative or corrective recommendations to the facility. The development of corrective actions that the

facility implements is a collaborative process between the facility, the agency PREA Coordinator and the DAG. The Superintendent shall ensure recommendations for improvements are implemented or request the facility PREA Coordinator document the reason for not implementing the recommendations.

The PREA Coordinator provided the following information which the Auditor reviewed in the PAQ:

- In the past twelve (12) months, there were five (5) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents, according to the PREA Coordinator and per review of the PAQ.
- In the past twelve (12) months, there were three (3) criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual incident review within thirty (30) days, excluding only “unfounded” incidents.

The Auditor was provided with and reviewed a tracking form containing the dates of the incidents and the findings for the past twelve (12) months which included fourteen (14) incident reviews and the police reports. Incident Reviews were conducted for each of the investigations cited on the tracking form and the review included the elements described in .386 (d) of this standard. Two (2) of the five (5) incident reviews exceeded thirty (30) days of completion as the facility was awaiting information regarding the investigation from the Fremont County Sheriff’s Department. However, the PREA Compliance Manager remained in communication with the Fremont County Sheriff’s Department and requested periodic updates. Additionally, the PREA Coordinator worked with the PREA Compliance Manager and the facility in implementing immediate safety precautions.

The JCC-St. Anthony Incident Review Team includes upper-level management officials consisting of the PREA Coordinator, the PREA Compliance Manager, the DAG, the Program Manager, the Unit Manager, the Clinical Supervisor, the Nursing Supervisor, or any other staff as determined by the PREA Compliance Manager. The Investigations - PREA Policy/Procedure (614) outlines the responsibilities of the Incident Review Team. The PREA Incident Review Team documents their determination on the (DJC-262) form to include:

- An assessment of whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse or harassment as a result of this incident.
- An assessment of whether the incident or allegation was determined to have been motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.
- Whether, as a result of the incident, it is determined that the area in the facility where the incident allegedly occurred contained physical barriers to supervision, enabling the abuse or harassment to occur.

	<ul style="list-style-type: none"> • An assessment of the adequacy of staffing levels in the area of the alleged harassment or abuse as a result of the incident. • Whether monitoring technology should be deployed or augmented to supplement supervision by staff as a result of this incident. <p>Interviews with the PREA Coordinator and the PREA Compliance Manager supported that all details of the incident are reviewed and discussed on a case-by-case basis. The team reviews the incident after the findings are completed but usually within forty-eight (48) hours of the finding being made. The facility implements all recommendations for improvement, or if not implemented, the reasons for not doing so are documented.</p> <p>Based on the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility MEETS this standard.</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy/Procedure (613) 3. Survey of Sexual Victimization, 2021 form (SSV-5) 4. IDJC - Annual PREA Report 2022 5. IDJC - PREA Incident Review form (DJC- 262) <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. IDJC Director 3. PREA Compliance Manager <p>The PREA Compliance Policy/Procedure (613) states the IDJC will identify an agency PREA Coordinator and the PREA Coordinator will be responsible for the following according to the requirements of this standard:</p> <ul style="list-style-type: none"> • Facilitating and advising IDJC Leadership in the development and implementation of agency efforts to comply with the PREA Standards in all of its facilities and will oversee the application of those efforts. • Establishing sexual abuse incident data collection systems, tracking this

data, and compiling the data.

- Tracking sexual abuse investigation activities, reviewing sexual abuse incident responses, and maintaining records related to sexual abuse incidents and responses.
- Completing the annual Survey of Sexual Violence issued by the Department of Justice.

The policy also indicates each of the State facilities will identify a PREA Compliance Manager. The facility PREA Compliance Manager will be responsible for:

- Serving as the liaison between the IDJC PREA Coordinator and the State facility.
- Monitoring the conduct and treatment of all juveniles and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, in an effort to protect juveniles and staff from retaliation. All monitoring efforts are documented.
- Ensuring that all incident-related documentation is tracked, compiled, and forwarded to the IDJC PREA Coordinator.
- Tracking onsite investigation activities and providing updates regarding the status of open cases and implementation of a corrective action plan to the IDJC PREA Coordinator.

The IDJC collects accurate data for every allegation of sexual abuse at the JCC-St. Anthony facility and all facilities under the IDJC direct control using a standardized instrument. The PREA Incident Review form (DJC - 262) contains incident-based information, the findings, the corrective action if any, the category of abuse and the set of definitions. The PREA Coordinator collects and compiles this information for every incident which is then used to prepare the Survey of Sexual Violence (SSV) form conducted by the Department of Justice. The SSV form for 2021 was uploaded to the PAQ and reviewed by the Auditor. According to the form, there were no allegations reported that occurred in a privately operated facility or in a facility operated by local government.

The Annual IDJC PREA 2022 report was reviewed by the Auditor. The report states *“Corrective Action is taken, depending on the outcome of the investigation into a report of sexual abuse or sexual harassment, to protect the juveniles in the Department’s custody. Results of the investigations are used to determine if changes are necessary in the facilities and programs serving these juveniles. These changes may include, but are not limited to, policies, physical plant characteristics, staffing, shifts, trainings, personnel assignments, and supervisions.”*

Per the requirements of this standard, the IDJC shall aggregate the incident-based sexual abuse data at least annually. The annual report contains the definitions of abuse and the definitions for categories of investigative findings. The PREA Coordinator prepares the annual report to include the comparison with the current year’s data with that of the previous year’s data and an update to the corrective action plans as appropriate. The report is submitted to the IDJC Director for final

	<p>approval and is then posted on the IDJC public website.</p> <p>Based on the review and the analysis of the available documentation, and interviews with staff, the Auditor has determined the facility MEETS this standard.</p>
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115.388	Data review for corrective action
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. IDJC - PREA Compliance Policy/Procedure (613) 3. IDJC - Annual PREA Report 2022 4. IDJC - Public Website 5. 2022 JCC- St. Anthony Facility PREA Report <p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. IDJC Director <p>A review of the PAQ indicates the IDJC reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The IDJC public website states <i>“The IDJC has participated in the Department of Justice/Bureau of Justice Statistics annual Survey of Sexual Violence since 2004. IDJC collects data related to reports of sexual abuse in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training, including Identifying problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings and corrective actions.”</i></p> <p>It is the PREA Coordinator’s responsibility for collecting and reviewing sexual abuse data for the reporting year for every sexual abuse incident and from each facility</p>

under the IDJC control. The PREA Coordinator prepares the annual report with the following information:

- The categories of abuse and definitions issued by the Department of Justice (DOJ) for investigative findings.
- State Facility and Contract Provider reports that were determined to be non-abusive contact or not meet the definition of a PREA incident.
- Aggregated Sexual Abuse/Sexual Harassment Data Table containing data reported in the Annual Survey of Sexual Violence (SSV- 5) form as submitted to the DOJ.
- The total numbers of youth (male and female) held in the three (3) State facilities.
- The total numbers of youth admitted to the three (3) State facilities during the target year.
- The numbers of substantiated, unsubstantiated, and unfounded incidents.
- A comparison of data for the target year and data from the previous year.
- The 2022 Findings Summary.
- A summary section titled “Moving Forward” which contains facility updates and corrective actions implemented.

The comparison of the targeted year data and corrective actions with the previous year’s data and corrective actions provides an assessment of the agency’s progress in addressing sexual abuse and the opportunity for the IDJC to strengthen the PREA Standards within the agency. The PREA Coordinator prepares the Annual Report and therefore does not include any information that would need to be redacted that would present a clear specific threat to the safety and security of the facility. The Annual Report is submitted to the IDJC Deputy Director and then to the IDJC Director and approved prior to the publication on the IDJC website where the report is made readily available to the public.

Based on the review and the analysis of the available documentation and interviews with staff, the Auditor has determined the facility **MEETS** this Standard.

115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Quality Improvement Services (QIS) Handbook 3. Data Storage PREA Retention Schedule for State Government Agencies 4. IDJC Public Website

	<p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. PREA Compliance Manager 3. Director (Agency Head) <p>Per the QIS Handbook, the agency PREA Coordinator shall retain all written reports related to PREA allegations for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of retention. All documentation is electronically maintained and secured through the agency’s password protected computer system.</p> <p>The Data Storage PREA Retention Schedule for State Government Agencies was reviewed. The schedule requires aggregated sexual abuse data from facilities under the IDJC direct control and private facilities with which the Department contracts are retained for as long as the alleged abuser is incarcerated, plus ten (10) years. All data per PREA Standard 115.387, administrative investigations and PREA investigations are also retained for as long as the alleged abuser is incarcerated, plus ten (10) years.</p> <p>The IDJC makes all aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through the IDJC public website. The PREA Coordinator confirmed he completes and submits the annual reports, he would not include any personal identifying information, therefore no redaction is needed. All annual reports are approved by the Agency Director prior to being uploaded to the agency website.</p> <p>Based upon the review and analysis of the available documentation and interviews with staff, the auditor has determined the facility MEETS this standard.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Documents Reviewed:</p> <ol style="list-style-type: none"> 1. Pre-Audit Questionnaire (PAQ) 2. Quality Improvement Services (QIS) Handbook 3. IDJC public website 4. IDJC - PREA Compliance Policy/Procedure (613) 5. PREA Audit Reports for the agency’s facilities

	<p>Interviews Conducted:</p> <ol style="list-style-type: none"> 1. PREA Coordinator 2. Random Staff 3. Random Youth <p>The Auditor reviewed the IDJC public website. Under “About” tab, users will find extensive PREA information and videos. Towards the bottom of the webpage is Facility Specific Audit Reports. This section contains audit reports for the Lewiston, Nampa, and the JCC-St. Anthony facilities. All three facilities were audited during the third three-year audit cycle. This current audit is the fourth PREA Audit for the JCC-St. Anthony facility. The IDJC and the PREA Coordinator ensures that at least one-third of each facility operated by the IDJC is audited. Additionally, the PREA Coordinator ensures that the three (3) contracted facilities are audited.</p> <p>The Auditor and was provided with access to all areas of the facility during the on-site portion of the audit. A facility inspection was conducted on the first day which included the interior and exterior of the facility. During the onsite visit, the Auditor requested to see additional areas and was not denied access to any requests. The Auditor requested copies of numerous documents throughout the audit process, including electronically maintained documents. The Auditor was promptly provided with hard copies as well as soft copies emailed to the Auditor’s email address. The Auditor was not denied access to any requested documents.</p> <p>The Auditor was permitted to conduct private interviews with youth. Two (2) days were spent interviewing the youth at the facility in private office space. Both the Auditor and support staff were able to conduct the private interviews without interruption. At least six weeks prior to the audit, the Auditor sent the audit notice with Auditor contact information, to the PREA Coordinator. Posting of the notice was verified both prior to and during the onsite visit. These notices were posted in English and Spanish, in areas throughout the facility including every living unit and the front office and were visible to both staff and the youth. The Auditor asked both youth and staff during interviews if they were aware of the audit and both staff and youth confirmed this information. The Auditor did not receive any confidential correspondence during the audit process.</p> <p>Based upon the review and analysis of the available documentation and interviews with staff, and the youth, the Auditor has determined the facility MEETS this standard.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Documents and Observations:

1. PREA Audit Reports for JCC-Lewiston, JCC-Nampa, and JCC-St. Anthony
2. IDJC Public Website

The IDJC maintains a public website where the facility specific PREA Audit Reports are located. The Auditor reviewed the three (3) links which contain the Audit Reports for the JCC-Lewiston, JCC-Nampa, and JCC-St. Anthony facilities. These reports were completed within the past three (3) years. Based upon the review and analysis of the available documentation, the Auditor has determined the facility **MEETS** this standard.

Appendix: Provision Findings		
115.311 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.311 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
115.311 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes
115.312 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.312 (b)	Contracting with other entities for the confinement of residents	

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

	staffing levels and determining the need for video monitoring: Any findings of inadequacy from internal or external oversight bodies?	
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The composition of the resident population?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The number and placement of supervisory staff?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Institution programs occurring on a particular shift?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any applicable State or local laws, regulations, or standards?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any other relevant factors?	yes
115.313 (b)	Supervision and monitoring	
	Does the agency comply with the staffing plan except during limited and discrete exigent circumstances?	yes
	In circumstances where the staffing plan is not complied with, does the facility fully document all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.313 (c)	Supervision and monitoring	
	Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes

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

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

	determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	
115.315 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.316 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including:	yes

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

	safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	
115.317 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the bullet immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.317 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents?	yes
115.317	Hiring and promotion decisions	

(c)		
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consult any child abuse registry maintained by the State or locality in which the employee would work?	yes
	Before hiring new employees who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.317 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
	Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents?	yes
115.317 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.317 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current	yes

	employees?	
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	Hiring and promotion decisions	
	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	Evidence protocol and forensic medical examinations	

	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.321 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes

	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.321 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.321 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency is not responsible for investigating allegations of sexual abuse.)	yes
115.321 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.322 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a))	yes
115.331 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment?	yes

	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
	Does the agency train all employees who may have contact with residents on: Relevant laws regarding the applicable age of consent?	yes
115.331 (b)	Employee training	
	Is such training tailored to the unique needs and attributes of residents of juvenile facilities?	yes
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.331 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

115.331 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.332 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.332 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
115.332 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.333 (a)	Resident education	
	During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	Is this information presented in an age-appropriate fashion?	yes
115.333 (b)	Resident education	
	Within 10 days of intake, does the agency provide age-appropriate	yes

	comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.333 (c)	Resident education	
	Have all residents received such education?	yes
	Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?	yes
115.333 (d)	Resident education	
	Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills?	yes
115.333 (e)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.333 (f)	Resident education	

	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.334 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
115.334 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes

115.335 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.335 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.335 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

	the agency attempt to ascertain information about: Age?	
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: The resident's own perception of vulnerability?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents?	yes
115.341 (d)	Obtaining information from residents	
	Is this information ascertained: Through conversations with the resident during the intake process and medical mental health screenings?	yes
	Is this information ascertained: During classification assessments?	yes
	Is this information ascertained: By reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files?	yes
115.341 (e)	Obtaining information from residents	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked	yes

	pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	
115.342 (a)	Placement of residents	
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments?	yes
	Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments?	yes
115.342 (b)	Placement of residents	
	Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged?	yes
	During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise?	yes
	During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services?	yes
	Do residents in isolation receive daily visits from a medical or mental health care clinician?	yes
	Do residents also have access to other programs and work opportunities to the extent possible?	yes

115.342 (c)	Placement of residents	
	Does the agency always refrain from placing: Lesbian, gay, and bisexual residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from placing: Intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status?	yes
	Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator or likelihood of being sexually abusive?	yes
115.342 (d)	Placement of residents	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.342 (e)	Placement of residents	
	Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?	yes
115.342 (f)	Placement of residents	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when	yes

	making facility and housing placement decisions and programming assignments?	
115.342 (g)	Placement of residents	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.342 (h)	Placement of residents	
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A for h and i if facility doesn't use isolation?)	na
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	na
115.342 (i)	Placement of residents	
	In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.351 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: 2. Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.351 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private	yes

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	Resident reporting	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.352 (b)	Exhaustion of administrative remedies	

	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.352 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.352 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90 day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond is 70 days per 115.352(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.352 (e)	Exhaustion of administrative remedies	

	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
	Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.)	yes
	If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.)	yes
115.352 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes

	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.352 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.353 (a)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making accessible mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible?	yes
115.353 (b)	Resident access to outside confidential support services and legal representation	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and	yes

	the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	
115.353 (c)	Resident access to outside confidential support services and legal representation	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.353 (d)	Resident access to outside confidential support services and legal representation	
	Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation?	yes
	Does the facility provide residents with reasonable access to parents or legal guardians?	yes
115.354 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.361 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	
115.361 (b)	Staff and agency reporting duties	
	Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws?	yes
115.361 (c)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.361 (d)	Staff and agency reporting duties	
	Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws?	yes
	Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.361 (e)	Staff and agency reporting duties	
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office?	yes
	Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?	yes
	If the alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of	yes

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

	accordance with these standards?	
115.364 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.364 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.365 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.366 (a)	Preservation of ability to protect residents from contact with abusers	

	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.367 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.367 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services?	yes
115.367 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report	yes

	of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.367 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.367 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.368 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	yes

115.371 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency does not conduct any form of administrative or criminal investigations of sexual abuse or harassment. See 115.321(a).)	yes
115.371 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334?	yes
115.371 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.371 (d)	Criminal and administrative agency investigations	
	Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation?	yes
115.371 (e)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.371	Criminal and administrative agency investigations	

(f)		
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.371 (g)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.371 (h)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.371 (i)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.371 (j)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?	yes
115.371 (k)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency	yes

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

	has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes
115.373 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.376 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

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

115.378 (a)	Interventions and disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?	yes
115.378 (b)	Interventions and disciplinary sanctions for residents	
	Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician?	yes
	In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible?	yes
115.378 (c)	Interventions and disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
115.378 (d)	Interventions and disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	yes

	If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education?	yes
115.378 (e)	Interventions and disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.378 (f)	Interventions and disciplinary sanctions for residents	
	For the purpose of disciplinary action, does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.378 (g)	Interventions and disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.381 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes
115.381 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening?	yes
115.381 (c)	Medical and mental health screenings; history of sexual abuse	

	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.381 (d)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
115.382 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.382 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.382 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.382 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial	yes

	cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	
115.383 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.383 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.383 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.383 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	yes

	cooperates with any investigation arising out of the incident?	
115.383 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.386 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.386 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.386 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.386 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.386 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.387 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.387 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.387 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.387 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.387 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	yes

	the confinement of its residents.)	
115.387 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
115.388 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.388 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.388 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.388 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
115.389 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
115.389 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.389 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.389 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes