

PREA Facility Audit Report: Final

Name of Facility: Juvenile Correctional Center Lewiston

Facility Type: Juvenile

Date Interim Report Submitted: NA

Date Final Report Submitted: 08/08/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



Auditor Full Name as Signed: Lawrence Howell

Date of Signature: 08/08/2025

AUDITOR INFORMATION

Auditor name: Howell, Lawrence

Email: Lawrence.howell@rop.com

Start Date of On-Site Audit: 06/24/2025

End Date of On-Site Audit: 06/25/2025

FACILITY INFORMATION

Facility name: Juvenile Correctional Center Lewiston

Facility physical address: 140 Southport Avenue, Lewiston, Idaho - 83501

Facility mailing address:

Primary Contact

Name:	Darcy Acosta
Email Address:	darcy.acosta@idjc.idaho.gov
Telephone Number:	903-445-3756

Superintendent/Director/Administrator	
Name:	Kevin Bernatz
Email Address:	kevin.bernatz@idjc.idaho.gov
Telephone Number:	208-799-3332

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-Site	
Name:	Melinda Massey
Email Address:	linda.massey@idjc.idaho.gov
Telephone Number:	208-553-9634

Facility Characteristics	
Designed facility capacity:	36
Current population of facility:	21
Average daily population for the past 12 months:	17
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys

In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	12-20
Facility security levels/resident custody levels:	Level 4 or 5
Number of staff currently employed at the facility who may have contact with residents:	48
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:	33

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:	Ashley Dowell

Email Address:	Ashley.Dowell@idjc.idaho.gov
Telephone Number:	1-208-334-5100

Agency-Wide PREA Coordinator Information			
Name:	Darcy Acosta	Email Address:	darcy.acosta@idjc.idaho.gov

Facility AUDIT FINDINGS	
Summary of Audit Findings	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
3	<ul style="list-style-type: none"> • 115.313 - Supervision and monitoring • 115.341 - Obtaining information from residents • 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

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-06-24
2. End date of the onsite portion of the audit:	2025-06-25

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:	Hotline Phone Number posted in facility (855) 552-5437 Sequoia Counseling (sexual abuse counseling) YWCA Young Women Christian Association (advocacy services) Lewiston Police Department

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	36
15. Average daily population for the past 12 months:	17
16. Number of inmate/resident/detainee housing units:	3

17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	20
25. 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
26. 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:	0
27. 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
28. 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

29. 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
30. 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:	2
31. 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
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. 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:	0
34. 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

35. 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>During the on-site portion of the audit the PREA Auditor was able to randomly select residents from a roster provided by the facility management team. The auditor targeted youth who had an IEP to determine if there were residents with cognitive disabilities. Both staff and residents were asked if they were aware of any residents that identified as disabled or gender non-conforming. The PREA Auditor did not experience any barriers to completing resident interviews in accordance with PREA Standards.</p>
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. 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>45</p>
37. 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>33</p>
38. 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>5</p>
39. 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>No additional comments regarding staff, volunteers, and contractors who were in the facility as of the first day of the audit.</p>
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>10</p>

<p>41. 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 type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Residents were randomly selected by the PREA Auditor from a roster provided by the facility management team. Residents interviewed were from all resident living units, various ages, and very diverse length of time in the facility. All residents consented to participating in the PREA Audit interviews.</p>
<p>43. 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>44. 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>The PREA Auditor did not experience any barriers to ensuring appropriate resident representation in the audit. In addition, the PREA Auditor was able to interact with residents both in structured interviews as well as having casual conversation while touring the facility.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>2</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".

47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:

0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:

☒ 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.

☐ The inmates/residents/detainees in this targeted category declined to be interviewed.

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).

There were zero residents identified by the facility staff, identified in facility documentation, observed by the PREA Auditor, or self identified as having a physical disability.

48. 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:

0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The PREA Auditor interviewed residents that had an IEP. None of the residents with IEP's had a cognitive or functional disability. There were zero residents identified or self identified or were observed to have a cognitive or functional disability.</p>
<p>49. 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>There were zero residents identified by the facility staff, identified in facility documentation, observed by the PREA Auditor, or self identified as having low vision or being blind.</p>
<p>50. 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>There were zero residents identified by the facility staff, identified in facility documentation, observed by the PREA Auditor, or self identified as being Deaf or hard-of-hearing.</p>
<p>51. 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>There was one residents identified by the facility staff and zero identified in facility documentation, zero observed by the PREA Auditor, and zero self identified as Limited English Proficient (LEP). Facility staff identified one resident as possible LEP. He was interviewed and the PREA Auditor determined he did not meet the definition of LEP. He clearly understood the reason for PREA and ways to report.</p>

52. 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:	2
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="817 712 1469 869"> <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. </div> <div data-bbox="817 920 1469 999"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were zero residents identified by the facility staff, identified in facility documentation, observed by the PREA Auditor, or self identified as transgender or intersex.
54. 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:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div data-bbox="817 1680 1469 1836"> <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. </div> <div data-bbox="817 1888 1469 1966"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

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>There were zero residents identified by the facility staff, identified in facility documentation, observed by the PREA Auditor, or self identified as having reported sexual abuse in this facility.</p>
55. 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>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><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>
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>There were zero residents identified by the facility staff, identified in facility documentation, observed by the PREA Auditor, or self identified as having disclosed prior sexual victimization during risk screening.</p>
56. 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>0</p>

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	There were zero residents identified by the facility staff, identified in facility documentation, observed by the PREA Auditor, or self identified as having experienced segregated housing/isolation for risk of sexual victimization at this facility.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The PREA Auditor experienced no barriers to conducting resident interviews in accordance with the PREA Standards.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	10
59. 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
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The PREA Auditor experienced no barriers to conducting staff interviews in accordance with PREA Standards. 10 random staff were interviewed, 10 Specialized roles were interviewed, and 15 total staff were interviewed. All shifts and departments were represented in the interviews.
Specialized Staff, Volunteers, and Contractor Interviews	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	10
63. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
65. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. 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
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. 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 checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>The PREA Auditor was able to interview a representative sample of specialized staff from ten different roles at the facility. There were no volunteers at the facility during the two day on-site portion of the audit. Religious services are provided by volunteers, but it is noteworthy that facility protocol is to never leave a volunteer unescorted or alone with residents in the facility.</p>

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.

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

☒ Yes

☐ No

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

72. 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

73. 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

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

☒ Yes

☐ No

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

☒ Yes

☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The PREA Auditor was able to access all areas of the facility (inside and out), doors that were locked were unlocked upon request, critical functions were tested on the facility tour, and the Auditor was able to interact with both staff and residents in the structured interviews as well in informal conversations while at the facility.</p>
Documentation Sampling	
<p>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.</p>	
77. 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?	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>The PREA Compliance Manager and Agency PREA Coordinator are to be commended on the organization of the documentation that was required for the PREA Audit. Documentation systems are in implemented. When the PREA Auditor requested additional documentation it was provided upon request.</p>
SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY	
Sexual Abuse and Sexual Harassment Allegations and Investigations Overview	
<p>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.</p>	

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

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

80. 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.

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

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

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

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

Sexual Harassment Investigation Outcomes

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

83. 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

84. 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

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

1

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. Explain why you were unable to review any sexual harassment investigation files:	There were zero allegations of sexual harassment therefore there were zero sexual harassment investigation files to review.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	There was one sexual abuse investigation that was determined to be unfounded.

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. 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

103. 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

AUDITING ARRANGEMENTS AND COMPENSATION

108. 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
Auditor Overall Determination Definitions
<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)
Auditor Discussion Instructions
<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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: Pre-Audit Questionnaire IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance IDJC Glossary of Terms and Acronyms Memo Designating PREA Coordinator dated Feb 14, 2025 Memo Designating PREA Manager dated May5, 2025 Organizational Chart On site PREA postings Job Descriptions</p> <p>Interviews included: Random Staff Youth</p>

Superintendent
PREA Coordinator
PREA Manager

Site Review / Observation:

PREA / Sexual Abuse Postings

Provisions:

115.311 (a)-1,2,3,4,5 The Juvenile Correctional Center Lewiston is an IDJC facility that follows IDJC policies. Policy 613 is a zero-tolerance policy towards any form of sexual abuse or sexual harassment. Page 1 lists the purpose of the policy: "It is therefore the policy of the IDJC that all facilities and contract providers will adhere to a zero-tolerance standard for incidences of sexual abuse or misconduct." The policy also states, "all allegations of sexual abuse or sexual harassment will be reported, investigated, and responded to accordingly."

The Agency zero tolerance policy is available to staff, residents, and members of the public. The IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment includes sanctions for those found to have participated in prohibited behaviors and includes agency strategies to reduce and prevent sexual abuse and harassment of residents.

115.311 (b)-1,2,3 The agency has a designated PREA Coordinator. She holds an upper-level position and when interviewed she reported having sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.

Through staff interviews, The PREA Auditor found that upper-level staff understood the PREA standards and how they are implemented at Juvenile Corrections Center Lewiston . The Superintendent and PREA Compliance Manager explained that due to the small size of the facility they had sufficient time and authority to coordinate the facility efforts to comply with PREA standards.

115.311 (c)-1,2,3,4 The JCCL meets the standard of having the appropriate positions, with sufficient time, and appropriate reporting relationships designated for PREA implementation and compliance.

Through direct observation during the on-site audit, interviews of both residents and staff, and reviewing resident and staff files it is evident JCCL includes the requirements of this provision in the facility daily operations. Upper-level staff as well as direct care staff could explain the intent of PREA and how it is implemented at Juvenile Corrections Center Lewiston. As a result, the PREA Auditor determined the facility meets the requirements of standard 115.311.

Corrective Action Findings: None

115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making of the compliance decision.</p> <p>Documents reviewed included: Pre-Audit Questionnaire IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance IDJC – Nez Perce Detention Center Agreement Southwest Idaho Detention Center Contract IDAPA 05 Title 01, Chapter 04 DOJC -</p> <p>Interviews included: Superintendent PREA Coordinator PREA Manager</p> <p>Site Review / Observation: N/A</p> <p>Provisions:</p> <p>Standard 115.312 (a & b) does apply to Idaho Department of Juvenile Corrections because the Juvenile Correctional Center Lewiston because the facility does contract with another entity for the confinement of youth. There are written agreements in place that meet this PREA Standard.</p> <p>The agreements were reviewed, and auditor Howell determined them PREA compliant.</p> <p>The agency and facility meets the requirements of standard 115.312.</p> <p>Corrective Action Findings: None</p>

115.313	Supervision and monitoring
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance</p>

IDJC Policy 608 Juvenile Supervision
IDJC Policy 621 Duty Officer Responsibilities
Facility Schematics
Unannounced Rounds Documentation
Staff Roster
Resident Roster
Staffing Plan
Deviation Log

Interviews included:

PREA Coordinator
PREA Manager
Superintendent
Random residents
Random staff

Site Review / Observation:

Staff to student ratio observations

Provisions:

115.313 (a) The PAQ included "Documentation of Staffing Plan Deviation." The document includes day, group, number in group, area of facility time, reason, description, and who reported the deviation. The document includes exactly what should be included in a staffing plan deviation document. 11 of 11 residents reported feeling safe at Juvenile Correctional Center Lewiston (JCCL) and that staff provide adequate supervision of the residents.

The staffing plan was reviewed by the PREA Auditor. The PREA Auditor found no obvious reason to believe there had been a deviation from the facility staffing plan that put resident safety at risk. JCCL does use surveillance cameras but does not use cameras as part of the supervision of residents and staffing plan. There are cameras throughout the facility. Evidence of compliance with this standard was gathered in interviews of the Superintendent, Supervisors, and direct care staff. All individuals interviewed confirmed the staffing plan is developed to protect residents, video monitoring is not part of the plan, and the staffing plan is reviewed daily by the facility management team. When a scheduled staff is absent, and the staff to resident ratio may be at risk of not meeting 1:8 or 1:16, the supervisor calls in other staff and authorizes overtime to fill temporary vacancies.

115.313 (b) Juvenile Correctional Center Lewiston Policy requires constant supervision and monitoring of the residents while in the facility. The PREA policy states that the facility maintains staff ratios at all times unless imminent and dangerous circumstances take place that alter the ratio. The established ratios are 1:8 during waking hours and 1:16 during sleeping hours. During on-site observations by The PREA Auditor, the observed minimum ratios were met or exceeded at all times. Observed ratios were 1:1, 1:6, and 1:8.

115.313 (c) The facility roster showed 46 full time staff (30 direct care) employed

	<p>for a current resident population of 18 residents. Observed staff to student ratios were 1:1, 1:6, and 1:8. The PREA Auditor did not observe a deviation from the planed ratio of 1:8 daytime and 1:16 nighttime ratio. During random resident interviews, when asked, “How often are staff the with you?” 11 of 11 residents replied that direct care staff were present with them at all times.</p> <p>115.313 (d) When interviewed, the Superintendent explained the staffing plan is reviewed and revised at least annually and when necessary, as a result of the resident population fluctuating. The Superintendent described evaluating the staff to resident ratio “as necessary” and “daily” to make sure staff to resident ratios were appropriate.</p> <p>115.313. (e) The PREA Auditor did find evidence to support the PAQ that stated higher level supervisors conducted unannounced rounds on all shifts. Policy 621 list unannounced rounds as a requirement. The policy prohibits staff from alerting the staff members that the supervisory unannounced rounds are occurring. During random staff interviews, the staff explained the unannounced rounds do occur. Facility management provided unannounced rounds logs demonstrate compliance. The logs include observations of:</p> <ul style="list-style-type: none"> o Group locations o Interactions o All residents are accounted for o Staffing Requirements o Staff positioning o Blind Spot Check o Physical Plant Safety, cleanliness, and organized o Resident Mood and Behavior <p>Based on the auditor observations, information shared during the staff and resident interviews, and the documents reviewed during the Pre-On-Site, On-Site, and Post On-Site phases of the audit, the PREA Auditor determined the facility paid special attention to the provisions of Standard 115.313. The related documentation was detailed and very appropriate. The was found to EXCEED the requirements of standard 115.313</p> <p>Corrective Action Findings: None</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

PAQ

IDJC Policy 620 Searches

IDJC Policy 608 Juvenile Supervision

IDJC Policy 606 Abuse, Neglect And/Or Exploitation of Juveniles

IDJC Policy 672 Non-Discrimination of LGBTQ Juveniles

Staff training records

Search logs

Pat Down Search Training Materials

Interviews included:

Random residents

Random staff

Supervisor staff

Security staff

PREA Manager

Superintendent

Site Review / Observation:

Intake Area

Living Units

Common use spaces (classroom, hallways, meeting areas)

Opposite Gender Signage

Provisions:

115.315 (a-c): The staff interviews and a review of the staff training records revealed the staff were appropriately trained on conducting pat down searches in accordance with 115.315 (a, b, and c) Limits to cross-gender viewing and searches. 10 of 10 randomly selected staff explained and demonstrated the search procedures of Juvenile Corrections Center Lewiston. The search procedure does not include a strip searches. Staff explained the female and male staff do not do pat down searches of the opposite gender. JCCL routinely conducts "visual inspections." In exigent circumstances the opposite gender staff would conduct an on the outside of the residents clothing only after receiving approval from the Superintendent. In interviews the facility staff explained the facility does not conduct cross gender strip or cross gender visual body cavity searches of residents. The Juvenile Correctional Center Lewiston was found to be in compliance with this provision.

115.315 (d): Agency policies mandate residents are permitted to 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. The bathrooms and showering areas were observed during the facility tour. The facility uses magnetic window covers and curtains to prohibit cross gender viewing of youth performing such personal actions and the facility practice demonstrated compliance. Opposite gender staff announce their presence before entering living units and this practice is posted near the doors to the resident living areas. Youth are provided privacy when changing clothes, performing bodily

	<p>functions, and showering. Opposite gender staff do not provide direct supervision when youth change clothes, perform bodily functions, and shower. 11 of 11 residents and 10 of 10 randomly selected direct care staff confirmed the residents are permitted to change clothes, perform bodily functions, and shower in privacy.</p> <p>115.315 (e) Per Agency Policy and confirmed by the PREA Auditor during the staff interviews, staff always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. If a resident's genital status is unknown, the intake staff review the resident's personal history and medical documents and may determine genital status during conversations with the resident or by learning the information from a medical examination conducted at a medical facility, in private, by a medical practitioner.</p> <p>115.315 (f) Training records showed proof of training staff on 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. Documentation showed staff on the facility roster had been trained. During interviews staff and residents consistently responded that Juvenile Correctional Center staff do pat down searches and the process of having residents empty their pockets and clear their wrist and waist bands were the search practices used.</p> <p>As a result of auditor observations of the facility design, a review of Agency policy, responses by staff and residents in interviews, and a review of the resident files, JCCL was determined to be in compliance with standard 115.315 (a-f)</p> <p>Corrective Action: None</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: Pre Audit Questionnaire IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance IDJC Policy 640 Observation and Assessment/Intake JCCL Screening, Intake, and Admissions Packet JCCL Program Manual PREA Posters PREA Basics Juvenile Education</p>

On-Demand Remote Interpreting and Document Translation
Grievance Form, PREA Education, PREA Acknowledgement, and Handbook in Spanish

Interviews included:

Random residents
Random staff
Supervisory staff
Superintendent
PREA Manager

Site Review / Observation:

Living Unit postings
Building postings
Classroom postings

Provisions:

115.316 (a) The Idaho Department of Juvenile Corrections explains that the Juvenile Detention Center staff takes appropriate steps to ensure that youth 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. Such steps include providing access to Interpreters, and written materials provided in formats or through methods that ensure effective communication.

During the resident interviews 11 of 11 (100%) youth interviewed claimed English as their primary language. During staff interviews none of the staff claimed a youth, admitted in the last 12 months, that used a non-English language as their primary language.

The Agency policy addresses the provision of support services for disabled residents and provides the equal opportunity to participate in or benefit from all aspects of the facilities efforts to prevent, detect, and appropriately respond to sexual abuse and harassment. The policy prohibits the use of resident interpreters, readers, and other forms of resident assistants except in limited circumstances where an extended delay could compromise a resident's safety, performance of a first responder's duties, or the investigation of the allegations. The PREA Manager and Superintendent interviews confirmed knowledge of the policy and process.

115.316. (b) During interviews of the Superintendent explained the facility does whatever is necessary to ensure the residents understand the PREA standards and their rights. He made it clear they would only use qualified staff or professional (remote) translators. During the past 12 months, the facility did not have any youth who were assessed as needing interpreting services because they had a disability or were limited English proficient. If they had, the Value Point language interpreter services is available by phone and can be accessed by staff 24 Hour per day 7 days per week. Furthermore, the PREA Audit notice was printed in English and Spanish.

	<p>The facility is prepared to ensure equal access to limited English proficient or disabled. This determination of meets standard was made based on interviews of staff, administrators, facility observations, and a review of the residents' case files.</p> <p>115.316 (c) The Superintendent and PREA Manager explained Juvenile Correctional Center Lewiston does not use resident interpreters or assistants for reporting sexual abuse and sexual harassment allegations as the practice could compromise the integrity of the reporting process. The facility's intake staff did have written PREA related information to provide to youth upon admission to the facility. At the time of the audit there were no residents listed, interviewed, or reported as needing interpreter services or the need for translated PREA related documents. The staff and resident interviews resulted in consistent responses that Juvenile Correctional Center Lewiston had not had a recent need for the use of interpreters or services for residents with a disability that hindered their ability to communicate an allegation related to sexual abuse or harassment.</p> <p>Based on the information reviewed, and operations observed, the PREA Auditor determined the facility meets the requirements of standard 115.316.</p> <p>Corrective Action: None</p>
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115.317	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 340 Background Checks Employee Evaluation Sample Criminal Records and Child Abuse Registry Check Documentation</p> <p>Interviews included: PREA Coordinator PREA Manager Superintendent Human Resources Representative Supervisory Staff</p> <p>Site Review / Observation: None.</p> <p>Provision:</p>

115.317 (a) IDJC prohibits hiring or promoting anyone who may have contact with youth and does not use services of any contractor who may have contact with the person if the person: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; or has been convicted or civilly or administratively adjudicated or 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.

The Superintendent confirmed during interviews that the Juvenile Correctional Center Lewiston has not hired, promoted, or contracted with anyone who meets the criteria listed in the above paragraph. A review of personnel documentation revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.

115.317 (b) Juvenile Correctional Center Lewiston Policy considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services. When interviewed by PREA Auditor , the HR Representative explained that the Juvenile Correctional Center Lewiston would find out such information through criminal background checks, pre-employment reference checks, and a thorough interview of the applicant for an open position. The Superintendent explained the interview process for hiring promotions and contract positions. A review of related policies revealed no documented evidence that would show the facility was out of compliance with this section of standard 115.317.

115.317 (c & d) IDJC Policy dictates hiring procedures in order for the facility to be in compliance with this standard. Before hiring new employees, volunteer, or contractors who may have contact with youth, the policy requires hiring staff to perform a criminal background records check, complete a state child abuse registry review, and contact all prior institutional employers in search of substantiated allegations of abuse or resignation during a pending investigation of an allegation of abuse. Juvenile Correctional Center Lewiston has been conducting background checks, child abuse registry checks, completing reference checks, and attempted to ask previous juvenile institution employers of applicant's past involvement in PREA related incidents. The PREA Auditor reviewed the interview questions and discussed the screening process with the Superintendent.

115.317 (e) IDJC policy states the facility conducts criminal background checks of current employees and contractors who may have contact with residents every five years. The PREA Auditor 's review of personnel records showed the background checks were completed in accordance with PREA Standards. The background checks are completed regularly, which meets the five-year standard.

115.317 (f) IDJC Juvenile Correctional Center Lewiston did provide written evidence about asking all applicants and employees who may have contact with residents directly about previous PREA related misconduct described in paragraph 115.317 (a). Also, Superintendent disclosed in his interview that the facility also practices a policy of ongoing self-disclosure regarding involvement in PREA related incidents.

	<p>115.317 (g) In accordance with this standard, the Juvenile Correctional Center Lewiston Superintendent stated in his interview that material omissions regarding such misconduct (PREA related) or the provision of materially false information is grounds for termination of employment.</p> <p>115.317 (h) According to interviews of the Superintendent, unless prohibited by law, Juvenile Correctional Center Lewiston provides information on substantiated allegations of sexual abuse or sexual harassment involving former employees upon receiving a request from an institutional employer for whom the former employee has applied to work. In addition, the Superintendent affirmed separately in his interview that the facility does consider all items listed in 115.317(a-h) when making hiring and promotion decisions. IDJC Policy supports the documentation requirements of this standard.</p> <p>Based on the information received and the documents reviewed in the interviews the facility meets the requirements of standard 115.317.</p> <p>Corrective Action: None</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: Facility Schematics Facility Operations Manual Page 7 Interviews included: Superintendent PREA Coordinator Random Staff Random Residents</p> <p>Site Review / Observation: Observation of the facility operations during the on-site tour. Demonstration of the existing video surveillance system.</p> <p>Provisions:</p> <p>115.318 (a-b) During interviews of the Superintendent, PREA Coordinator, and PREA Manager all confirmed there had been no substantial modification to the facility (including upgrades to the camera system) since the last PREA Audit. The Superintendent was very familiar with the camera system and the importance of</p>

	<p>ensuring resident privacy.</p> <p>The staff interviews, resident interviews, the on-site tour of the facility, and the schematics provided to the auditor all corroborated that the facility meets the requirements of standard 115.318 (a-b)</p> <p>Corrective Action Findings: None</p>
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115.321	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 614 Investigations - PREA IDJC Policy 910 Investigations – Administrative IDJC Policy 835 Sexual Abuse Idaho Sexual Assault Response Guidelines JJC-Lewiston Coordinated Response Plan Contracts for Counseling and Advocacy Services Position Description – Clinical Supervisor</p> <p>Interviews included: Superintendent PREA Coordinator PREA Manager Random staff interviews Random resident interviews</p> <p>Site Review / Observation: Facility postings Brochures available to residents</p> <p>Provisions:</p> <p>115.321 (a) Juvenile Correctional Center Lewiston PREA Policy does follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions when responding to allegations of sexual abuse. Random staff interviews revealed the JCCCL staff are aware of the physical evidence expectations for First Responders.</p> <p>115.321 (b) The Superintendent and PREA Manager explained how the policy does follow a protocol that is developmentally appropriate for youth and is current The PREA Auditor was able to ascertain and confirm the following:</p>

The facility does not conduct administrative or criminal investigations. Allegations are referred to local law enforcement Prosecuting Attorney's Office for administrative and criminal investigations. Supervisory staff interviews confirmed a basic understanding of the facility investigations protocol.

The local hospital is responsible for and qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. There were no forensic medical exams, related to Juvenile Corrections Center Lewiston, conducted in the past 12 months.

Mental Health Clinician Janet Loveland provides outside the facility emotional support and crisis counseling services.

During interviews, the Superintendent, PREA Coordinator, and PREA Manager confirmed their understanding of the practices and requirements of standard 115.321 (b).

115.321 (c) In accordance with IDJC Policy, in the event of a PREA related allegation, the Superintendent or on duty supervisor would call the Child Abuse Hotline and a facility representative would take the resident to the local Hospital for the SAFE examination. The hospital services include Sexual Assault and Violence Response and Child Protection Teams. The PREA Auditor reviewed the hospital web site and talked with hospital representatives. The PREA Auditor received an explanation of the structure of the department, the staff training, and multiple ways the medical center provides support, forensic medical services to meet the needs of sexual assault victims. In a phone interview, the hospital representative explained there was a qualified SANE nurse, but if none was available a referral would be made to a location that did. Hospital personnel reported no knowledge of any forensic exams involving youth from the Juvenile Correctional Center Lewiston during the past 12 months.

115.321 (d) Sequoia Counseling and the YWCA of Lewiston both offer Sexual Abuse Counseling services and victim advocacy services. The services related sexual assault assistance services are free of charge. The services include 24 hour per day access for reporting, advocacy, and assistance with scheduling forensic exams. Of the residents interviewed, 11 of 11 were able to describe how to access the services in a confidential manner while in the facility.

115.321 (e) The Superintendent and Clinical Supervisor explained the Correctional Center utilizes qualified facility staff and outside agency advocacy and emotional support services. However, the Hotline remains available 24/7 to support youth as needed. The PREA Auditor observed posters zero tolerance posters with the hotline number in most resident living areas, classrooms, and dining areas. The PREA Auditor called the Hotline number and verified the services available, if a caller could remain anonymous, and if the services were free of charge to residents of Juvenile Corrections Center Lewiston. In addition, the Program Manual lists outside victim services agencies contact information on page 9.

Also on the posters are the phone numbers to report abuse or seek advocacy services. The posters also included an address for residents to send letters asking

	<p>for assistance.</p> <p>115.321 (f) The local law enforcement department conducts all criminal investigations. The local hospital is responsible for and qualified to conduct SANE sexual abuse forensic medical exams at no cost to the youth. Both agencies follow uniform protocols that are age appropriate for youth that are residents of the Juvenile Correctional Center.</p> <p>1155.321 (g) Auditor is not required to audit this provision.</p> <p>115.321. (h) Juvenile Correctional Center Lewiston is in compliance with standard 115.321 (h) because the Superintendent, Clinical Supervisor, and PREA Manager understand the PREA protocols and the facility does have an agreement for victim support services which has trained staff available 24/7 for advocacy service, emotional support; in accompaniment through forensic examination and investigative interview upon request; and provision of information and resources.</p> <p>The facility meets the requirements of standard of 115.321.</p> <p>Corrective Action Findings: None</p>
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115.322	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ IDJC Policy 910 Investigations – Administrative IDJC Policy 614 Investigations – PREA Table of Investigations Investigations Documentation PREA Policy Website IDJC Notification of Disclosure and/or PREA Incident Form</p> <p>Interviews included: Superintendent PREA Coordinator PREA Manager Random staff interviews Random resident interviews Site Review / Observation: Facility postings</p>

Brochures available to residents

Provisions:

115.322 (a) IDJC PREA Policy requires that all allegations of sexual abuse and sexual harassment are reported to and investigated by local law enforcement. The facility reported the following allegations and outcomes in the last 12 months.

Date	Allegation	Outcome
10/18/24	Youth on Youth Harassment	Not PREA related
11/30/24	Youth on Youth Harassment	Unfounded
02/16/25	Youth on Youth Harassment	Not PREA related
05/16/25	Youth on Youth Sexual Abuse	Not PREA related
05/19/25	Youth on Youth Harassment	Not PREA related

The PREA Auditor did review investigation reports to confirm the documentation matched the written procedure or PREA standards. Interviews of staff confirmed the staff's knowledge of which agencies are responsible for administrative and criminal investigations in all allegations of sexual abuse and sexual harassment.

115.322 (b) The Zero Tolerance Policy is 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. There were allegations of sexual harassment (4) and of sexual abuse (1) in the past 12 months. The allegation and investigation documentation was reviewed and found to meet PREA Standards.

115.322 (c) IDJC policy and local law enforcement protocols govern PREA related investigations. The PREA Auditor confirmed with the local law enforcement department and confirmed that they are the authorized outside agency who conducts investigations into allegations of sexual abuse and sexual harassment.

115.322 (d) The auditor is not required to audit this provision.

115.322 (e) Auditor is not required to audit this provision.

	<p>During staff interviews, including the Superintendent, PREA Manager and random staff, it was evident that the facility staff understood the investigation process and were able to explain the process for involving qualified outside agencies to complete administrative and criminal investigations. The staff training records showed the staff received appropriate and current PREA training related to policies to ensure proper referrals of allegations for investigations.</p> <p>The facility was found to meet all of the requirements of standard 115.322 (a-e)</p> <p>Corrective Action Findings: None</p>
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115.331	Employee training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ IDJC Staff PREA Training Curriculum PPT (Direct Care and Non-Direct Care) IDJC PREA Refresher Training PPT IDJC Policy 665 Training Requirements Facility Training Records PREA Training Acknowledgement</p> <p>Interviews included: Superintendent PREA Manager Staff with Training Responsibilities Random Staff Specialized staff</p> <p>Site Review / Observations: Observation of opposite gender staff announcements upon entering resident living area.</p> <p>Provisions:</p> <p>115.331 (a) The Juvenile Correctional Center Lewiston / IDJC PREA Policy does require that the facility provide PREA related training to all its employees who may have contact with youth. The training is tailored to the unique needs and attributes of youth in juvenile facilities and to the specific gender(s) represented at the facility.” The training includes a power point and PREA video. The training</p>

documentation is reserved through employee signature that the employees understand the training they received. Training video content includes:

- The Zero Tolerance policy for sexual abuse, sexual harassment,
- How to fulfill their PREA responsibilities under Juvenile Detention Center sexual abuse and harassment prevention, detection, reporting, and response policies and procedures
- Residents right to be free from sexual abuse and sexual harassment
- The right of residents and employees to be free from sexual abuse and harassment
- The right of residents to be free from retaliation for reporting sexual abuse and harassment
- The dynamics of sexual abuse and sexual harassment in juvenile facilities
- The common reactions of juvenile victims of sexual abuse and 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; and
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities
- Relevant laws regarding the applicable age of consent

The IDJC staff are provided a training that describes the facilities zero tolerance of sexual abuse and harassment. Random staff interviews revealed the staff know the learning objectives of the training (listed in #1-12 above).

115.331 (b) The Juvenile Correctional Center Lewiston / IDJC policy requires that training is tailored to the unique needs and attributes and gender of the residents at the facility. Juvenile Correctional Center Lewiston provides services to male youth.

Youth are housed based on their gender identity. At the time of the on-site portion of the audit there were only male identifying residents at the facility.

Training documentation reviewed by The PREA Auditor supports this standard. The training is initiated during new employee orientation and is continued through annual refresher training.

115.331 (c) The Juvenile Correctional Center Lewiston / IDJC Policy states that the facility documents employees written verification that they receive PREA training and understand their PREA responsibilities. The agency provides refresher training every year. This was confirmed by auditing the employee training records and interviewing the staff.

115.331 (d) Information uploaded into the PAQ provided the auditor with training documentation showing proof the staff acknowledge with their signature that they understand the training they received. This was confirmed by auditing the employee

	<p>training records. All employees sign acknowledgements of receiving PREA training and their responsibilities as first responders.</p> <p>In the interviews, the staff demonstrated they had a good understanding of 115.331 (a, 1-12) and 115.331 (b, c, d). Furthermore, the e-mail training documentation verified the completion of and understanding of the required PREA training.</p> <p>The PREA Auditor interviewed staff, reviewed the training policy, reviewed the training curriculum, and verified training is taking place and determined the facility meets the requirements of standard 115.331.</p> <p>Corrective Action Findings: None</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 631 Volunteers, Interns, and Contractor Service Providers IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance PREA Training Curriculum for Volunteers IDJC VIC's Zero Tolerance Acknowledgement</p> <p>Interviews included: Superintendent PREA Coordinator PREA Manager Staff with Training Responsibilities Random Staff Specialized staff</p> <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.332 (a) IDJC Policy states that the Superintendent shall ensure that all staff, 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. Superintendent / PREA Coordinator confirmed his responsibility in this area.</p>

	<p>115.332 (b) The Juvenile Correctional Center Lewiston Superintendent explained all volunteers and contractors who have contact with residents would be notified of the agency's Zero Tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. He also explained the training was the same very similar as the full-time paid staff. The PREA Auditor was able to review training curriculum and training acknowledgements related to 115.332 (b).</p> <p>115.332 (c) The PREA Auditor was able to review training documentation related to 115.332 (b) that confirmed that volunteers and contractors understand the training they have received.</p> <p>The facility does meet the requirements of standard 115.332 (a, b, and c).</p> <p>Corrective Action Findings: None</p>
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ PREA Pamphlet. PREA educational video shown upon admission. IDJC Policy 640 Observation and Assessment IDJC Policy 613 PREA Site Posters Juvenile Milestone Handbook Resident Acknowledgement (English and Spanish) Juvenile Education Video PREA Basics for Juveniles Lewiston Roster - Screening</p> <p>Interviews included: Superintendent PREA Coordinator Intake Staff Specialized Staff Random Staff Random Residents</p> <p>Site Review / Observations: Posters hanging in areas commonly used by residents such as: Common room in</p>

living areas, administrative areas, Building hallways, and Intake area.
PREA materials available to residents, staff, and guests.

Provisions:

115.333 (a) The facility PREA Policy states that during the admissions process the youth are provided, by staff, age appropriate PREA information about the agencies Zero Tolerance Policy and how to report incidents or suspicions of sexual abuse, sexual harassment or sexual activity. This is done through verbal explanation by the intake staff and being provided the appropriate PREA education information in the PREA brochure.

When interviewed, 11 of 11 residents reported learning of and understanding the PREA Policies and how to report sexual abuse and sexual harassment. Over the past twelve months 22 youth were admitted to the Juvenile Corrections Center Lewiston . Of the 22 intakes all of them stayed longer than 72 hours. The intake documents include an acknowledgement signed by each resident that they received and understood the Zero Tolerance policy information. Following their intake briefing and after watching the PREA video there is an acknowledgement page for the residents to sign. The PREA Auditor found no evidence that there were residents who did not receive the required Zero Tolerance Policy information and related how to report protocols.

115.333 (b) The IDJC PREA Policy states the facility shall provide comprehensive, age appropriate education to youth about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. Through the random resident interviews, The PREA Auditor found evidence that 11 of 11 residents had received a comprehensive PREA education upon intake. The average length of stay was reported at 10.8 months.

The PREA Auditor determined the facility was compliant with standard 114.333 (b) due to the comprehensive education the residents receive upon admission and is followed up with pertinent information in in both the Resident Handbook, postings, and PREA video. The PREA Auditor recommended the facility show a PREA video weekly on a weekly basis they would create a system where no youth would go longer than 7 days from intake education to re-education.

The resident records showed resident acknowledgement of receiving and understanding the PREA education materials.

115.333 (c) During the intake staff interview The PREA Auditor asked how they ensured current residents as well as those transferred from other facilities were educated on the facilities PREA Policy. The intake staff confirmed that all residents, regardless of where they came from, are provided the same resident education about their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting. When asked, "How long from the date of intake are residents made aware of their rights as prescribed by PREA?", the staff replied: "The same day they arrive...as soon as possible."

115.333 (d) The PREA Coordinator provided the PREA Auditor with the resident education materials in formats accessible to all residents at the facility during the

	<p>audit. When he was asked how intakes with limited reading skills could learn the PREA related information they responded the staff would read the print information to the resident with the limited reading skills, get an interpreter, or get a bilingual staff to translate the PREA information and show the resident how they can call the hotline number (posted on the walls in many areas) to file a report or request emotional support services. Furthermore, the courts have access to interpretive services for youth with special needs or disabilities including youth who are deaf, speech impaired, blind, or otherwise disabled. Per agency policy, IDJC facilities are not permitted to allow residents to be used as translators for other residents.</p> <p>115.333 (e) The Superintendent and PREA Manager and were able to clearly explain the resident PREA education process. Upon auditor review, 11 of 11 resident records included documentation including the residents' acknowledgement of receiving and understanding the PREA information. In the resident interviews the youth were able to explain the process consistent with what is written in the facility PREA Policy and what is expected to meet this standard. 11 of 11 residents said they believed they could report allegations of sexual abuse and harassment without being punished or fearing retaliation.</p> <p>115.333 (f) PREA related information is continuously and readily available to residents. During the on-site portion of the audit The PREA Auditor was provided unobstructed movement within the facility and viewed PREA posters in the resident living units, classroom, and common areas. Posters included the name, address, and phone number to report sexual abuse and sexual harassment. The PREA Auditor also received a copy of and reviewed the PREA information in the brochure. PREA brochures and postings were observed in common areas of the building and observed in the lobby of the building.</p> <p>Postings include the phone number for Hotline. The calls are toll free and posted in each resident living unit. The PREA Auditor called to verify the number was working and would be a resource for residents when they called. The Hotline representatives confirmed the intent of the services and the free services available to youth in need.</p> <p>As a result of the documentation reviewed, intake procedures observed, and information learned during the staff and student interviews the Juvenile Correctional Center Lewiston met the standard of 115.333 (a-f).</p> <p>Corrective Action Findings: None</p>
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115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

PAQ

IDJC Policy 665 Training Requirements Section VI.

NIC Class Description

NIC Training Certificates – Investigating Sexual Abuse in a Confinement Setting

Interviews included:

PREA Manager

Superintendent

Investigative Staff

Site Review / Observations:

None

Provisions:

115.334 (a) In accordance with IDJC Policy, only qualified staff members do investigate allegations of sexual abuse and harassment. All criminal investigations are conducted by outside law enforcement agencies. All allegations of criminal conduct are immediately referred to an outside agency with the legal authority and jurisdiction to investigate thoroughly and objectively all allegations, including third party and anonymous reports.

115.334 (b) Despite abuse investigations being the responsibility of the local law enforcement agency, Juvenile Correctional Center Lewiston has staff with specialized training including techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Random staff interviews showed staff are trained on and understand evidence preservation standards. Local law enforcement staff are trained in the areas necessary to conduct administrative and criminal sexual abuse investigations.

115.334 (c) Juvenile Correctional Center Lewiston did provide documented proof of specialized training even though the criminal investigations are completed by outside agencies. A number of IFJC staff completed the course “Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations.”

115.334 (d) Auditor is not required to audit this provision.

The PREA Auditor called local law enforcement and confirmed they are the responsible agency for investigation related to abuse and neglect allegations. The department does have investigators appropriately trained to conduct investigations in accordance with PREA Standards.

The facility meets the requirements of standard 115.334 (a-d).

Corrective Action Findings: None

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included: PAQ IDJC Policy 665 Training Section. VI (Medical and Mental Health Care) Training Documentation for Specialized Staff (Medical and Mental Health) Training Certificates for Medical and Mental Health Training Certificates for contracted Medical and Mental Health Interviews included: Superintendent PREA Manager Hospital Emergency Room Representative</p> <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.335 (a) The Juvenile Correctional Center Lewiston does have on site medical and mental health practioners. Some in-house clinical staff can be utilized for mental health needs and the local hospital is utilized for specialized medical needs such as forensic medical exams. IDJC policy does reference medical and mental health training requirements. It references mental healthcare practitioners who work regularly in the facility must be trained in their role in prevention, detection, physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how to report allegations.</p> <p>115.335 (b) The Juvenile Correctional Center Lewiston staff do not conduct forensic exams. The Superintendent, PREA Manager, and medicl staff confirmed this in their interviews. The Emergency Room Representative at the Hospital confirmed via phone the trained and certified medical staff conduct the exams for the JCCL.</p> <p>115.335 (c) Any medical and mental health staff providing services to the residents must receive PREA related training. It appears the JCCL strives to meet this standard.</p> <p>115.335 (d) The applicable PREA Policy dictates that Medical and Mental Health practioners shall complete the necessary PREA training. The hospital Emergency Room Representative confirmed that their staff have received training in accordance with 115.331 and 115.332.</p> <p>Using information from interviews and documentation reviews (training records and policy reviews) the facility was determined to be in</p>

	<p>compliance with PREA Standard 115.335 (a-d).</p> <p>Corrective Action Findings: None</p>
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115.341	Obtaining information from residents
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making of the compliance decision:</p> <p>Documents reviewed included: PAQ IDJC Policy 613 PREA Compliance IDJC Policy 404 Observation and Assessment Juvenile Detention Vulnerability Assessment Tool Lewiston Screening Roster</p> <p>Interviews included: Intake Screening Staff Superintendent Clinical Director PREA Manager Random Resident</p> <p>Site Review / Observations: There was no intake/admission to observe during the on-site portion of the audit.</p> <p>Provisions:</p> <p>115.341 (a) Agency PREA Policy confirms that the admission and orientation process is conducted immediately or within a reasonable amount of time following a juvenile’s placement in the facility.” The facility intake staff perform screening that uses an objective screening instrument to obtain information about the youth’s personal history and behavior to reduce the risk of sexual abuse by or upon another youth. Upon review of the screening instrument form the PREA Auditor determined the screening instrument includes the elements required in provisions 115.341 a, b, and c.</p> <p>During discussions with the Clinical Director, intake staff, and the Superintendent, the PREA Auditor inquired about the admissions and assessment process. The staff interviewed consistently explained how the first thing youth do upon admission is spend time with the designated intake staff in the intake area of the building. The PREA Auditor toured the intake section of the building but did not observe any residents involved in the intake process. The area included private space for</p>

individual and confidential assessment meetings. The Clinical department is staffed with highly qualified people.

The intake staff stated the facility continues to gather information periodically throughout the youth's stay to reassess housing and supervision assignments based on incidents and periodically for residents who have an extended stay at JCCL.

115.341 (b) The IDJC policy also confirms the intake PREA assessments are conducted using the objective screening instrument (RSVP) upon admission or within a reasonable period of time following a juvenile's placement. The PREA Auditor reviewed completed youth assessments. In their interviews intake staff were able to explain the assessment process and what role the objective screening tool plays in the youth classification process.

115.341 (c) In accordance with the facility PREA Policy, the screening instrument, in use at JCCL does include the following information:

- Prior sexual victimization or abusiveness
- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore 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 residents own perception of vulnerability
- Any specific information about individual residents that may indicate heightened need for supervision, additional safety precautions, or separation from certain residents

115.341 (d) Through a review of on-site documentation, staff interviews, resident interviews and an interview with PREA Manager and the staff involved with intake, the PREA Auditor was able to ascertain that risk assessments were done in all eleven areas listed in 115.341 (c). This information was collected from conversations with the residents and a review of court records, case files, facility behavioral records, and other relevant documentation that is gathered upon the resident's arrival at the facility. The facility met the standard of this section.

115.341 (e) The Superintendent, Clinical Director and intake staff indicated during interviews that the information obtained during the initial, and any follow up screening is sensitive and treated as confidential, therefore the information has limited dissemination and access to the files is on a need to know basis. Employees are only permitted to view the protected information on a need-to-know basis. The facility secures the written records in a locked cabinets and a restricted password protected files for electronic records.

	<p>Based on the information learned in the interviews, document reviews, objective screening instrument demonstration, and the observations of the security in place to protect the confidential information, the facility is following the standards of this section. The system in place to obtain information from residents is above standard. The RSVP assessment tool is appropriate and takes into consideration all of the information required by PREA Standards, the assessment scoring system is objective and consistent, the staff conducting the assessments are highly qualified, and the information is stored with appropriate security levels for access. Overall the facility EXCEEDS the requirements of standard 115.341 (a-e).</p> <p>Corrective Action Findings: None</p>
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115.342	Placement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ IDJC Policy 604 Special Management Interventions IDJC Policy 672 Non-Discrimination of LGBTQ IDJC Placement Considerations Form IDJC Vulnerability Assessment Resident Records</p> <p>Interviews included: Superintendent PREA Manager Clinical Director Staff with Intake Risk Screening /Assessment Responsibilities Random Residents Random Staff</p> <p>Site Review / Observations: Intake and Assessment area Facility Tour</p> <p>Provisions:</p> <p>115.342 (a) IDJC Policy requires that the facility uses all information obtained during intake screening to make housing, bed, program, education, and work</p>

assignments for youth.

The screening tool in use does aid in deciding housing, bed, program, education, and work assignments. Despite the resident rooms being single occupancy rooms, housing assignments are discussed anytime there is an incident and moving kids room assignment is considered an intervention to keep residents safe and free from violence and/or abuse.

115.342 (b) Agency policy requires that residents being isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe. During the on-site phase of the audit The PREA Auditor walked freely through the facility and was given access to all areas as requested. At no time were isolation areas or isolation practices observed.

If a youth were to be isolated for safety purposes, the reason would be documented along with the reason for no alternative to isolation shall be documented.

Furthermore, the policy directs agency staff to follow that during any times of isolation, juveniles shall not be denied daily large muscle exercise or and any legally required educational programming or special educational services. Juveniles in isolation shall receive daily visits from a medical or mental health provider. Juveniles shall also have access to other programs and work opportunities to the extent possible.

115.342 (c) The Superintendent and PREA Manager explained the facility does not place LGBTQ residents on a special housing status/assignment or identification status as an indicator of vulnerability for sexual assault or harassment. Throughout both staff and resident interviews, no one reported that the Juvenile Correctional Center Lewiston had a LGBTQ resident for the past 12 months, therefore there were no bed assignment records or screening instruments to evaluate for this standard. The agency staff reported that if LGBTQ youth were in the program they would always refrain from considering lesbian, gay, bisexual, transgender, intersex, or questioning (LGBTQ) identification or status as an indicator or likelihood of being sexually abusive. Random staff interviews and a targeted resident interview revealed no special housing based on how a resident gender identifies.

115.342 (d) The Random Staff, Intake Staff, Supervisors, Superintendent, and PREA Manager reported no LGBTQ identifying residents in the facility during the past 12 months. Those staff interviewed stated the bed/housing assignments are made on a case-by-case basis and as with all youth the assignment would be based on ensuring the residents health and safety, and whether placement would present management or security problems. During the on-site portion of the audit seven residents were in the facility and none were on a particular living unit or room assignment due to their risk of violence or being a victim of violence. The facility does use a "placement considerations" form to aid in deciding housing assignments.

115.342 (e) The Juvenile Correctional Center Lewiston is designed for a short-term length of stay, however some residents have resided at the facility longer. The Clinical Director explained that long term stay residents are reassessed on a regular basis....at least every six months. During the audit there were no LGBTQ identifying

	<p>residents at the facility. Regardless of who was at the facility during the audit, the practice of reassessing residents every six months meets the standard that transgender and intersex residents programming is reassessed at least twice per year.</p> <p>115.342 (f) At the time of the audit there were no residents who identified as LGBTQ at the facility, therefore the auditor could not interview a resident in respect to them feeling like their own views were being considered in regard to housing assignments. The program's screening instrument used for all admissions does take into consideration the residents own views with respect to his or her own safety. Due to the number of open rooms and all of the existing residents residing in single occupancy rooms, The PREA Auditor determined there was plenty of space to safely house and program juvenile residents.</p> <p>115.342 (g) All residents shower separately from other youth and out of the direct observation of staff. This practice would allow transgender and intersex residents the opportunity to shower separately from other residents. During the facility tours The PREA Auditor observed the shower areas in the residential living area. The shower areas are private and the shower practice and protocols are also. All direct care staff and residents, in individual interviews, explained the same shower process that afforded privacy to the resident showering. There is never a time more than one resident is permitted in the shower stalls. All youth shower separately from other residents.</p> <p>115.342 (h) IDJC PREA Policy requires the staff document any student isolation or separation including 1. The basis for the facilities concern for the residents safety. 2. The reason why no alternative means of separation can be arranged. Agency policy also supports the standard that any placement and programming assignments for each transgender or intersex resident shall be reassessed every week to review any threats to safety experienced by the resident.</p> <p>115.342 (i) According to the Superintendent and the supervisory staff, in a case of a resident that is isolated as a last resort when less restrictive measures were inadequate the facility staff would review the need for continued separation from others on a weekly basis (meeting the maximum 30 day standard). The Superintendent confirmed the facility utilizes single rooms and does not use isolation for the protection of residents at risk of sexual victimization. As a result, the facility meets the intent of this standard.</p> <p>Based on the information learned in the interviews, document reviews, and the observations of the auditor, Juvenile Correctional Center Lewiston is in compliance with standard 115.342 (a - i).</p> <p>Corrective Action Findings: None</p>
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115.351	Resident reporting
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Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

PAQ
IDJC Policy 671 Grievance
IDJC Policy 613 Prison Rape Elimination Act (PREA)
IDJC Policy 600 Documentation of Incidents
IDJC Policy 675 Privileged Information
IDJC Policy 324 Ethics Standards of Conduct
IDJC Policy
Detention Center PREA Brochure
Milestone Handbook
Zero Tolerance Posters
Health and Welfare Reporting Document

Interviews included:

Superintendent / PREA Coordinator
Intake Staff
Random Residents

Site Review / Observations:

Intake assessment and orientation area.
Facility Tour

Provisions:

115.351 (a) Juvenile Correctional Center Lewiston provides multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff including staff neglect or violation of responsibilities that may have contributed to such incidents. The Juvenile Correctional Center Lewiston Policy lists the following options to report:

- Report to the National Child Abuse and Neglect Hotline
- Notify any staff verbally or in writing
- Report to a third party (policy allows third parties to assist residents in making reports)
- Report in writing
- Report verbally
- Reporting anonymously and in private is permitted
- Reporting staff misconduct without having to first attempt to resolve the complaint with any detention staff.

The PREA Auditor observed many posters with the hotline phone number in areas

residents had access to. The PREA Auditor tested phone number and confirmed the number provided access to confidential resources outside the facility. The areas where the posters were present included living units, classroom, facility entrance, conference room, common area and hallways. Also observed were grievance boxes where youth could put a note asking to speak with someone.

In Random resident interviews, 11 of 11 youth could explain at least two ways to report sexual abuse and/or harassment. 11 of 11 explained they would tell a staff or their parents.

The IDJC Grievance Policy states, "It is the policy of the Idaho Department of Juvenile Corrections (IDJC) to provide administrative means for handling complaints from juveniles related to their care and confinement as well as means for juveniles to report incidents relating to the Prison Rape Elimination Act (PREA)."

115.351 (b) Juvenile Correctional Center Lewiston provides many ways for residents to report sexual abuse or harassment accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. 100% of the staff reported in their individual interviews that they believed they could also report in more than one way.

The Child Abuse Hotline was observed posted throughout the facility. This phone number was tested and confirmed two by the PREA Auditor . The Hotline operator confirmed the Hotline abuse and neglect procedures for taking and processing a call from the Juvenile Corrections Center Lewiston . The Hotline is available 7 days per week and 24 hours per day. Anonymous calls are accepted.

11 of 11 residents gave examples of "how" they could report to a Third Party. Responses included call the Hotline using the phone in the living unit, writing it on a grievance form, tell a family member, tell their lawyer, and tell a trusted staff member.

The facility does not detain residents solely for the civil immigration purposes.

115.351(c) In accordance with agency PREA policies, any staff member shall accept reports of sexual abuse and sexual harassment from a detained juvenile or a third party, whether verbally or in writing, and shall promptly document any verbal reports. This was evident in both the staff and resident responses during the in-person interviews. When asked about documenting verbal reports of sexual abuse and sexual harassment all of the non-supervisory staff responded that they would immediately share the report with their supervisor and once the residents had been determined safe (i.e. separated from the alleged aggressor and free from retaliation) the staff would document what they were initially told. Facility administrators also confirmed the process for accepting allegations from residents as well as third parties.

115.351 (d) The Juvenile Correctional Center Lewiston provides residents access to grievance forms and writing instruments to privately make a written report. The PREA Auditor observed grievance forms available and 11 of 11 residents reported access to writing instruments upon request. In interviews 11 of 11 residents reported that they believed they could file a confidential grievance or allegation of

	<p>sexual abuse or harassment.</p> <p>The Juvenile Correctional Center Lewiston staff can submit reports of allegations of sexual abuse or harassment of residents by submitting a report to the Superintendent by calling the Child Abuse Hotline. The staff interviews revealed the staff understand their reporting responsibility, the multiple reporting avenues they have, and what the PREA expectations are.</p> <p>115.351 (e) The Juvenile Correctional Center Lewiston has established procedures for staff to privately report sexual abuse and sexual harassment of residents. The procedures are:</p> <ul style="list-style-type: none"> • Written Reports • Verbal Reports • Anonymous Reports • Third Party Reports • Verbal reports being documented and forwarded to the Superintendent. <p>During staff interviews all interviewees pointed out the posted hotline phone number as an example of a way to privately and confidentially report. Staff also discussed learning the process in their initial and annual PREA training.</p> <p>Based on the information learned in the resident and staff interviews, document reviews, and the observed facility postings, the facility meets the requirements of standard 115.351 (a - e).</p> <p>Corrective Action Findings: None</p>
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115.352	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included: IDJC Policy 671 Juvenile Grievance. Lewiston Grievance Log Facility Handbook – Milestone Program Manual Grievance Forms</p> <p>Interviews included: Superintendent PREA Manager Staff Involved in Processing Grievances</p>

Random Residents

Random Staff

Site Review / Observations:

Grievance Boxes

Provisions:

115.352 (a) This standard does apply to Juvenile Correctional Center Lewiston because the facility does have administrative procedures to address resident grievances regarding sexual abuse and harassment. The PREA Auditor confirmed through a review of facility policies, the Resident Handbook, and interviews that grievances regarding sexual abuse and harassment are immediately treated as a PREA allegation and the appropriate steps of reporting and follow up are implemented. During staff interviews the PREA Auditor asked, "What would happen if a written grievance, related to sexual abuse or harassment, was found in a grievance box?" The common answer was, "we would treat it like any other PREA allegation and follow the protocols." Another reply was, "a PREA related allegation is a PREA allegation no matter where it comes from."

Youth are educated on PREA and the Grievance procedures upon admission to the facility. The Superintendent (or designee) reviews all Grievances within 24 hours of them being filed and informs the resident of the outcome of her or his investigation. In individual interviews, residents confirmed knowledge of the Grievance procedure and how to put a written complaint in the grievance box. 11 of 11 residents claimed to trust the process. The PREA Auditor did review the Lewiston Grievance Log to determine compliance with PREA Standards. It appeared the facility is in compliance with responses, action taken, adherence to policy and established timelines.

115.352 (b) The PREA Auditor found no evidence of timelines or restrictions on grievances for reporting sexual abuse or sexual harassment. Per policy and found in staff and resident interviews, youth are not required to use any particular reporting manner (i.e. informal grievance, internal problem solving, or making it mandatory to address the staff they are reporting). A review of the resident rights, the handbook, and Grievance Policy # 671 showed no evidence of limiting their legal reporting rights of a juvenile in the Juvenile Justice Correctional Center Lewiston. Page 2 section 2.a. of Policy 671 states, "For PREA related circumstances involving allegations of substantial risk of imminent sexual abuse, no initial attempts of resolving through problem solving with the treatment group and/or team is necessary." Section 2.b. states, "Any grievance marked "Sexual Abuse/Sexual Harassment" is immediately delivered to the facility PREA Compliance Manager and is processed according to the emergency grievance procedures... ."

115.352 (c) In accordance with IDJC policy and as confirmed in the resident and staff interviews, a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint. Furthermore, there is no time limit imposed on filing a sexual abuse or harassment complaint at JCCL. Policy 671 states, "Juvenile Grievance Forms are made readily available to all juveniles without having to ask a staff member."

11 of 11 residents confirmed they could file a complaint against a staff member without the grievance going to the staff in question. When asked about how could they report a staff the PREA Auditor received responses such as:

- I would tell my Mom, Grandma, or Dad
- I would tell my attorney
- I would tell the Superintendent
- I would tell (trusted staff name).

115.352 (d)

1. All grievances and allegations related to sexual abuse and harassment are referred to the Hotline and local law enforcement for criminal investigations. During a telephone conversation, Law Enforcement acknowledged the expected PREA guidelines and said they complete their portion of the investigation as soon as possible. This would allow the Juvenile Correctional Center Lewiston to 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.

2. The Juvenile Correctional Center Lewiston PREA Coordinator acknowledged that if they determined that the 90-day timeframe is insufficient they would refer to the PREA standards and make an appropriate decision and claim an extension of time and notify the resident in writing of any such extension and provide a date by which a decision will be made. Through interviews of residents, interviews of staff, and a review of the grievances of the past 12 months The PREA Auditor found zero allegations or grievances related to sexual abuse or harassment. 13 months before the 2025 audit there was one resident allegation that he was “flashed in the bathroom.” The grievance was investigated and unfounded after no video confirming the allegation was found.

3. Although unlikely, if all of the time limits of 1 and 2 of this section (d) are exhausted and the resident does not receive a written response the youth could contact their lawyer, guardian, Law Enforcement or Child Abuse Hotline. Also, the JCCL could claim an extension of time, up to 30 days, to complete the investigation if the normal time is insufficient to make an appropriate decision. If an extension was necessary, the Superintendent would notify the resident in writing.

115.352 (e) The Juvenile Correctional Center Lewiston accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports.

1. According to Juvenile Correctional Center Lewiston Handbook, verbal reports received residents, anonymous reports and from third party reports shall be received and documented.

2. The Superintendent, PREA Manager, and Supervisors explained, third parties are permitted to file such requests on behalf of residents.

3. If a resident were to decline to have a third-party request processed on his or her

behalf, the Juvenile Correctional Center Lewiston staff would document the resident's decision.

4. Juvenile Correctional Center Lewiston accepts third party allegations and grievances from anyone; this includes the parent or legal guardian of a juvenile. the facility does not require such a grievance be conditioned on the juvenile agreeing to having the request filed on his/her behalf.

5. The Superintendent made it clear all allegations of sexual abuse and harassment are taken seriously and followed up per PREA standards. No grievances would be conditioned upon the juvenile agreeing to have a request filed on his behalf.

115.352 (f)

1. The Juvenile Correctional Center Lewiston has confidential grievance boxes and has open and good communication between the staff and residents. The PREA Auditor witnessed residents using this avenue to talk to staff in private away from other residents. If a resident informally asked to speak with staff, the staff would either stop what they were doing or finish what they were doing and return to speak with the youth. Additionally, a resident can call the Child Abuse Hotline at anytime. These procedures meet the standard of having an established procedure for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

2. The Juvenile Correctional Center Lewiston is a small facility in a small Idaho town. The Superintendent maintains constant communication with the direct care staff, supervisors and residents. Any grievance or complaint alleging a resident is subject to a substantial risk of imminent sexual abuse, in accordance with facility policy, the matter would be immediately reviewed at the highest level of the facility management team and forwarded to Law Enforcement for investigation if appropriate.

3. After receiving an emergency grievance, either the Superintendent or would provide an initial response within 48 hours (meeting the maximum hour standard established in 115.352).

4. The PREA Auditor found no evidence of any grievances alleging substantial risk of imminent sexual abuse filed in the last 12 months, therefore there were no grievances to evaluate the time it took for the initial response.

5. IDJC Policy 671 does address emergency grievances alleging that a resident is subject to a substantial risk of imminent sexual abuse would be reviewed for immediate corrective action and that a final agency decision would be issued within 5 days. (See page 4, #5)

6. The PREA Auditor found no evidence of any grievances alleging substantial risk of imminent sexual abuse filed in the last 12 months, therefore there were no timelines to evaluate against the 5 day standard. Most grievances listed in the log were resolved within 1-4 days.

	<p>115.352 (g) The Juvenile Correctional Center Lewiston may discipline a resident for filing a grievance related to alleged sexual abuse if the resident filed the grievance in bad faith. The PREA Auditor found zero grievances filed over the past 12 months alleging sexual abuse or harassment. Throughout facility staff interviews, outside agency interviews, and document reviews The PREA Auditor found zero grievances filed for the purpose of reporting sexual abuse or harassment. There was one unfounded allegation in May 2024. In the interviews the residents all reported feeling safe at the facility and that they could file an allegation without fear of retaliation. The random staff interviews revealed the staff were aware of the resident and third part grievance procedures. The grievance procedure includes avenues for filing an appeal.</p> <p>As a result of the auditor observations while on campus, reviews of resident grievances, and interviews of staff and residents this auditor has determined the facility meets the requirements of standard 115.352 (a - g).</p> <p>Corrective Action Findings: None</p>
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115.353	Resident access to outside confidential support services and legal representation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ IDJC Policy 673 Limited Confidentiality IDJC Policy 674 Correspondence and Communication IDJC Policy 675 Privileged Communication Contract Between IDJC and Sequoia Counseling Services Milestone Manual (pages 8 and 9) PREA Brochure PREA Posters Facility Schematics Juvenile Notice of Limited Confidentiality Acknowledgement Form</p> <p>Interviews included: Superintendent Intake Staff Supervisory Staff Random Residents</p>

Site Review / Observations:

Telephone locations and resident ability to make confidential calls.

Rooms provided for confidential resident meetings with lawyers, advocates, and parents.

115.353 (a) The Juvenile Correctional Center Lewiston Policy outlines how all residents have access to outside confidential support services related to sexual abuse and harassment. The facility provides information through living unit and common area building postings that include mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. 11 of 11 residents interviewed confirmed they believed a call to outside support services would be private and confidential. When interviewed, the residents confirmed they could ask for privacy when speaking with their attorney or an outside advocacy service. 10 random staff and 2 administrative staff interviewed confirmed residents were provided private and confidential phone calls upon request.

The PREA Auditor observed and called to confirm the hotline phone number posted in the resident living areas, dining room, and classrooms.

The facility also provides residents with information about outside victim advocate Janet Loveland for emotional support services. Janet Loveland reported no calls on record from the Juvenile Correctional Center Lewiston in the past 12 months.

The Juvenile Correctional Center Lewiston does not provide services for youth detained solely for civil immigration purposes; therefore no postings or brochures include contact information for immigration services.

115. 353 (b) 11 of 11 residents reported during their interviews that upon admission they received information on how to access outside confidential support services and that they believed they could make confidential calls upon request. 11 of 11 residents, one intake staff, and the PREA Manager confirmed the residents are informed of the mandatory reporting rules, governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

The PREA Auditor observed the PREA posters with toll free numbers to access confidential support services. The PREA Auditor tested the phone numbers and confirmed the process was established and working. 10 of 10 randomly selected staff and all administrative/supervisory staff confirmed in their respective interviews that the resident phone calls could be made in a confidential manner upon request. In addition, IDJC does have a contract with

115.353 (c) The facility provided documentation showing communication between Sequoia Counseling and with YWCA for confidential counseling and advocacy services. The PREA Auditor contacted the agencies and confirmed they were qualified and prepared to provide confidential PREA related services to the residents of JCCL. Services are free of charge and can be provided in person or by phone.

	<p>115.353 (d) In accordance with IDJC Policy 674 Correspondence and Communication, JCCL does provide residents with reasonable and confidential access to their attorneys or legal representation, parents, and legal guardians. Confidential calls, mail, and visitation is covered in Policy 674. Residents are informed of this right upon admission. Intake staff explained residents are verbally told to request a call or meeting. The Handbook explains the residents have a right to visit in private with their lawyer. In the interviews 11 of 11 residents all reported feeling safe at the facility and that they could make confidential contact with legal representatives or other outside service resources to receive emotional support services as needed.</p> <p>The documentation reviewed, information received through interviews, and what was observed on tour of the facility led The PREA Auditor to determine the facility meets the requirements of standard 115.353 (a - d).</p> <p>Corrective Action Findings: None</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ Milestone Handbook PREA Zero Tolerance Posters Screenshot of reporting information from website</p> <p>Interviews included: PREA Coordinator PREA Manager Superintendent Random Residents Random Staff</p> <p>Site Review / Observations: Facility postings www.idjc.idaho.gov</p> <p>Provisions:</p> <p>115.354 (a) The IDJC Juvenile Correctional Center Lewiston Milestone Program Manual describes the procedures to receive and for making a 3rd party report of</p>

	<p>sexual abuse and harassment on behalf of a youth. The procedures are listed in the resident PREA education materials.</p> <p>Random staff interviews revealed the staff are aware of the Third-Party reporting expectations. 10 of 10 staff reported they would accept a Third-Party report and follow the facility procedures. During interviews, all of the residents explained there was someone outside the facility they could report an allegation of sexual abuse or sexual harassment.</p> <p>In support of provision 115.354 the Milestone Handbook states the following: "Tell a family member, friend, legal counsel, JPO, JSC, or anyone else outside the facility. They can report on your behalf by calling 1-855-552-5437."</p> <p>When contacted by The PREA Auditor , the Hotline staff explained they would accept a Third-Party report of sexual abuse or harassment. The PREA Auditor also observed the posting of the 3rd party reporting procedure posted on wall hangings in the visitor entrance to the facility.</p> <p>The PREA Auditor reviewed the agency's public website www.idjc.idaho.gov . Areas specifically reviewed included the PREA Section. Included are directions on how anyone can report sexual abuse.</p> <p>Through gathering information in interviews, testing reporting systems, observing the on-site wall hangings, and reviewing related policies it was determined the facility meets the standards listed in 114.354.</p> <p>Corrective Action Findings: None</p>
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115.361	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance Idaho Mandatory Reporting Law (Title 16 Juvenile Proceedings Chapter 16 Child Protective Act) Facility PREA Postings</p> <p>Interviews included: Superintendent PREA Manager</p>

Random Residents
Random Staff
Hotline Representative
Law Enforcement Representative
Intake Staff
Medical and Mental Health Staff

Site Review / Observations:

Facility Postings

Provisions:

115.361 (a & b) IDJC Juvenile Correctional Center Lewiston PREA Policy outlines that agency facilities “will adhere to a zero-tolerance standard for incidences of sexual abuse or misconduct. Furthermore, it is the policy of the IDJC that all allegations of sexual abuse, sexual harassment, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident o retaliation within IDJC facilities will be reported, investigated, and responded to accordingly.”

All staff interviewed acknowledged their responsibilities as mandated child abuse reporters. All staff could describe the PREA training they completed and the intent of the PREA standards and Child Abuse reporting laws.

Policy 613 Page 1 Section I. B. states, “IDJC will comply with all mandatory reporting laws.”

115.361 (c) Apart from reporting to designated supervisors or officials and designated State or local services agencies, according to the Juvenile Correctional Center Lewiston PREA Policy page 2 section G. staff are 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. Staff interviews confirmed this standard on confidentiality is understood at JCCL.

115.361 (d) The Juvenile Correctional Center Lewiston does have full time medical and mental health staff. The services are provided by qualified in-house staff. Through an interviews the PREA Auditor learned both the mental health and medical practitioners understand they are 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. The medical staff and the mental health practitioners are trained on their duty to report.

115.361 (e) In accordance with the IDJC PREA Policy, upon receiving any allegation of sexual abuse or neglect, the Superintendent or designee shall call the local law enforcement to initiate a complete investigation. During interviews, the Superintendent explained he would notify the alleged victims’ parents or legal guardians and his or her attorney. If the juvenile court retains jurisdiction of the alleged victim, the assigned court representative is notified by the facility Director.

	<p>Through the PREA Audit interview process, the PREA Auditor learned the PREA Manager and Superintendent, supervisory staff, and line level staff do have a good understanding of the mandated reporting processes.</p> <p>115.361 (f) In the past 12 months, there were zero allegations of sexual abuse that required a call to the investigative authorities. Interviews of key staff and a review of related policy demonstrate the facility is aware of the requirements to immediately report all allegations of sexual abuse and sexual harassment, including third party anonymous reports, to law enforcement and outside advocates.</p> <p>Based on the information found through documentation reviews, interviews, and facility postings the facility meets the requirements of standard 115.361 (a-f).</p> <p>Corrective Acton Required: None</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance IDJC Policy 671 Juvenile Grievance</p> <p>Interviews included: Superintendent PREA Manager Agency Head Supervisory Staff Random Staff</p> <p>Site Review / Observations: Facility Postings</p> <p>Provisions:</p> <p>115.362 (a) Interviews of random staff as well as administrators revealed 10 of 10 random staff of Juvenile Correctional Center Lewiston staff understand that when anyone learns that a resident is subject to a substantial risk of imminent sexual abuse, they must take immediate action to protect the resident. Policy 613 PREA supports this standard (115.362). All staff interviewed discussed separating a resident that was at risk. Because the facility does utilize single room occupancy,</p>

	<p>separation procedures for alleged victims and perpetrators can be easily achieved. If the alleged perpetrator is a staff, he/she would be suspended from working directly with the residents until the investigation is complete. The Juvenile Correctional Center Lewiston process removes the person (staff or resident) who may be causing the imminent risk of sexual abuse or harassment.</p> <p>The IDJC grievance policy addresses emergency grievances on page 3 section B. PREA is listed as a grievance that must be “treated as an emergency grievance.”</p> <p>During resident interviews the residents expressed trust in the facility reporting and response process. 11 of 11 residents reported feeling safe in the facility. In interviews, staff were able to explain the process of receiving a report, making a report, separating the alleged victim from the perpetrator, protecting evidence, and documenting everything.</p> <p>Based on information received from interviews, documentation reviews, and public postings, the facility meets the requirements of standard 115.362.</p> <p>Corrective Action Required: None</p>
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115.363	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included:</p> <p>PAQ PREA Coordinated Response Plan JJC-Lewiston IDJC Policy 673 Juvenile Disclosure of Criminal Activity/Abuse IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance IDJC Notification of Disclosure and/or PREA Incident</p> <p>Interviews included: Superintendent / PREA Coordinator Random Staff First Responder Staff</p> <p>Site Review / Observations: None</p>

	<p>Provisions:</p> <p>115.363 (a) In accordance with IDJC Policy, upon receiving an allegation that a resident was sexually abused while confined at another facility, the JCCL Superintendent said he would notify the head of any other facility upon which the alleged abuse occurred. The Superintendent would document the allegation on an incident report and forward it to the applicable law enforcement agency for investigation. In addition, a child protection referral shall also be submitted by contacting the Idaho Department of Health and Welfare, Family and Child Services Division.</p> <p>IDJC Policy 673 Juvenile Disclosure of Criminal Activity/Abuse directly addresses the provisions of Standard 115.363.</p> <p>The JCCL Superintendent, and all staff interviewed, reported not receiving any allegations, in the past 12 months, that a resident was abused while confined at another detention facility.</p> <p>115.363 (b) The JCCL Superintendent reported he would initiate the notification process immediately, thus meeting the standard of no later than 72 hours after receiving the allegation. IDJC has a “Notification of Disclosure Form” to document such an allegation. There were no allegations or investigations to review against this standard.</p> <p>115.363 (c) The IDJC PREA Policy adequately covers documentation of all PREA allegations. There were no allegations or investigations to review against this standard.</p> <p>115.363 (d) The Superintendent acknowledged when he receives such notification, he is responsible to ensure that the allegation is investigated in accordance with these standards.</p> <p>The facility meets the requirements of standard 115.363 (a-d).</p> <p>Corrective Action Required: None</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision:

Documents reviewed included:

PAQ

IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance

PREA Coordinated Response Plan JCC-Lewiston

Interviews included:

Superintendent

PREA Manager

Random Staff

First Responder Staff

Site Review / Observations: None

Provisions:

115.364 (a) According to the IDJC PREA Policy , upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to separate the alleged victim and abuser and then preserve and protect the crime scene. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond to the report is required to request that the alleged victim and abuser do 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.

The above practices were supported in the First Responder interviews where 10 of 10 random staff responded in accordance with the guidelines.

115.364 (b) The Juvenile Correctional Center Lewiston staff are all trained to respond in the same manner. All responders are trained to separate the alleged victim from imminent risk, request that the alleged victim not take any actions that could destroy physical evidence, and then report the incident per policy. The PREA Auditor was able to ascertain that facility staff had completed both initial and refresher PREA training (when applicable). During the staff interviews most staff mentioned receiving PREA training in the last few months.

The PREA Auditor reviewed documentation from an investigation into resident on resident violence to determine if the incident met PREA definitions. The incident was properly investigated and the final outcome was the incident did not meet the definition of being PREA related.

There were zero allegations or investigations into incidents of sexual abuse in the past 12 months, therefore there were no related reports to review for compliance with this standard. The evidence used to determine compliance with this standard was the PREA policy review, student education materials, and first responder staff interviews.

	<p>The facility meets the requirements of standard 115.364.</p> <p>Corrective Action Required: None</p>
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115.365	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision:</p> <p>Documents reviewed included: PREA Coordinated Response JCC - Lewiston</p> <p>Interviews included: Superintendent / PREA Coordinator Random Staff First Responder Staff</p> <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.365 (a) The Juvenile Correctional Center Lewiston Sexual Abuse Coordinated Response protocol provides specific guidelines for a staff's response to allegations of sexual abuse and sexual harassment. The plan includes each position's role and specific action they are expected to take including first responders, mental health staff, administrators, and leadership. During their interviews the Superintendent and PREA Manager explained the facilities coordinated response plan. In other interviews, other staff could also articulate the process.</p> <p>Based on the interview responses received and the documentation reviewed, the facility was determined to meet the requirements of standard 155.365.</p> <p>Corrective Action Required: None</p>

115.366	Preservation of ability to protect residents from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>

	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: Wall postings in staff only areas.</p> <p>Interviews included: Agency Head Superintendent PREA Manager Random Staff</p> <p>Site Review / Observations: None</p> <p>Provisions:</p> <p>115.366 (a) There are no agreements in place that would prohibit the Juvenile Correctional Center Lewiston from removing staff alleged to be involved in sexual abuse or sexual harassment. Agency policy confirms alleged sexual abusers or harassers can be removed from contact with residents pending investigations and/or final outcomes, including discipline that is warranted, related to allegations of sexual abuse and harassment.</p> <p>Interviews of the Agency Head, Superintendent, PREA Manager and Random Staff provided no evidence that the facility participates in a collective bargaining processes that would limit PREA compliance.</p> <p>115.366 (b) The auditor is not required to audit this provision.</p> <p>Through staff interviews and file audits, The PREA Auditor determined the facility meets the requirements of standard 115.366.</p> <p>Corrective Action Required: None</p>
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115.367	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance PAQ IDJC Quality Improvement Services Handbook Sexual Abuse/Harassment Retaliation Monitoring Form</p>

Interviews included:

Superintendent

PREA Compliance Manager

Supervisory Staff

Random Staff

Agency Head

Site Review / Observations: None

115.367 (a) The Idaho Department of Juvenile Corrections PREA policy calls for designated staff provide protection against retaliation 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. The Superintendent and PREA Compliance Manager are the staff designated to monitoring retaliation against staff or residents that report sexual abuse or harassment. The designee on each shift is the Detention Juvenile Officer assigned.

115.367 (b) The agency employs multiple protection measures for staff and residents that fear retaliation for reporting sexual abuse or sexual harassment. Measures include room changes, removal of alleged abuser from contact with the alleged victim, and emotional support services, for youth or staff who fear retaliation. During the on-site audit, the PREA Auditor asked the Supervisor reasons that would necessitate the movement of residents from one room to another. The supervisor explained how the staff team (including Clinical Services) would discuss and agree on room moves to avoid incidents based on potential conflicts among residents. This was not sexual abuse or sexual harassment related; however, it was a demonstration that the facility did implement proactive protection/intervention measures to avoid negative incidents among the residents.

115.367 (c, d, e) All facility staff are responsible for protecting staff and residents who report sexual abuse and sexual harassment. In accordance with the QI Handbook for at least 90 days or beyond, based on the continuing need, the Superintendent and PREA Compliance Manager are tasked with protecting residents from retaliation. The person charged with monitoring the staff and residents for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews. This Superintendent and PREA Compliance Manager are expected to conduct periodic status checks / interviews with the alleged victim and act promptly to remedy any retaliation.

Because there were zero reported allegations of sexual abuse or sexual harassment during the last 12 months, The PREA Auditor was unable to review documentation which would prove or disprove compliance with this standard. Interviews of the key staff designated as those responsible for monitoring for retaliation resulted in the individuals interviewed being able to explain procedures they would employ to protect residents.

115.367 (f) Auditor is not required to audit this provision.

	<p>As a result of the evidence considered (interviews, policy review, and staff file reviews), the PREA Auditor determined the facility meets the requirements of this standard 115.367 (a-f).</p> <p>Corrective Action Required: None</p>
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115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 604 Special Management Interventions IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance PAQ Facility Schematic Incident reports Resident Files</p> <p>Interviews included: Superintendent PREA Coordinator Medical and Mental Health Staff Random Staff Random Residents</p> <p>Site Review / Observations: Complete Facility Tour</p> <p>115.368 (a) Juvenile Correctional Center Lewiston does not have or implement the use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342. As observed on the facility tour, the facility does utilize segregated housing for intake or disruptive behavior only.</p> <p>Page 2 Section G of Policy 613 states, “Use of isolation or segregation as a means of protecting residents who have allegedly suffered sexual abuse is prohibited.”</p> <p>As reported on the PAQ, given as responses during staff and student interviews, and discovered during living unit log reviews; In the past 12 months the number of residents who allege to have suffered sexual abuse who were placed in isolation is zero. The number of residents who allege to have suffered sexual abuse who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services is zero. The average</p>

	<p>period of time residents who allege to have suffered sexual abuse who were held in isolation to protect them from sexual victimization is zero.</p> <p>Evidence considered in making a compliance decision included the following: Documentation reviewed to determine compliance included incident reports and resident case files to determine if isolation is used at all at the Juvenile Corrections Center Lewiston. Interviews included administrators, random staff, and residents. Observations included the resident living areas. The PREA Auditor could not find evidence that isolation is used to protect victims of sexual abuse or harassment at the facility. As a result of the evidence considered, the facility meets the requirements of standard 115.368.</p> <p>Corrective Action Required: None</p>
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115.371	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: ADJC Policy 613 Prison Rape Elimination Act (PREA) Compliance IDJC Policy 614 Investigations – PREA IDJC Policy 910 Investigations – Administrative IDJC PREA Incident Review Report (form DJC-262-06) Agency Document Retention Schedule</p> <p>Interviews included: Superintendent PREA Compliance Manager Investigative Staff PREA Coordinator Random Staff</p> <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.371 (a) ADJC Policy states, “It is therefore the policy of IDJC that upon receiving an allegation of sexual abuse or harassment in an IDJC facility or contract provider, an investigation is conducted according to the procedures below, in an impartial, objective, confidential, and expeditious manner. These procedures ensure compliance with established PREA standards and determine validity or allegations</p>

so that a proper response can be implemented.”

When interviewed the Superintendent and PREA Compliance Manager explained when an allegation is made, they first ensure the alleged residents involved are safe and the potential crime scene is not disturbed. They then call local law enforcement as soon as possible. When asked specifically how long it takes to initiate an investigation Superintendent replied, “immediately...as soon as possible.”

For criminal and administrative investigations at the Juvenile Corrections Center Lewiston , the investigating authorities are the local police department. The Superintendent and PREA Compliance Manager said anonymous or third-party allegations would not be treated any different than any other allegation of sexual abuse or harassment. There were no investigation documents to review because there were no allegations of sexual abuse or harassment reported in the past 12 months.

115.371 (b & c) The Juvenile Correctional Center Lewiston refers all investigations related to sexual abuse and sexual harassment to local law enforcement. When contracted by the PREA Auditor, law enforcement confirmed the departments investigative responsibilities at Juvenile Corrections Center Lewiston. From discussions with the police department representatives, the PREA Auditor was able to confirm the investigation process includes;

Investigators are required to stay current on sexual assault training techniques and relevant information.

Training includes:

- Techniques for interviewing juvenile sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- The criteria and evidence required to substantiate a case for administrative or prosecution referral.

The investigation process, including gathering of evidence.

Investigation relate to juveniles are initiated immediately upon receiving a report.

Third party or anonymous reports of sexual abuse or sexual harassment are not handled any different.

The Prosecuting Attorney's office is consulted throughout all investigations in case prosecutions are the end result of the investigations.

During an interview of the hospital emergency room personnel, she explained they would work closely with the investigators from the Police Department during sexual abuse investigations involving juveniles. This includes training the investigators on evidence preservation and collaborating on individual cases involving alleged sexual assault.

115.371(d) Juvenile Correctional Center Lewiston management reported in

separate interviews that the facility administrators would refrain from terminating an investigation solely because the source of the allegation recants the allegation, or the alleged abuser or victim departs from the facility. Because the facility did not have any closed investigations reported in the past 12 months, The PREA Auditor could not ascertain a reason to determine non-compliance with this provision. Additionally, the police department does not terminate investigations solely because the source of the allegation recants the allegation.

115.371 (e) The facility reported zero allegations of sexual abuse or harassment, therefore there were zero investigations for the auditor to review. The Juvenile Correctional Center Lewiston management staff did report they would do nothing related to an on-going investigation unless it was pre-approved or requested by the investigating agency. This would include compelling interviews. Prior to taking steps that will be included in a criminal prosecution, the policy department consults the Prosecuting Attorney Office throughout all sexual assault investigations. This constant communication allows the investigators to receive consultation on processes such as whether to conduct compelled interviews.

115.371 (f) The Juvenile Correctional Center Lewiston accepts all allegations of abuse or harassment regardless of 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. All allegations are submitted to Hotline and forwarded to the Police Department. When interviewed, the Superintendent confirmed the facility does not judge the person or the allegations, nor require a polygraph or other truth telling device as a condition for proceeding. He stated they immediately would forward all allegations of sexual abuse and sexual harassment to the proper authorities as listed in facility policy.

115.371 (g) In accordance with IDJC Policy the Juvenile Correctional Center Lewiston is not responsible for criminal investigations. Investigations, by outside agencies, into sexual abuse do include a determination as to whether staff actions or failures to act contributed to the abuse. The investigations are documented and include all aspects of the investigation into the allegation. The JCCL PREA Compliance Coordinator has received training and understands the protocols for preserving evidence, separating those involved, and getting written statements that can be used in the investigation.

115.371 (h) Because there were zero investigations, the PREA Auditor was unable to determine compliance or non-compliance as to whether criminal investigations were 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. Of the incident investigations reviewed, the PREA Auditor could determine the facility staff understand the importance of incident reviews and post incident investigations.

115.371 (i) In accordance with IDJC policy all criminal investigations are referred to local law enforcement. Any determination to pursue prosecution is determined by the Prosecuting Attorney's office.

	<p>115.371 (j) In her interview the PREA Compliance Manager acknowledged that in the case of investigations such as those referenced in 115.371(g) and (h) JCCL would retain those files in accordance with Agency policy. The Quality Improvement Services Handbook states, "The Agency PREA Coordinator shall retain all written reports related to PREA allegations as long as the alleged abuser is incarcerated or employed by the Agency, plus five years, unless the abuse was committed by a juvenile and applicable law requires a shorter period of time. The Agency Records Retention Schedule states PREA investigation reports and documentation should be retained for 10 years after the case is closed.</p> <p>115.371 (k) Juvenile Correctional Center Lewiston does not conduct sexual abuse investigations, therefore has no control on the progress or outcome. As confirmed in a Police representative interview, the Police do not terminate an investigation based on the departure of an alleged abuser or victim from the employment at the facility.</p> <p>115.371 (l) Auditor is not required to audit this provision.</p> <p>115.371. (m) Administrative staff interviewed, and facility policy confirmed the Juvenile Correctional Center Lewiston staff would cooperate with outside sexual abuse investigators and endeavor to remain informed about the progress of the investigation as appropriate. 10 of 10 staff confirmed they would participate in the investigation as requested by an outside investigative authority. The Superintendent, PREA Compliance Manager, and Supervisors all explained that they would fully cooperate with outside agencies investigating sexual abuse and sexual harassment and they would remain involved until the investigation was complete.</p> <p>Based on the documentation reviewed and information learned from facility staff interviews and outside agency interviews the auditor determined Juvenile Correctional Center Lewiston to be compliant with standard 115.371 (a-m).</p> <p>Corrective Action Required: None</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 614 Investigations - PREA PAQ</p> <p>Interviews included:</p>

	<p>Superintendent PREA Compliance Manager Investigative Staff</p> <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.372 (a) IDJC Policy states, “The investigation is closed when the PREA Incident Review Team has reviewed the DJC-276 and supporting information, as applicable, and based on the preponderance of the evidence provided, makes a determination whether the allegation is substantiated, unsubstantiated, unfounded, considered non-abusive contact, or does not fit the definition of PREA incident.</p> <p>Agency Policy also supports provision 115.372(a) as the Agency is committed to not imposing a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The investigative staff interviewed stated they report the facts in an unbiased manner, and the outcome of the investigation is decided by the Prosecuting Attorney.</p> <p>The PREA Auditor determined the facility to be in compliance with 115.372 (a).</p> <p>Corrective Action Required: None</p>
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115.373	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 614 Investigations - PREA Not PREA Investigation File PREA Incident Review Form JCCL Investigation Table</p> <p>Interviews included: Superintendent</p>

PREA Compliance Manager
Random Residents

Site Review / Observations: N/A

Provisions:

115.373 (a) ADJC Policy calls for Superintendent to inform the resident of the outcome and whether the allegation was determined substantiated, unsubstantiated or unfounded. Policy 614 specifically states, “the juvenile making the allegation receives a copy of Section D of the DJC-262-06 Form notifying them of the investigation findings.”

115.373 (b) Juvenile Correctional Center Lewiston does not conduct investigations, the facility policy on investigations states the facility shall request the information from the investigating agency in order to inform the resident.” Because there were no investigations that had outcomes determined to be substantiated, unsubstantiated, or unfounded during the past 12 months, there were no outcomes and notifications to verify for this PREA Audit.

115.373 (c) ADJC Policy states that following a resident’s allegation that a staff member committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever the staff member is indicted, convicted, or transferred from the resident’s living unit or from employment at the facility. There were no allegations that met this criteria in the past 12 months. The PREA Auditor could not review any examples of documented proof of resident notification (in accordance with 115.373 (c) because there were no reported allegations. The PREA Auditor was unable to interview residents who reported sexual abuse because there were no allegations of abuse or harassment reported for the past 12 months at the facility. 11 of 11 residents interviewed answered “no” when asked if they had, or if they were aware of any other resident that had reported sexual abuse or harassment at Juvenile Corrections Center Lewiston.

115.373 (d) The ADJC Policy does address this provision on the DJC-262-06 Form. Agency policy provides, the resident will be informed whenever a resident alleged to have committed the sexual abuse is convicted or indicted on a charge related to sexual abuse within the facility. The Superintendent is designated to subsequently inform the alleged victim.

The facility administration could not provide any examples of documented proof of resident notification (in accordance with 115.373 (d) because there were no reported allegations that met the criteria in the past 12 months. The PREA Auditor was unable to interview residents who reported sexual abuse because there were no allegations of abuse or harassment reported for the past 12 months. All of the residents interviewed said they were not aware of any allegations of sexual abuse or harassment before or during their time at the facility.

115.373 (e) The facility administration did not have any examples of documented

	<p>proof of resident notifications (in accordance with 115.373 (e) because there were no reported allegations during the past 12 months. All criminal PREA investigations shall be documented in a written report that contains a through descriptions of physical, testimonial, and documentary evidence with copies of all documentary evidence attached, where feasible.</p> <p>There were a few investigations, four that did not meet PREA definitions and one unfounded allegation.</p> <p>A review of facility policy, a review of documentation, and interviews with facility representatives, the PREA Auditor determined the facility meets the requirements of standard 115.373 (a - e)</p> <p>Corrective Action Required: None</p>
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115.376	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ IDJC Policy 325 Corrective and Disciplinary Action for IDJC Employees IDJC Policy 324 – Ethics and Standards of Conduct IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance HR Verification of Hiring</p> <p>Interviews included: Superintendent PREA Coordinator PREA Compliance Manager Supervisory Staff Random Staff</p> <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.376 (a) JCCL staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. This is confirmed in Policy 324. The Superintendent confirmed this practice is followed.</p> <p>115.376 (b & c) Agency PREA policy supports disciplinary sanctions against staff for violations of the agency's policies relative to sexual abuse or sexual harassment</p>

	<p>(other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by staff with similar histories. The Superintendent explained termination was the presumed sanction for a staff person found in violation of policies prohibiting sexual abuse and such conduct will be reported to law enforcement and licensing agencies.</p> <p>115.376 (d) Key staff interviews and the IDJC PREA and disciplinary action policies showed they were consistent in their approach to employee discipline for violations of the PREA policies. Regardless of staff resignations, staff who would have been terminated would still be reported to law enforcement. The Superintendent explained the Police Department was near and would work closely with JCCL.</p> <p>During the on-site phase of the audit, the PREA Auditor inquired about PREA related disciplinary actions. The ADJC PREA Coordinator provided an e-mail from an Agency HR Representative that showed there were not “any reports of the behaviors listed below from references otherwise from the Lewiston facility. Facility Administrators stated there were zero disciplinary actions at other previous employers or at JCCL for violating the agency’s PREA related policies in the past 12 months.</p> <p>JCCL staff reported zero terminations in the past 12 months for violations of the agency’s Zero Tolerance Policy.</p> <p>Based on a review of the documentation available and the information learned in staff interviews the facility was determined to be in compliance with Standard 115.376 (a-d)</p> <p>Corrective Action Required: None</p>
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115.377	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PAQ IDJC Policy 606 Abuse, Neglect, and/or Exploitation IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance IDJC Policy 631 Volunteers, Interns, and Contracted Service Providers Staff Files</p> <p>Interviews included: Superintendent</p>

	<p>PREA Compliance Manager Supervisory Staff</p> <p>Site Review / Observations: N/A</p> <p>Provisions:</p> <p>115.377 (a) Included in Policy 606 Abuse, Neglect, and/or Exploitation of Juveniles is the following language: “Unless the activity was clearly not criminal, the volunteer, intern , or contractor is reported to law enforcement and relevant licensing bodies.” Policy 613 PREA states, The IDJC will comply with all mandatory reporting laws.” Policy 631 Volunteers, Interns and contracted service providers states, “A VIC’s services can be terminated at the discretion of the IDJC.”</p> <p>During staff interviews, The PREA Auditor asked the staff members to explain what they would do if they received an allegation of sexual abuse or sexual harassment by a contractor, intern or volunteer. All of the staff said they would call law enforcement and report the information to the Superintendent or PREA Compliance Manager.</p> <p>There were zero reports of sexual abuse or sexual harassment in the past 12 months.</p> <p>115.377 (b) According to the Superintendent the IDJC / Juvenile Correctional Center Lewiston conducts regular background checks on all employees, volunteers, and contractors before they are permitted to work with residents. If anytime later the same employees, volunteers, and contractors are found to have violated agency sexual abuse and sexual harassment policies they will be prohibited from having further contact with residents. The PREA Auditor reviewed the background check of the staff on the JCCL roster. All had been completed in accordance with PREA Standards. IDJC Policy supports such protocols.</p> <p>Volunteer and Intern guests are always escorted throughout the facility and never left alone with residents. There have been no allegations of sexual abuse or sexual harassment in the past 12 months.</p> <p>Based on the information received from interviews, documentation reviews, and observations of operations. The facility meets the requirements of standard 115.377 (a-b)</p> <p>Corrective Action Required: None</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

PAQ

IDJC Policy 613 Prison Elimination Act (PREA) Compliance

IDJC Policy 604 Special Management Interventions

Milestone Manual Updated 2022

Staff Files

Interviews included:

Superintendent / PREA Coordinator

Random Residents

Intake Staff

Site Review / Observations:

N/A

Provisions:

115.378 (a) IDJC policy supports this standard because a resident may be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in sexual abuse or following a criminal finding of resident-on-resident sexual abuse or following a criminal finding of guilt for resident on resident sexual abuse. Facility administrators confirmed this policy in their interviews.

115.378 (b) According to the Superintendent and PREA Compliance Manager and Random Staff interviewed, the facility does not practice isolation as a form of punishment, however a resident may need to be moved or separated from others to another room during an investigation. Regardless of the location of their room, residents are provided the same rights as other residents including large muscle exercise on a daily basis, educational programming, daily visits from medical and mental health providers, and other programming to the extent possible. Policy 604 supports this standard.

As a result of there being, in the last 12 months, no allegations of sexual abuse or sexual harassment, there were no reports or case files to review to determine non-compliance with the standard of prohibiting isolation as a sanction for resident-on-resident sexual abuse.

115.378 (c) During this audit, the Juvenile Correctional Center Lewiston PREA Compliance Manager was intricately involved in the audit process. During interactions and interviews with The PREA Auditor she explained how the disciplinary process considers a resident's psychological disabilities and mental diagnosis. The Clinical Director discussed how sanctions should be appropriate to the individual assessed needs of the resident.

15.378 (d) Intake staff explained the facility is for short term detention and does

	<p>not offer therapy for youth abusers counseling and other interventions designed to address and correct underlying reasons or motivations for residents to participate in sexual abuse or harassment. If a resident were to stay longer than normal the contract clinician may provide such counseling, but it would be as a condition of access to behavior-based incentives, but not as a condition to access general programming, education services, medical care, or exercise.</p> <p>115.378 (e) Supervisory staff confirmed that the facility may discipline a resident for sexual contact with a staff only upon a finding that the staff member did not consent to such contact. There were no incidents of this type reported in the past 12 months.</p> <p>115.378 (f) Juvenile Correctional Center Lewiston / IDJC resident PREA education materials states residents cannot get in trouble for filing a grievance. Furthermore, a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>115.378 (g) Policy and resident educational materials make it clear that sexual contact between residents is prohibited. All sexual contact is subject to disciplinary action. In Random Staff interviews, all of the staff confirmed sexual contact between residents was prohibited at the facility. They also confirmed they would report all allegations of sexual contact, sexual harassment, and sexual abuse. The outside investigative agencies would determine if sexual conduct was coerced, and a crime was committed.</p> <p>Based on a review of agency policies, information ascertained in interviews, and operations observations the PREA Auditor found the facility meets the requirements of standard 115.378 (a-g)</p> <p>Corrective Action Required: None</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>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: Risk of Sexual Victimization / Perpetration Screener IDJC Policy 404 Observation and Assessment Screening Tool Sample initial RSVP and requested follow up Screen shot of IJOS and Reports</p>

Lewiston Roster – RSVP
IDJC Policy 840 Disclosure of Juvenile Health Information
IDJC Policy 328 Confidentiality Privacy
Limited Confidentiality signed by youth

Interviews included:

Superintendent
PREA Compliance Manager
Supervisory Staff
Intake Staff - Staff Responsible for Screening
Random Staff

Site Review / Observations:

N/A

Provisions:

115.381 (a) When the residents are admitted to the facility, they are screened pursuant to § 115.341. According to the intake staff and Superintendent if the intake screen indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the facility ensures that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. IDJC policy supports this procedure.

Through staff interviews, resident interviews, documentation audits The PREA Auditor was able to determine that the facility was in compliance with 115.381 (a) and there was not an allegation of sexual victimization made in the past 12 months.

115.381 (b) During their staff interviews the PREA Compliance Manager and Clinical Director explained that 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, 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.

There were no allegations of sexual abuse or harassment during the past 12 months. The PREA Auditor reviewed resident intake assessment documents, including intake screening and mental health documents, and found no evidence of non-compliance with this standard.

115.381 (c) The Juvenile Correctional Center Lewiston manages information sharing based on a need to know. The information learned during intake screening remains confidential and only shared with staff involved in security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Information about prior victimization or if a resident has previously perpetrated sexual abuse, in or out of an institutional setting would be shared on a need-to-know basis.

While completing the on-site facility tour and the structured on-site interviews, The

	<p>PREA Auditor was able to ask staff what information was shared with whom. No violations of standard 115.381 (c) were observed or discovered during the on-site interviews, file audits, or tour.</p> <p>115.381 (d) In accordance with this standard medical and mental health staff are required to obtain informed consent from residents before reporting information about sexual victimization that did not occur in an institutional setting, unless the resident was under the age of 18. Those involved in medical and mental health at JCCL understand the requirements of standard 115.381. JCCL can house residents until their 21st birthday. Because the facility is a Juvenile Detention Center, the PREA Auditor confirmed the staff understood they were mandated child abuse reporters. All staff interviewed acknowledged they were mandated child abuse reporters.</p> <p>The PREA Auditor did review the RSVP Roster which includes name, date of entry, date of release (if applicable), PREA Education Completed, RSVP Screening, and Risk Level. According to the PAQ 100% of the residents that previously perpetrated sexual abuse, as indicated in screening were offered follow up services with a qualified mental health Practitioner.</p> <p>The PREA Auditor determined the facility pays great attention to this standard and the level of information received, maintained, and followed up EXCEEDS the requirements of Standard 115.381 (a-d)</p> <p>Corrective Action Required: None</p>
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115.382	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: IDJC Policy 835 Sexual Abuse Coordinated Response JCCL Not PREA Investigation Sample IDJC Policy 801 Access to Medical Care IDJC Policy 802 Coordination of Health Care CorEMR Database for medical/mental health staff</p> <p>Interviews included: Superintendent / PREA Coordinator Hotline Representative Intake Staff</p>

Random Staff

Site Review / Observations: N/A

Provisions:

115.382 (a) According to IDJC PREA Policy, alleged victims of sexual offense shall immediately be separated from the alleged abuser, advised to not destroy evidence, and referred to medical services for medical assessment and/or treatment. JCCL staff explained alleged victims of prior sexual abuse would receive unimpeded access to emergency medical treatment and crisis intervention services by referral the nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. If a resident were to make an allegation of victimization, they would be transported to the local medical facilities where forensic emergency services are available.

115.382 (b) Juvenile Correctional Center Lewiston does have qualified medical (nursing) staff on duty. If there is a report, staff first responders take preliminary steps to protect the victim pursuant to § 115.362. This was confirmed in the staff interviews. First Responder staff interviewed could explain the initial steps to protect the victim of sexual abuse. 100% of staff also stated they would, upon learning of an allegation or incident, immediately notify their supervisor who would then notify the appropriate medical and mental health practitioners. Supervisors explained they would secure potential evidence and arrange transportation to qualified medical and mental health practitioners immediately upon receiving a report from a subordinate.

115.382 (c) IDJC PREA Policy requires that resident victims of sexual abuse have unimpeded access to medical and mental health practitioners who can provide medical and mental health assistance including emergency medical treatment and crisis intervention services.

In staff interviews the facility staff could explain in the event of an incident that was sexual in nature, residents would be immediately transported to the hospital for medical services and offered appropriate and timely information and services. Both the hospital emergency room staff and the Superintendent reported zero allegations of sexual abuse and zero allegations of sexual harassment in the past 12 months. There were no residents who reported abuse; therefore, the PREA Auditor could not ask residents who had reported abuse what information they received or what treatment they were offered after what happened to them.

During the on-site portion of the audit, the PREA Auditor was able to talk with a resident that was involved in an incident that was determined to be "not PREA" meaning the incident did not meet the definition of being PREA related.

115.382 (d) During interviews the of facility staff, hospital staff, and outside advocacy representatives reported treatment services for victims of sexual abuse were provided without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident." Agency policy supports 115.382 with language related to treatment services being provided to the

	<p>victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>Based on the information received through staff interviews and document reviews the facility was found in compliance with standard 115.382 (a-d).</p> <p>Corrective Action Required: None</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: Coordinated Repose JCCL IDJC Policy 885 Sexual Abuse IDJC Policy 404 Observation and Assessment Not PREA Investigation PAQ Resident records</p> <p>Interviews included: Superintendent PREA Compliance Manager Clinical Director Intake Staff Random Staff</p> <p>Site Review / Observations: Observation of facility wall postings and brochures</p> <p>Provisions:</p> <p>115.383(a) The IDJC Assessment Policy lists the procedure for screening for risk of sexual victimization and abusiveness and/or offers a 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. The Admissions Packet includes screening and evaluation tools for both mental and medical health.</p> <p>115.383 (b) The evaluation and treatment of sexual abuse 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. Resources for residents of Juvenile Correctional Center</p>

	<p>Lewiston include qualified staff on site, local hospital for medical services, and outside advocacy services for emotional support follow up services. Because there were no reports of sexual abuse or sexual harassment, The PREA Auditor was unable to interview any residents that had made a report and may have needed follow up services.</p> <p>115.383 (c) The facility administrators confirmed that the facility provides sexual assault and harassment victims with medical and mental health services consistent with the community level of care. During interviews with the police and the hospital staff, a community approach was clear. The approach was to find the best level of care for any situation that may arise for youth admitted to JCCL.</p> <p>115.383 (d,e,f) Resident victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests as part of the Forensic Exam process, but JCCL is an all male facility therefore this standard is N/A. The emergency room staff confirmed that do offer pregnancy test, providing timely and comprehensive information about and to all lawful pregnancy related medical services, and testing for sexually transmitted infections was part of the protocol used.</p> <p>115.383 (g) According to the facility policy and confirmed during interviews of the Superintendent, PREA Compliance Manager, and the hospital staff the residents at JCCL are able to receive treatment services without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident. There were zero reported incidents of sexual abuse, therefore there were no residents to ask or records to review to determine non-compliance with this standard.</p> <p>115.383 (h) IDJC policy supports, and the facility does 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. Staff reported they would again address the issue upon assessment re-evaluation if the resident stayed long enough to require a twice a year evaluation.</p> <p>Based on the information received through staff interviews, interviews with medical and mental health staff, facility tours, and file reviews the facility was in compliance with standard 115.383 (a-h).</p> <p>Corrective Action Required: None</p>
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115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance

decision.

Documents reviewed included:

PAQ

IDJC Policy 614 Investigations – PREA

Unfounded Investigation Sample

IDJC Policy 613 Prison Rape Elimination (PREA) Compliance

Glossary of Terms and Acronyms

Incident Review Forms

Interviews included:

Superintendent

PREA Compliance Manager

Incident Review Team Members

Observations included: N/A

Provisions:

115.386 (a & b) In accordance with PREA Standards and IDJC Policy the Incident Review Team conducts incident reviews within 30 days of the conclusion of every sexual abuse investigation (unless the allegation has been determined to be unfounded).

115.386 (c) The incident review team includes members of upper management who get input from everyone involved including but not limited to; supervisors, investigators, and medical and mental health practitioners. At the Juvenile Correctional Center Lewiston upper management positions involved with input from everyone present when the incident occurred and involved in the investigation. Input is received from supervisors, investigators, medical and mental health practitioners.

Interviews with outside agency officials confirmed they would participate in any post PREA investigation review. There were zero allegations and investigations of sexual abuse in the past 12 months, therefore there were no incident reviews to evaluate.

115.386 (d) In their interviews, the incident review team members indicated that they would:

- Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
- 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.
- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
- Assess the adequacy of staffing levels in that area during different shifts.
- Assess whether monitoring technology should be deployed or augmented to

	<p>supplement supervision by staff.</p> <ul style="list-style-type: none"> • 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 Superintendent / PREA Coordinator <p>There were no PREA related investigations during the past 12 months, therefore there were no incident review reports to evaluate.</p> <p>115.386 (e) Agency policy supports this PREA Standard as the facility is required to prepare a report of findings and recommendations for improvement. Detention Administration shall implement the recommendations or document the reasons for not doing so.</p> <p>There were no investigations or reported incidents in the past 12 months, therefore there were no recommendations for improvement to audit.</p> <p>Based on the information received through staff interviews, interviews with review team members, facility tours, and policy review the facility was determined to be in compliance with standard 115.386 (a-e).</p> <p>Corrective Action Required: None</p>
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115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in the making the compliance decision.</p> <p>Documents reviewed included: PREA Tracker IDJC Policy 613 PREA Glossary of Terms JCC Lewiston 2025 Facility PREA Report Annual IDJC PREA Report SSVJ Reports</p> <p>Interviews included: Superintendent PREA Compliance Manager PREA Coordinator</p> <p>Observations included: N/A</p>

	<p>Provisions:</p> <p>115.387 (a) The Agency PREA Policy adequately addresses Data Collection and Storage. The JCCL PREA Compliance Manager is responsible for collecting accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.</p> <p>115.387 (b) The Juvenile Correctional Center Lewiston Superintendent and PCM reported that they would review, collect, aggregate and report all data if the facility had any allegations of sexual abuse or sexual harassment. They acknowledged a review and report is done annually. The facility does maintain records and collect data as needed from all incident-based documents related to all incidents. There were no allegations or incidents related to sexual abuse or harassment in the past 12 months.</p> <p>115.387 (c) Juvenile Correctional Center Lewiston participated in the most recent version of the Survey of Sexual Violence conducted by the DOJ. The Superintendent is required to report the minimum data necessary to participate in the survey as necessary.</p> <p>115.387 (d) The PREA Auditor was able to find and review incident-related documents. The facility does collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>115.87 (e) Juvenile Correctional Center Lewiston is a regional juvenile corrections center. There is no need to obtain incident-based and aggregated data from any private facility with which it contracts for the confinement of its residents because they do not contract with any facility for the confinement of its residents.</p> <p>115.387 (f) Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>Based on the information received through staff interviews, facility tours, and document reviews the facility was in compliance with standard 115.387 (a-f).</p> <p>Corrective Action Required: None</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in the making the compliance decision.

Documents reviewed included:

PAQ

JCC Lewiston Facility PREA Report 2025

Annual IDJC – PREA Report 2025

Screenshot of website with PREA Information

E-mail Re: Director Approval

Interviews included:

Superintendent

PREA Coordinator

PREA Compliance Manager

Site Review / Observations:

Agency web page

Provisions:

115.388 (a) When interviewed, the Superintendent, explained that he is prepared to 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. Fortunately, there have been no allegations of sexual abuse or harassment in the past 12+ months.

115.388 (b) The Juvenile Correctional Center Lewiston did complete an annual report over the past three years. The Superintendent stated the facility annual report includes 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.

115.388 (c) The Juvenile Correctional Center Lewiston did complete an annual report in accordance with PREA Standards. The annual reports are approved by the agency head and made readily available to the public through the agency website. All of the facility sexual assault and sexual harassment data is submitted to the agency and aggregated with all DYS youth facilities.

115.388 (d) The facility did complete an annual report that indicates the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility.

Based on a review of the agency web site, a review of the PREA Policies, and interviews of the Superintendent, and Agency Head, and the fact the information is included in the SSV Annual Reports, the facility was determined to be in compliance with 115.388.

Corrective Action Required: None

115.389	Data storage, publication, and destruction
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 1353 421">The following evidence was analyzed in the making the compliance decision.</p> <p data-bbox="279 454 770 488">Documents reviewed included:</p> <p data-bbox="279 499 1166 779"> PREA Tracker (06/12/25) PAQ Annual Agency PREA Report IDJC Policy 613 Prison Rape Elimination Act (PREA) Compliance JCC – Lewiston 2025 Facility PREA Report Records Destruction Log Archived PREA Investigative Files </p> <p data-bbox="279 824 604 857">Interviews included:</p> <p data-bbox="279 869 663 981"> Superintendent PREA Coordinator PREA Compliance Manager </p> <p data-bbox="279 1059 719 1093">Site Review / Observations:</p> <p data-bbox="279 1104 533 1137">Agency web page</p> <p data-bbox="279 1171 456 1205">Provisions:</p> <p data-bbox="279 1249 1465 1529">115.389 (a) Juvenile Correctional Center Lewiston policy addresses record keeping and storage. The facility collects and retains sexual abuse and sexual harassment data pursuant to § 115.387. While on tour The PREA Auditor confirmed all records requiring to be stored in a confidential manner are stored in a secure and confidential manner. The Juvenile Detention Center electronic records security for those records is managed through a password system and overall network access management.</p> <p data-bbox="279 1574 1477 1809">115.389 (b) The facility, through the agency web site, 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 agency website. Upon a review of on-site records, the agency web site, and through interviews The PREA Auditor could not find evidence of any allegations of sexual Abuse or harassment during the past 12 months.</p> <p data-bbox="279 1854 1477 2056">115.389 (c) The agency and JCCL facility do complete annual reports in accordance with PREA Standards. Policy and information received in key staff interviews support compliance in this area. Key staff (Superintendent, PCM, PREA Coordinator) stated they understood the reporting requirements and all personal identifiers are removed before making aggregated sexual abuse data publicly available.</p>

	<p>115.389 (d) The IDJC policy directs sexual abuse documents and data collected pursuant to § 115.387 and securely stored as an electronic record for at least 10 years after the date of the initial collection. The facility Records Destruction Log is a well done record of What, When, Date Range and the actual Date of Destruction for IDJC documentation.</p> <p>Following key staff interviews, annual report reviews, a review of documents, and a review of the agency web site the facility was determined in compliance with 115.389 (a-d).</p> <p>Corrective Action Required: None</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The facility was in compliance with standard 115.401 as a result of the following:</p> <p>115.401 (a & b) The facility was previously audited in accordance with PREA standards. This audit was conducted 3 years from the last PREA Audit (dated April 14, 2022).</p> <p>115.401 (h) The PREA Auditor had complete access to and ability to observe every area of the facility. The tour included access to all locked doors including living areas, storage areas, kitchen, and activity spaces. Throughout the on-site portion of the audit, the entire facility (inside and out) was accessible as requested.</p> <p>115.401 (i) The PREA Auditor was permitted to request and did receive copies of any relevant documents.</p> <p>115.401 (m) The PREA Auditor was permitted to conduct private interviews of residents and staff.</p> <p>115.401 (n) A copy of the upcoming audit, with the PREA Auditor 's contact information was posted 6 weeks in advance of the audit allowing residents to send confidential information or correspondence in the same manner as if they were communicating with legal counsel. No correspondence was received.</p> <p>The Juvenile Correctional Center Lewiston is in compliance with Standard 115.401 (a,b, h, i, m, n)</p> <p>Corrective Action Required: None</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance decision:</p> <p>115.403 (f) The Juvenile Correctional Center Lewiston was audited in 2022. The dates of the facility visit were April October 4-6, 2021. A Final PREA Audit Report was issued by a certified PREA Auditor on April 14, 2022.</p> <p>The 2022 report is posted on the Agency website.</p> <p>The facility meets the requirements of standard 115.403 (f).</p> <p>Corrective Action Required: None</p>

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

	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.312(a)-1 is "NO".)	yes
115.313 (a)	Supervision and monitoring	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	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?	yes
115.313 (d)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.313 (e)	Supervision and monitoring	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities)	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities)	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	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.)	na
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 responsible for investigating allegations of sexual abuse.)	na
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?	yes
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.)	na
115.383 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	na
115.383 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.383 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or	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.)	no
	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.)	yes
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes