PREA Facility Audit Report: Final

Name of Facility: Juvenile Correctional Center St. Anthony
Facility Type: Juvenile
Date Interim Report Submitted: NA
Date Final Report Submitted: 10/31/2026

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: Karen d. Murray	**Date of Signature:** 10/31/2026

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	09/15/2026
End Date of On-Site Audit:	09/16/2026

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

Primary Contact

Name:	Darcy Acosta
Email Address:	darcy.acosta@idjc.idaho.gov
Telephone Number:	208-577-5410

Superintendent/Director/Administrator	
Name:	Alvin Winegar
Email Address:	alvin.winegar@idjc.idaho.gov
Telephone Number:	208-624-2107

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

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

Facility Characteristics	
Designed facility capacity:	118
Current population of facility:	68
Average daily population for the past 12 months:	81
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both women/girls and men/boys

Age range of population:	13-19
Facility security levels/resident custody levels:	1-5
Number of staff currently employed at the facility who may have contact with residents:	164
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:	22

AGENCY INFORMATION	
Name of agency:	Idaho Department of Juvenile Corrections
Governing authority or parent agency (if applicable):	State
Physical Address:	954 West Jefferson Street, 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

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

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

Number of standards exceeded:	
4	• 115.311 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.331 - Employee training • 115.342 - Placement of residents • 115.361 - Staff and agency reporting duties
Number of standards met:	
39	
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:	2026-09-15
2. End date of the onsite portion of the audit:	2026-09-16

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?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	During the pre-audit phase, the Child Abuse Hotline was contacted at 855-552-5437 at 7:20 p.m. on August 20, 2026. Prior to connection with an operator, a recorded message informed callers that reports could be made anonymously and without fear of retaliation. After introductions and an explanation of the reason for the call, the operator stated reports are documented and forwarded to law enforcement and the appropriate social worker. The operator further stated the report is emailed to the licensing agency, which then notifies the facility. During the onsite review, the Family Crisis Center was contacted by cell phone, as youth do not have access to resident pay phones. The advocate stated agency staff are mandated reporters and explained that advocates can assist youth with reporting allegations to law enforcement, would report to facility personnel and provide ongoing, in-person advocacy services to youth at the facility.

AUDITED FACILITY INFORMATION	
14. Designated facility capacity:	88
15. Average daily population for the past 12 months:	72
16. Number of inmate/resident/detainee housing units:	5
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	○ Yes ◉ No ○ 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:	70
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:	1
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:	5

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:	4
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:	5
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:	7
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:	22
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):	No text provided.
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:	164
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:	22
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:	5
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:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	8

41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☐ Age ☐ Race ☐ Ethnicity (e.g., Hispanic, Non-Hispanic) ☐ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	The facility provided youth rosters organized by targeted categories, gender, and housing units. Following the Auditor's selection of targeted youth, random youth were selected based on gender and housing unit assignments to ensure geographic diversity and representation across the facility during the interview process.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No
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):	No text provided.
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	8

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:	1
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:	2
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:	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).	Review of youth rosters and information obtained through specialized interviews demonstrated that no youth within this targeted category were residing at the facility at the time of the onsite review.
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:	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).	Review of youth rosters and information obtained through specialized interviews demonstrated that no youth within this targeted category were residing at the facility at the time of the onsite review.
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:	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).	Review of youth rosters and information obtained through specialized interviews demonstrated that no youth within this targeted category were residing at the facility at the time of the onsite review.
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:	1
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:	■ 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).	Review of youth rosters and information obtained through specialized interviews demonstrated that no youth within this targeted category were residing at the facility at the time of the onsite review.
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:	2

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:	2
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:	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).	The agency does not utilize segregated housing for youth identified as vulnerable at any of its facilities.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	No text provided.
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☐ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ 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):	No text provided.
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):	15
63. Were you able to interview the Agency Head?	◉ Yes ○ No
64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	◉ Yes ○ No

65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) 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

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	○ Yes ◉ No
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☐ Medical/dental ☐ Food service ☐ Maintenance/construction ☒ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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).	No text provided.

Documentation Sampling

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

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?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	No text provided.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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	5	0	5	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	5	0	5	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	5	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	5	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:	5

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ 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:	5
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	◉ Yes ○ No ○ 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?	◉ Yes ○ No ○ 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?	○ Yes ◉ No ○ 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?	○ Yes ◉ No ○ 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:	The facility reported no allegations of sexual harassment during the preceding 12 months.
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ 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?	○ Yes ◉ No ○ 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?	○ Yes ◉ No ○ 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?	○ Yes ◉ No ○ 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?	○ Yes ◉ No ○ 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.	No text provided.

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
• Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
Auditor Discussion Instructions
Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021 3. Idaho Department of Juvenile Corrections Memorandum, dated 2.14.2025 4. Department of Juvenile Corrections Position Description, dated 4.29.2025 5. Idaho Department of Juvenile Corrections Administrative Services Division Organizational Chart, dated 5.2025 6. Idaho Department of Juvenile Corrections Memorandum, Subject: Facility PREA Compliance Manager, dated 4.1.2025

	Interviews: 1. Random Youth 2. Targeted Youth 3. Rehab Techs 4. Program Specialist QI / PREA Compliance Manager 5. Quality Improvement Manager / PREA Coordinator 6. Director of the Department of Juvenile Corrections Interviews with youth demonstrated a strong sense of safety and awareness of their PREA rights and protections. All youth interviewed stated they felt sexually safe at the facility. Youth demonstrated awareness of their right to be free from sexual abuse and sexual harassment and their ability to report concerns at any time. Youth also described feeling safe with staff assigned to their living groups, with one youth stating, “I feel safe around my group staff,” and another describing the facility as “an amazing place.” Youth demonstrated awareness of appropriate boundaries and behaviors within their living groups. One youth explained that youth within the cottage practice social appropriateness, including avoiding physical contact and favors that could create boundary or PREA concerns. The youth stated that when a new peer enters the group, youth watch an educational video addressing appropriate behaviors and boundaries. Youth also described respecting one another’s privacy and demonstrated awareness of facility practices intended to support privacy, dignity, and safety. Interviews with staff demonstrated a strong awareness of professional boundaries, youth safety, reporting responsibilities, and the importance of understanding the individual youth in their care. Staff described maintaining appropriate boundaries by remaining “personable, not personal,” minimizing time alone with youth, remaining within view of cameras whenever possible, avoiding favors and side conversations, and not sharing personal information with youth. Staff recognized that grooming behaviors can be directed toward staff as well as other youth and emphasized the importance of remaining alert to changes in interactions and behaviors. Staff demonstrated familiarity with the youth in their care and described learning each youth’s baseline behaviors to recognize when “something seems off.” Staff stated they continue communicating with and supporting youth when concerns

	arise while remaining objective and involving additional staff when appropriate. Staff consistently demonstrated an understanding that their responsibility is to protect youth, report concerns, and respond appropriately rather than independently investigate allegations. Staff further described taking whatever time is necessary to ensure youth understand the PREA education provided, with one staff member stating, “There is no rush.” Staff described broader efforts to support youth and maintain positive connections, including transporting parents to the facility quarterly to visit their children. The interview with the PREA Compliance Manager demonstrated she has adequate time and authority to fulfill her assigned PREA responsibilities. She described an organized system for maintaining PREA-related data, established policies and procedures, a reliable team, and active involvement and assistance from facility leadership. The interview with the PREA Coordinator demonstrated she has sufficient time and authority to oversee agency PREA efforts and described having flexibility to manage workflow and timelines and provide training and guidance to PREA Compliance Managers. She stated she meets with her team twice monthly and individually with PREA Compliance Managers as often as needed. The interview with the Director of the Department of Juvenile Corrections demonstrated a strong commitment to the agency’s zero-tolerance policy and youth safety. The Director stated the agency will take whatever action is necessary to ensure youth are safe, feel safe, and that staff act immediately when necessary to protect youth. Site Observations: During the facility tour, Zero Tolerance postings containing the agency’s zero-tolerance policy and reporting information, as well as PREA Audit Notices, were observed in English and Spanish throughout the cottages, school, and administrative areas of the facility. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a policy

	outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 1, section Policy, states, "Incidents of sexual activity, whether consensual or nonconsensual; threats to engage in nonconsensual sexual activity; and solicitation to engage in sexual activity are recognized problems that can occur in juvenile correctional facilities in the United States. The occurrence of such behavior within the Idaho Department of Juvenile Corrections (IDJC) interferes with the agency's mission and seriously compromises the welfare of the juveniles within the agency's care and custody. It is therefore the policy of the IDJC that all facilities and contract providers will adhere to a zero tolerance standard for incidences of sexual abuse or misconduct. Furthermore, it is the policy of the IDJC that all allegations of sexual abuse, 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 or retaliation within IDJC facilities will be reported , investigated and responded to accordingly. The IDJC will provide a coordinated response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership." (b) The Juvenile Correctional Center St. Anthony PAQ states the agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The position of the PREA Coordinator in the agency's organizational structure. The agency provided an Idaho Department of Juvenile Corrections Memorandum stating, "Pursuant to the Idaho Department of Juvenile Corrections (IODJC) PREA Compliance Policy Section 2, the assigned IDJC PREA Coordinator role and responsibilities will be transferred to Darcy Acosta, effective February 14, 2025." The memorandum is signed the Director and Division Administrator and CFO of the Idaho Department of Juvenile Corrections. The Agency provided a position description demonstrating the PREA Coordinator reports to the Administrator, Administrative Services.

	The Agency provided an Idaho Department of Juvenile Corrections Administrative Services Division Organizational Chart demonstrating the Division Administrator, Administrative Services reports directly to the Director. (c) The Juvenile Correctional Center St. Anthony PAQ states the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The facility provided an Idaho Department of Juvenile Corrections Memorandum stating the following. “Pursuant to the Idaho Department of Juvenile Corrections (IDJC) PREA Compliance Policy Section 3, the assigned PREA Compliance Manager for the Idaho Juvenile Correctional Center-St. Anthony is Erica Armstrong. This designation will remain in effect while Erica is employed by IDJC in the same capacity, or until otherwise reassigned by the Agency PREA Coordinator.” The facility exceeds compliance with this standard based on the demonstrated institutionalization of the agency’s zero-tolerance approach throughout all levels of the organization. Agency and facility leadership demonstrated active involvement in PREA implementation, including ongoing oversight, regular communication, and support of the PREA Coordinator and PREA Compliance Manager. The PREA Coordinator meets with her team twice monthly and individually as needed, and the PREA Compliance Manager described an organized and supported system for managing PREA responsibilities. Interviews further demonstrated that the agency’s zero-tolerance approach is reflected in facility culture and daily practice. Staff articulated a strong understanding of professional boundaries, grooming behaviors, youth baseline behaviors, reporting responsibilities, and their role in protecting youth. Youth demonstrated awareness of their PREA rights, appropriate boundaries, reporting options, and facility practices intended to protect their privacy and safety. Significantly, all youth interviewed stated they felt sexually safe at the facility, and youth consistently described feeling safe with staff assigned to their living groups.

115.312	**Contracting with other entities for the confinement of residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ

	2. NPC Juvenile Detention Center Intergovernmental Agreement for Residential Treatment Services, dated, 8.28.2024 3. Canyon County Agreement for Detention/Treatment Services, dated 9.30.2025 Interviews: 1. PREA Coordinator The interview with the PREA Coordinator demonstrated that incorporating PREA-specific language into contractual agreements is an agency priority. She stated that the contracted facilities have successfully completed PREA audits. She further reported maintaining regular communication and positive working relationships with the facilities, providing ongoing technical assistance, and collaboratively addressing identified concerns through consistent communication and onsite mock audit reviews. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency has entered into or renewed two contracts for the confinement of residents on or after August 20, 2012, or since the last PREA audit, whichever is later. The PAQ states, “Contracts to stage juveniles coming into the IDJC system.” The facility provided two agreements for residential services demonstrating neither has an expiration date and both contain the following language. “The Contractor must adopt and comply with the PREA standards & acknowledges that IDJC will conduct announced or unannounced compliance monitoring to ensure compliance with the PREA standards. The Contractor will be subject to a Department of Justice (DOJ) PREA audit every three (3) years. The Contractor shall be solely responsible for paying for a PREA audit as required by its contract with IDJC. Failure to comply with PREA standards may result in termination of the contract.” (b) The Juvenile Correctional Center St. Anthony PAQ states all of the above contracts require the agency to monitor the contractor's compliance with PREA standards. On or after August 20, 2012, or since the last PREA audit, whichever is later, the number of the contracts referenced in 115.312 (a) that require the agency to monitor contractor’s compliance with PREA Standards is zero. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.313	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. JCC-St. Anthony Staffing Plan Review, dated 4.15.2026 3. Documentation of Staffing Plan Deviation Report, dated 8.1.2025 – 6.22.2026 4. IDJC Duty Officer Report, dated 12.29.2025 Interviews: 1. Program Specialist QI / PREA Compliance Manager 2. Quality Improvement Manager / PREA Coordinator 3. Rehabilitation Unit Manager 4. Superintendent The interviews with the Superintendent, PREA Coordinator, and PREA Compliance Manager demonstrated facility administrators regularly review the staffing plan, including completion of the required annual staffing plan review. The team was encouraged to update the staffing plan as facility construction is completed and additional cameras are installed. The interview with the Rehabilitation Unit Manager demonstrated unannounced supervisory rounds are required at least twice per shift each week. He stated that during these rounds he verifies staffing patterns, ensures youth remain with their assigned groups, locates youth who are not where they are scheduled to be, and conducts checks throughout the facility and grounds. Unannounced rounds are documented on the Unannounced Supervisor Rounds Form and maintained electronically in the agency database. Site Observations: Review of unannounced supervisory round documentation during the onsite review demonstrated rounds are consistently conducted and documented twice per week, per shift.

(a) The Juvenile Correctional Center St. Anthony PAQ states the agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 82. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 118.

The facility provided a JCC-St. Anthony Staffing Plan review demonstrating the staffing plan and annual review address the following elements:

Section A:

· Staffing Plan Procedure

· PREA Related Expectations

Section B:

· Group / Wing / Pods

· Strategies to mitigate blind spots

· Security considerations when assigning room/bed in Group/Wing/Pod

· Schematics

Section C:

· Education

· Classrooms

· Strategies to mitigate blind spots

· Schematics

Section D:

· Total cameras at facility

	· Resident Rosters Section E: · Staff Roster Schedule F: · Program Schedule Schedule G: · Incident Data (b) The Juvenile Correctional Center St. Anthony PAQ states each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The six most common reasons for deviating from the staffing plan in the past 12 months is short staffed, staff training, staff vacation, FMLA, staff sick time. The facility provided a Documentation of Staffing Plan Deviation report demonstrating the following is documented: · Date · Group / Unit · Number of Youth in Group · Area of Facility (i.e. wing, pod, cottage, classroom, rec, etc.) · Approximate Start Time · AM/PM · Approximate End Time · AM/PM · Reason for Deviation · Describe Other (if needed) · Reported By

	(c) The Juvenile Correctional Center St. Anthony PAQ states the facility is not obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours was 187. In the past 12 months, the number of times the facility deviated from the staffing ratios of 1:16 during resident sleeping hours is 46. (d) The Juvenile Correctional Center St. Anthony PAQ states at least once every year the agency or facility, in collaboration with the agency's PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan; (b) prevailing staffing patterns; (c) the deployment of monitoring technology; or (d) the allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan. (e) The Juvenile Correctional Center St. Anthony PAQ states the facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility provided a IDJC Duty Officer Report demonstrating the following is documented. · Duty Officer / Title / Rotation Begin and End Date · Unannounced Supervisor Rounds o Observation If No, Detail in the Duty Officer Report The facility provided IDJC Duty Officer Reports demonstrating unannounced rounds are conducted daily at varying times during both the AM and PM shifts. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.315	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Contraband Detection and Dispositions/Searches Policy 620, dated 1.22.2022 3. Idaho Department of Juvenile Corrections Juvenile Supervision Policy 608, dated 2.28.2021 Interviews: 1. Random Youth 2. Targeted Youth 3. Rehab Techs Interviews with youth demonstrated they had not experienced body searches since admission, other than occasionally being asked to shake out clothing they were wearing. Youth who had experienced searches stated staff conducted them professionally, and all youth interviewed stated they felt sexually safe at the facility. Youth further stated they are not observed in a state of undress and that both male and female staff consistently announce their presence when entering living units. Youth stated opposite-gender staff do not typically enter the living units while youth are showering. Youth described the cottage group door as being closed during shower times, with a magnetic sign placed on the door alerting opposite-gender staff not to enter. Interviews with staff demonstrated cross-gender search requirements are addressed during training; however, the facility utilizes a hands-off approach to searches unless exigent circumstances require otherwise. Staff stated that when a pat search is necessary, it is conducted by a staff member of the same gender as the youth. Staff consistently stated they do not enter opposite-gender living units while youth are showering and are alerted when showers are in use by magnetic signs placed on the living unit doors. Site Observations: During the facility tour, the youth bathroom within the dormitory-style building was observed to have individual shower doors and doors on each toilet stall to provide privacy. A mirror previously located within one shower area had been removed because its placement could compromise youth privacy if opposite-gender staff

	entered the area. The facility also has three dormitories containing individual wet cells and shower areas with three-quarter doors at the entrances to provide privacy while allowing appropriate staff supervision. (a) The Juvenile Correctional Center St. Anthony PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has not conducted cross-gender strip or cross-gender visual body cavity searches. Idaho Department of Juvenile Corrections Contraband Detection and Dispositions / Searches Policy 620, page 3, section C states, “If a juvenile identifies as transgender, also refer to the Non-Discriminatory, Developmentally-Sound Treatment of Lesbian, Gay, Bisexual, Transgender and Intersex Youth (672) policy/ procedure in regards to searches. 1. Searches of individual juveniles are conducted using the quadrant method. This search method consists of dividing the juvenile’s body in four quadrants and conducting a pat-down search outside the juvenile’s clothing on each quadrant. 2. Pat-dawn searches of individual juveniles must be conducted only by staff of the same sex as the juvenile and must be witnessed by another staff or done in view of a camera. 3. Manual or instrument body cavity searches for contraband are not performed by IDJC staff under any circumstances.” (b) The Juvenile Correctional Center St. Anthony PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The number of pat-down searches of female residents that were conducted by male staff has been zero. The number of pat-down searches of female residents conducted by male staff that did not involve exigent circumstance(s) has been zero. (c) The Juvenile Correctional Center St. Anthony PAQ states that facility policy does not require documentation and justification of cross-gender strip searches, cross-gender visual body cavity searches, or cross-gender pat searches because cross-gender searches are prohibited by facility policy.

	(d) The Juvenile Correctional Center St. Anthony PAQ states the facility has implemented policies and procedures that enable residents 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 or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit/areas where residents are likely to be showering, performing bodily functions, or changing clothing. Idaho Department of Juvenile Corrections Juvenile Supervision Policy 608 page 2, section I., states, “Staff will not enter shower/toilet areas or observe juveniles of the opposite sex in shower/toilet areas except in emergencies or when deemed necessary. In situations in which intensive staff supervision in toilet/shower areas is needed to reduce safety and security threats, there must be Unit Manager/designee approval. All staff must provide a reasonable accommodation for privacy for all toilet/shower areas and areas where juveniles change their clothing. Each living area will use a sign that will indicate if juveniles are showering or changing. Staff entering the living area during times juveniles are changing or showering, must announce their presence.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.316	**Residents with disabilities and residents who are limited English proficient**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Policy 613 PREA, dated 11.8.2021 3. NASPO ValuePoint Interpreting and Document Translation Contract, dated 2.26.2020 Interviews:

1. Targeted Youth

2. Group Leader

Interviews with two cognitively delayed youth demonstrated each was aware of the agency's zero-tolerance policy for sexual abuse and sexual harassment and understood their rights and available reporting options, including reporting to staff, submitting a grievance, or reporting to a family member.

The interview with the Group Leader demonstrated staff work to identify and provide individualized accommodations for youth who may have cognitive disabilities, are deaf or hard of hearing, or have limited English proficiency (LEP). The Group Leader stated facility staff are utilized to provide interpretation services for youth with limited English proficiency when needed.

Site Observations:

Review of youth records, utilizing the PREA Audit – Juvenile Facilities Documentation Review – Resident Files / Records template, demonstrated youth signed documentation acknowledging receipt and understanding of PREA education.

Recommendation:

Ensure staff are educated on the availability of Language Line services and the procedures for accessing these services when needed to provide meaningful access to PREA-related information and reporting options for youth with limited English proficiency. Facility response: "Language line was added to the phone list and the PCM will attend next week's staff meeting to educate staff on where to find the information and how and when to use."

(a) The Juvenile Correctional Center St. Anthony PAQ states the agency has established procedures to provide disabled Residents equal opportunities to be provided with and learn about the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

The facility provided a NASPO ValuePoint Interpreting and Document Translation contract demonstrating the agency has a contract with Language Line Services.

(b) The Juvenile Correctional Center St. Anthony PAQ states the agency has

	established procedures to provide residents with limited English 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. (c) The Juvenile Correctional Center St. Anthony PAQ states the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations was zero. Idaho Department of Juvenile Corrections Policy 613, page 5, section X. A. states, " PREA education provided to juveniles shall be age-appropriate and accessible to juveniles who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.317	**Hiring and promotion decisions**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Policy 340 Background Checks, dated 10.16.2023 3. Idaho Department of Juvenile Corrections PREA Pre-Employment Candidate Questionnaire, dated 7.26.23

Interviews:

1. Human Resource Officer

The interview with the Human Resource Officer demonstrated criminal history and child abuse registry checks are completed for all new applicants and contractors, every five years thereafter, and again during the promotion process. She explained that applicants and contractors complete documentation addressing administrative adjudications, which is reviewed during the interview and promotion processes. The Human Resource Officer further stated the agency maintains policies and procedures addressing employees' affirmative duty to disclose applicable misconduct and conducts institutional reference checks with prior institutional employers of applicants and former employees, as applicable.

Site Observations:

During the onsite review, 20 personnel files were reviewed utilizing the PREA Audit – Employee Files / Records Documentation Review template. Documentation demonstrated all employees and applicable contract personnel had current criminal background checks completed within the previous five years. Documentation further demonstrated administrative adjudication questions were completed at the time of interviews, annually, and during the promotion process, and institutional reference checks were conducted when applicable.

(a) The Juvenile Correctional Center St. Anthony PAQ states the Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the 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); • 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; or • Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Idaho Department of Juvenile Corrections Policy 340 Background Checks, page 1, section Policy states, "The IDJC does not hire or promote anyone who may have contact with juveniles and does not enlist the services of any volunteers, interns, and contractors who may have contact with juveniles, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);

2. Has been convicted of engaging or attempting to engage in sexual activity in

	the community facilitated by force, overt or implied threats of force, coercion, if the victim did not consent or was unable to consent or refuse; or 3. Has been civilly or administratively adjudicated to have engaged in the activity described in (2) above." The facility provided an Idaho Department of Juvenile Corrections PREA Pre-Employment Candidate Questionnaire. The questionnaire includes the following questions. · Have you been the perpetrator of sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution? · Have you 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? · Have you had allegations substantiated against you for an incident(s) of sexual harassment, sexual abuse, and/or child abuse against another person? · Have you resigned from a job where you were the subject of a pending investigation being conducted for an allegation of sexual abuse against another person? (b) The Juvenile Correctional Center St. Anthony PAQ states agency policy requires the consideration of any incidents of sexual harassment when determining to hire and or promote anyone, or to enlist services of any contractor, who may have contact with youth. Idaho Department of Juvenile Corrections Policy 340 Background Checks, page 1, section Policy states, "The IDJC considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any volunteers, interns, contractors, or subcontractors who may have contact with juveniles in custody." (c) The Juvenile Correctional Center St. Anthony PAQ states agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks; (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes 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. In the past 12 months, the number of persons hired who may have

	contact with residents who have had criminal background record checks was 25. Idaho Department of Juvenile Corrections Policy 340 Background Checks, page 6, section VIII A. states, “If an employee background check reveals a criminal conviction(s), plea, or verdict of guilty to a misdemeanor or felony, withheld judgment, a valid child or adult complaint, or a conviction following a plea of nolo contendere, the Department Administrator, Superintendent, or designee, and HR will meet to review the results. The aforementioned group decides regarding follow-up necessary or the impact on the employment of the individual.” (d) The Juvenile Correctional Center St. Anthony PAQ states the agency policy requires that a criminal background records check be completed and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is four. Idaho Department of Juvenile Corrections Policy 340 Background Checks, page 1, section Policy states, “The IDJC, through the cooperation of state and federal agencies, such as the Idaho Supreme Court, Idaho State Police, Idaho Department of Transportation, and the Idaho Department of Health and Welfare, has established a system to obtain a complete records search for background and criminal history information. A criminal history record includes any or all of the following information relating to applicant offences: arrests, prosecutions, disposition of cases by courts, sentencing, probation and parole status, and information relating to offenders received by a correctional agency, facility, or other institution. It is therefore the policy of the IDJC to conduct background checks on all new hires and current employees, as well as non-employees including volunteers, interns, and contractors/ subcontractors (VICs).” (e) The Juvenile Correctional Center St. Anthony PAQ states the agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

	Idaho Department of Juvenile Corrections Policy 340 Background Checks, page 2, section C. states, “All current volunteers, interns, contractors, and sub-contractors have a fingerprint background check conducted at least every five years, which is processed and reviewed and must meet the same requirements as all other background checks conducted pursuant to this policy.” (g) The Juvenile Correctional Center St. Anthony PAQ states that agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Idaho Department of Juvenile Corrections Policy 340 Background Checks, page 2, section IV C. states, “Any material omissions or false information provided on the DJC-058 form could be grounds for termination, rescinding an offer of employment, or disqualification for consideration to be a volunteer, intern, or contractor.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.318	**Upgrades to facilities and technologies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ Interviews: 1. Director of the Department of Juvenile Corrections The interview with the Director of the Department of Juvenile Corrections demonstrated significant consideration was given to line of sight and youth supervision during the design and construction of the facility’s three new living units. She stated facility and agency personnel engaged in ongoing discussions throughout the design and construction phases to ensure the physical layout supported clear observation and effective supervision of youth.

	The Director further stated a portion of the facility's camera system has been upgraded to include audio capabilities and facility vehicles are equipped with cameras to enhance supervision and safety. (a) The Juvenile Correctional Center St. Anthony PAQ states the facility has acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. During the pre-audit phase the PREA Coordinator stated, "The facility built two new cottages to move away from dorm style housing to celled units. The schematics for these are in the staffing plan. This construction has been going for the past three years." (b) The Juvenile Correctional Center St. Anthony PAQ states the agency or facility has 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. The PAQ states, "Just upgraded system, but camera placement did not change- software upgrade." Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.321	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, dated 9.10.2018 3. Independent Contractor Agreement, Family Crisis Center, dated 8.4.2026 4. Independent Contractor Agreement, Grand Peaks, dated 7.14.2026 5. Idaho Sexual Assault Response Guidelines, dated 11.22.2011

Interviews:

1. Nurse Manager

The interview with the Nurse demonstrated youth requiring a forensic medical examination are transported to Madison Memorial Hospital, where SANE services are available.

Site Observations:

Review of investigative documentation demonstrated one allegation of sexual abuse reported during the past 12 months.

(a) The Juvenile Correctional Center St. Anthony PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct) is the Idaho State Police, Fremont County Sheriff's Office.

Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, page 1, section Policy states, “It is therefore the policy of the IDJC that upon receiving an allegation of sexual abuse or harassment in an IDJC facility or contract provider, an investigation is conducted according to the procedures below, in an impartial, objective, confidential, and expeditious manner. These procedures ensure compliance with established PREA standards and determine validity of allegations so that a proper response can be implemented.”

Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, page 1, section Operating Procedures states, “All allegations of sexual abuse and harassment received, including third-party and anonymous reports, are investigated promptly, thoroughly, and objectively, to the extent possible.

I. Allegations involving clearly-criminal actions, or those where an initial investigation reveals evidence supporting criminal prosecution, are referred to the appropriate law enforcement agency for criminal investigation.

A. The IDJC cooperates fully with the law enforcement investigators and maintains contact in order to remain informed about the progress of the investigation.

B. The need for subsequent departmental investigation is determined at the recommendation of law enforcement or at the close of the law enforcement investigation, at the recommendation of the Deputy Attorney General (DAG).”

(b) The Juvenile Correctional Center St. Anthony PAQ states the protocol being developmentally is appropriate for youth. The protocol was adapted from or otherwise based on the most recent edition of the DOJ’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.

(c) The Juvenile Correctional Center St. Anthony PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic examinations are offered at no cost to the victim. Where possible, all examinations are conducted by SAFE or SANE examiners. There has been zero SAFE/SANE exams performed in the last 12 months.

(d) The Juvenile Correctional Center St. Anthony PAQ states the facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means. All efforts are documented. If a rape crisis center is not available to provide victim advocate services. The facility does employ qualified staff member to accompany victims.

The facility provided an Independent Contractor Agreement between the Family Crisis Center and the Department of Juvenile Corrections. The agreement appears to be current and does not have an obvious expiration date. The agreement is signed by the Family Crisis Center Co-Executive Director and the Division of Juvenile Corrections Division Administrators.

The facility provided an Independent Contractor Agreement between Grand Peaks and the Department of Juvenile Corrections. The agreement appears to be current and does not have a termination date; however, either party can terminate without cause with a 15 minutes notice to the other. The agreement is signed by the Grand Peaks CEO and the Department of Juvenile Corrections Division Administrator.

(e) The Juvenile Correctional Center St. Anthony PAQ states if requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-

	based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. (f, g) The Juvenile Correctional Center St. Anthony PAQ states if the agency is responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. The investigative policy is posted on the facility website at https://healthandwelfare.idaho.gov/services-programs/children-families-older-adults/child-and-family-services-and-foster-care-3 The facility provided the Idaho Sexual Assault Response Guidelines demonstrating page 38 speaks to the state agreement to investigate sexual abuse offenses as well as agree to the consideration of PREA standards. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.322	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, dated 9.10.2018 Interviews: 1. Program Specialist QI / PREA Compliance Manager / Investigator The interview with the investigator demonstrated she would work closely with law enforcement should an allegation of sexual abuse be referred for investigation, including the Idaho State Police and Fremont County Sheriff’s Office.

	Site Observations: There was one allegation of sexual abuse referred for investigation during the past 12 months. Review of the investigative documentation demonstrated the allegation was responded to on the same day it was received and the investigation was conducted in a thorough and objective manner throughout the investigative process. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency insures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. During the past 12 months, the facility received six allegations of sexual abuse and sexual harassment. Following investigation, one allegation met the definition of sexual abuse. Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, page 1, section 1., “Allegations involving clearly-criminal actions, or those where an initial investigation reveals evidence supporting criminal prosecution, are referred to the appropriate law enforcement agency for criminal investigation.” (b-d) The Juvenile Correctional Center St. Anthony PAQ states the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency’s policy regarding the referral of allegations of sexual abuse or sexual harassment for a criminal investigation is published on the agency website or made publicly available via other means. The facility has published their investigation policy on their website at http://www.idjc.idaho.gov Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.331	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review:

1. The Juvenile Correctional Center St. Anthony PAQ

2. Idaho Department of Corrections Policy 665 Training Requirements, dated 9.16.2024

3. Idaho Department of Juvenile Corrections PREA Annual Staff Training PowerPoint, not dated

4. Zero Tolerance Towards Sexual Harassment or Sexual Abuse – First Responder Training PowerPoint, not dated

Interviews:

1. Rehab Techs

2. Educators

Interviews with facility staff demonstrated each received initial, annual, and ongoing PREA refresher training throughout the year. Staff consistently articulated a strong understanding of their responsibilities, including implementation of preventative measures during their shifts, recognition and response to behavioral indicators, first responder and mandatory reporting duties, maintaining appropriate professional boundaries with youth, and available reporting mechanisms for both staff and youth.

Staff demonstrated practical application of the training in their daily interactions with youth. Staff described maintaining appropriate boundaries by remaining "personable, not personal," minimizing time alone with youth, remaining within view of cameras whenever possible, and recognizing that grooming behaviors may be directed toward staff as well as other youth. Staff also demonstrated an understanding that their responsibility is to protect youth, preserve potential evidence, report concerns, and respond appropriately rather than independently investigate allegations.

Site Observations:

During the onsite review, 20 staff files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Employee Files / Records template. Documentation review demonstrated all staff had completed initial and annual PREA training, as well as ongoing refresher education regarding the agency's PREA policies and procedures.

(a) The Juvenile Correctional Center St. Anthony PAQ states the agency trains all

	employees who may have contact with residents in all required provisions of this standard. Idaho Department of Corrections Policy 665 Training Requirements, page 2, section B. 3., states, “Within 45 days of being hired, all IDJC employees will successfully complete the following training and meet the refresher standards, as indicated: 5. PREA Basics for First Responders, one-hour initial classroom training. Online annual refresher.” The facility provided an Idaho Department of Juvenile Corrections PREA Annual Staff Training PowerPoint demonstrating the following learning objectives are provided to employees. · What is PREA · Definitions · Zero Tolerance · IDJC Preventative Measures · Resident Rights · Victim Rights · Protection Against Retaliation · Juvenile Facility Dynamics · Signs of Abuse / Harassment · Inappropriate Relationships and Boundaries · Communicating with Vulnerable Youth · Your Responsibilities · Your Responsibilities (Contractor) · Victim Reporting · PREA Investigation Process · Consent · Is it Sexual Abuse / Sexual Harassment or not? · Zero Tolerance: Culture / Juvenile Safety / Reporting / Response and

	Investigation / Prevention and Corrective Action Plan The facility provided a Zero Tolerance Towards Sexual Harassment or Sexual Abuse – First Responder Training PowerPoint demonstrating with the following learning objectives are provided to employees. · Points to Remember · Summary of Prison Rape Elimination Act · First Responder Duties · Report Response · Documentation · Scenarios & Appropriate Responses (a) Juvenile Correctional Center St. Anthony states training is tailored to the unique needs and attributes and gender of residents at the facility. The PAQ states, “PREA training-staff. Additionally, gender specific training is part of program delivery training and ethics training.” (b) Juvenile Correctional Center St. Anthony states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and sexual harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements is through annual refreshers. The facility utilizes the PowerPoint training found in provision (a) of this standard for refresher training. Policy compliance can be found in provision (a) of this standard. (c) Juvenile Correctional Center St. Anthony states the agency documents that employees who may have contact with residents, understand the training they have received through employee signature or electronic verification. Electronic verification is at the end of each online training requiring employees to answer yes or no to ‘I understand the PREA training I have received.” The facility exceeds compliance with this standard based on the frequency, breadth, and demonstrated effectiveness of its staff PREA training program. In addition to

	initial PREA training, staff receive annual refresher training and ongoing PREA education throughout the year. Training addresses the required elements of the standard and incorporates juvenile facility dynamics, professional boundaries, communication with vulnerable youth, preventative measures, recognition of sexual abuse and sexual harassment, reporting responsibilities, retaliation, investigation processes, and staff response. Staff also receive specific first responder training that incorporates reporting, documentation, evidence preservation, and scenario-based application of first responder responsibilities. Review of 20 staff files demonstrated all staff received initial and annual PREA training, as well as ongoing refresher education regarding agency PREA policies and procedures. The agency further documents staff acknowledgment of their understanding of the training received. Most significantly, staff interviews demonstrated that the training extends beyond completion of required coursework and is incorporated into daily practice. Staff consistently articulated their responsibilities and provided specific examples of preventative practices used during their shifts, including maintaining appropriate professional boundaries, minimizing time alone with youth, remaining within view of cameras when possible, recognizing grooming and changes in youth baseline behaviors, preserving potential evidence, and understanding their responsibility to report and respond rather than independently investigate allegations. Staff described their approach as remaining “personable, not personal,” demonstrating practical understanding of professional boundaries and the preventative intent of the agency’s PREA training.

115.332	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. PREA Prison Rape Elimination Act PowerPoint, dated 10.2014 3. Idaho Department of Juvenile Corrections Volunteer/Intern/Contractor Prison Rape Elimination Act Zero Tolerance Acknowledgement, dated 10.16.2017 4. Post Audit: Visitor Confidentiality Notice, dated 10.23.2026 5. Post Audit: Department of Juvenile Corrections Employee Training Record, dated

	9.28.2026 6. Post Audit: Idaho Department of Juvenile Corrections Memorandum, Re: §115.332, dated 9.28.2026 Interviews: 1. Contractor – Chaplin 2. Contractor - Physician 3. Volunteer - Religious Interviews with contractors and volunteers demonstrated awareness of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and the Prison Rape Elimination Act. Contractors and the volunteer stated they complete annual training regarding the agency's zero-tolerance policy. Each stated they have positive working relationships with staff and would feel comfortable reporting any knowledge, information, or suspicions of sexual abuse or sexual harassment directly to security staff on shift. Site Observations: Utilization of the PREA Audit – Juvenile Facilities Documentation Review – Employee Files / Records template for two contractors and two volunteers demonstrated volunteers received PREA education when their services began with the facility. During the facility tour, two contractors were observed working unsupervised in a youth dormitory while youth were absent and were allowed to enter and exit the building at will. Documentation could not be located demonstrating either contractor had been informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment or had received PREA education appropriate to the services they provide and their level of contact with youth. Corrective Action Plan: Complete documented training to appropriate staff who are responsible for the oversight of contract staff documentation. Appropriate facility personnel shall provide a memorandum outlining a sustainable action plan identifying the designated position responsible for ensuring the requirements of §115.322 are implemented and maintained. The memorandum shall be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard.

	· Upload all supporting documentation to the corresponding provision within the Online Audit System. Post audit, the facility provided a Visitor Confidentiality Notice included on the visitor sign-in roster. The notice informs visitors of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, expectations for maintaining appropriate boundaries with residents, prohibited conduct, and the responsibility to report incidents of sexual abuse or sexual harassment. Visitors acknowledge their understanding of these requirements by signing the roster. Post audit, the facility provided a Department of Juvenile Corrections Employee Training Record demonstrating five employees were educated on the following Class Objective: Front office staff will discuss the following statement with contractors checking into the front office that will be working at the facility. Post audit, the facility provided a memorandum from the agency PREA Coordinator, addressed to the DOJ PREA Auditor, outlining a sustainable action plan to ensure all visitors entering the facility are informed of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. The memorandum demonstrated that, moving forward, all visitors will be required to review and sign a zero-tolerance acknowledgment documenting their understanding of the agency's expectations and their responsibility to comply with applicable PREA requirements while at the facility. This process provides an ongoing mechanism for the facility to document that visitors are consistently informed of the agency's zero-tolerance policy. (a) The Juvenile Correctional Center St. Anthony PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and harassment prevention, detection, and response. The number of volunteers and contractors, who have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 24. The facility provided a PREA Prison Rape Elimination Act PowerPoint demonstrating the following learning objectives are delivered to contractors and volunteers. · PREA – Prison Rape Elimination Act · Purpose of PREA · Zero Tolerance

	· Relevant Definitions · Prevention of Sexual Violence · Vulnerability of Youth · Sexual Violence Red Flags: Staff Perpetrators · Sexual Violence Symptoms: Juvenile Victims · Victim Reporting · First Responder Steps · Agency Protection Against Retaliation · What would you do? · Summary: Zero Tolerance, PREA Contract Names (b) The Juvenile Correctional Center St. Anthony PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. (c) The Juvenile Correctional Center St. Anthony PAQ states the agency maintains documentation confirming that the volunteers and contractors understand the training they have received. The facility provided an Idaho Department of Juvenile Corrections Volunteer/Intern/ Contractor Prison Rape Elimination Act Zero Tolerance Acknowledgement, demonstrating volunteers and contractors acknowledge receipt of training and understanding of IDJC's zero tolerance policy on sexual abuse and sexual harassment and their responsibility to report it. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.333	**Resident education**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Policy 613 PREA, dated 11.18.2021 3. Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act Acknowledgement, dated 11.12.2013 4. Idaho Department of Juvenile Corrections Juvenile Corrections Center St. Anthony Juvenile/Parent Handbook, not dated 5. Zero Tolerance Posting, English and Spanish Interviews: 1. Random Youth 2. Targeted Youth 3. Group Leader Interviews with youth demonstrated each received education regarding the agency's zero-tolerance policy, their rights, and available reporting options on the day of arrival to the facility. Youth identified reporting options that included submitting a grievance, making an anonymous call, reporting to staff or a third party, and reporting to their parents. Seven of 16 youth stated they had not retained their handbooks and no longer had access to a handbook within their cottage. The interview with the Group Leader demonstrated PREA education is provided to youth within two hours of arrival to the facility. He stated a paper form is read to each youth during intake explaining the agency's zero-tolerance policy and available reporting options. Youth are also shown a PREA education video developed for Idaho youth. The Group Leader stated each youth and the staff member providing the education sign and date an acknowledgment documenting completion of the education. Site Observations: During the onsite review, 16 youth files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Resident Files / Records template. Documentation demonstrated each youth received PREA education on the day of arrival to the facility.

Recommendation:

Provide youth with free and ongoing access to facility handbooks within their living groups without requiring the handbook to be checked out. Interviews demonstrated 7 of 16 youth no longer had access to a handbook. Facility response, "PCM is placing handbooks in each cottage and asked each group leader to let the youth know where they can read the cottage copy."

(a) The Juvenile Correctional Center St. Anthony PAQ states residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. In the past 12 months 57 residents were given information at intake.

Idaho Department of Juvenile Corrections Policy 613 PREA, page 5, section A., stated, “Within ten days of intake, juveniles shall be educated regarding the following:

1. Their right to be free from sexual abuse and sexual harassment,

2. Their right to be free from retaliation for reporting such incidents, and

3. IDJC policies and procedures for responding to such incidents.”

(b) The Juvenile Correctional Center St. Anthony PAQ states the number of those residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake was 57.

(c) The Juvenile Correctional Center St. Anthony PAQ states of those who were not educated during 10 days of intake, all residents have been educated subsequently. All juveniles have been trained. Agency policy requires that residents who are transferred from one facility to another be educated regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

	(d) The Juvenile Correctional Center St. Anthony PAQ states Resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled or have limited reading skills. The PAQ states, “Resident Education has voice overs for each slide so visually impaired can follow along. Also have access to YouTube educational videos. Staff can also read the training to the youth. Written training in handbook and PowerPoint, verbal in PowerPoint, Spanish video, relay services, and interpreter line if necessary.” (e) The Juvenile Correctional Center St. Anthony PAQ states the facility maintains documentation of resident participation in PREA education sessions. The facility provided an Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act acknowledgement. The acknowledgment contains the youth and staff printed name, date and if the information was read to or by the youth. (f) The Juvenile Correctional Center St. Anthony PAQ states the agency ensures that key information about the agency’s PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The facility provided an Idaho Department of Juvenile Corrections Juvenile Corrections Center St. Anthony Juvenile/Parent Handbook demonstrating pages 11-12 provide information on the Prison Rape Elimination Act, Key Concepts, Reporting Methods, Victim Advocacy, External Sexual Abuse Counseling address and phone number. The facility provided a Zero Tolerance posting which includes the following information. · Right to Report · How to Report · If you wish to remain anonymous, you may also report outside of IDJC by calling or writing to: Child Protection, FACS-Central Intake or Call. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.334	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Corrections Policy 665 Training Requirements, dated 9.16.2024 3. (17) National of Institute Certificates of Completion – PREA: Investigating Sexual Assault in a Confinement Setting Interviews and on site file review: 1. Program Specialist QI / PREA Compliance Manager / Investigator The interview with the Investigator demonstrated she completed specialized training for conducting sexual abuse investigations through the National Institute of Corrections. (a-b) The Juvenile Correctional Center St. Anthony PAQ states, agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Idaho Department of Corrections Policy 665 Training Requirements, page 5, section VI. B., states, “Requirements for Special PREA Training (as outlined in PREA Standards for specific positions) B. Investigating Sexual Abuse in a Confinement Setting (National (Institute of Corrections – online) as determined by Division Administrators.” (c) The agency maintains documentation showing that investigators have completed the required training for investigators. The number of investigators currently employed who have completed the required training is 17. The facility provided 17 National of Institute Certificates of Completion – PREA: Investigating Sexual Assault in a Confinement Setting.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. PREA for Medical & Mental Health Are Professionals Curriculum PowerPoint, not dated 3. Specialized PREA Training for Medical and Health Care Providers - Course Completion Report Interviews: 1. Nurse Manager 2. Regional Clinical Supervisor Interviews with medical and mental health practitioners demonstrated each completed the agency's specialized PREA training for medical and health care providers. Each practitioner demonstrated an understanding of training related to interviewing victims of sexual abuse, evidence collection, and providing support to victims throughout the forensic examination process. Site Observations: The facility provided Specialized PREA Training for Medical and Health Care Providers – Course Completion Reports. Documentation demonstrating completion of the specialized training was uploaded to the Online Audit System during the pre-audit phase. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The number of all medical and mental health care

	practitioners who work regularly at this facility who received the training required by agency policy is nine. The numberof all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy is 14. The facility provided a PREA for Medical & Mental Health Are Professionals Curriculum PowerPoint demonstrating practitioners are provided the following learning objectives. · Evidence Preservation (On the Victim/Abuser) · Forensic Exam Process · Responding to Youth's Physical & Emotional State · Reporting Progress – In-Person (b) The Juvenile Correctional Center St. Anthony PAQ states their medical staff do not conduct forensic medical exams. (c) The Juvenile Correctional Center St. Anthony PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The facility provided a Specialized PREA Training for Medical and Health Care Providers - Course Completion Report demonstrating 14 medical and mental health practitioners have completed the required specialized training. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.341	**Obtaining information from residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ

2. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021

3. Idaho Department of Juvenile Corrections – Risk of Sexual Victimization/ Perpetration Screener, dated 7.15.2026

Interviews:

1. Random Youth

2. Targeted Youth

3. Facility Clinical Supervisor

Interviews with youth demonstrated each recalled being asked risk screening questions, including questions regarding prior sexual abuse, gender identity, safety concerns upon intake, and medical or mental health needs.

The interview with the Facility Clinical Supervisor demonstrated all youth entering the facility receive a risk screening for sexual victimization and abusiveness within 72 hours of arrival, and often within 24 hours, in a private intake office. He stated he assesses each response to the risk screening and considers the youth's mood and presentation during the interview, whether the youth appears guarded, criminal and victimization history, family history, and relevant collateral information. The Facility Clinical Supervisor stated access to completed risk assessments is limited to the clinical team, supervisory staff, and compliance staff.

Site Observations:

During the onsite review, 16 youth files were reviewed utilizing the PREA Audit – Juvenile Facilities Documentation Review – Resident Files / Records template. Documentation demonstrated 15 of 16 youth received a risk assessment within 72 hours of arrival. Documentation further demonstrated most youth who had remained at the facility longer than six months received additional risk assessments during their confinement.

Recommendation:

Review of 16 youth files demonstrated five did not contain documentation demonstrating risk reassessments were completed within six months and/or every six months thereafter, as required by agency policy. It is recommended the facility strengthen its tracking and monitoring processes to ensure risk reassessments are consistently completed within the timeframes established by agency policy. Facility

response: "Received approval to update the policy to allow rescreens be done between 6 months and 12 months. This way clinicians can determine if rescreen at 6 months might be helpful based on individual needs of the youth. Supervising clinician has already developed a tracking system and will be getting copies from staff to ensure that they were completed."

(a) The Juvenile Correctional Center St. Anthony PAQ states the facility has a policy that requires screening, upon admission or transfer, for risk of sexual abuse victimization or sexual abusiveness toward other residents. The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake of transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 58.

Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 2, section H states, “Juveniles shall be screened for risk of sexual victimization/ perpetration using the Risk of Sexual Victimization/Perpetration Screener (RSVP) (DJC-269) form by a mental health professional within 72 hours of O&A intake. In order to guide placement and management strategies the RSVP shall also be administered at least every six months after the date of placement.”

(b-c) The Juvenile Correctional Center St. Anthony PAQ states the Risk assessment is conducted using an objective screening instrument.

The facility provided an Idaho Department of Juvenile Corrections – Risk of Sexual Victimization / Perpetration Screener demonstrating the following questions are asked of each juvenile.

· Juvenile Name / UOS: / Date of Arrival at Facility

· Date / Time Screened / Screener Name

· Initial Screening / Screening Upon Arrival at Facility / 6-Month Screener / Other

· Current Charges and Offense History Documentation Reviewed

Vulnerability to Sexual Victimization

· Age of Juvenile

	· Duration of confinement (lack of familiarity with confinement setting) · Perception of own vulnerability? · Have you been attached, bullied, or abused in any setting? · Vulnerabilities in a confinement setting – mark all that apply · Does the juvenile report or does the juvenile's records indicate any history of diagnosed mental health? · Identifies as lesbian, gay, bi-sexual, intersex (LGBI) or has socially transitioned prior to commitment. · Are there indicators this juvenile is or has been reported as having limitations due to intellectual impairment (low IQ), learning disability, special education classes, or developmental disability? · Have you ever been the victim of sexual abuse? - The offer for follow-up mental health services related to sexual victimization and/or perpetration was: Accepted or Rejected - Total Risk of Vulnerability Score Propensity Towards Sexual Perpetration · The Juvenile has been arrested or charged with a sex offense? · A history of a pattern of aggression or violence? · A history of patterns of boundary issues? · A history of difficulties forming appropriate peer relationships? · Current negative attitudes toward authority and frequent violation of rules? · The victimization of others involved crimes against a person? - Total Risk of Perpetration Score The assessment Risk of Sexual Victimization is scored: Low 0-7, Moderate 8-18, High 19-32 and Risk of Sexual Perpetration is Low 0-5, Moderate 6-10, High 11-15 Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.342	Placement of residents
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Population Management Report, dated 4.2.2026 3. Idaho Department of Juvenile Corrections Referrals for the Placement of Juveniles Policy 413, dated 12.12.2022 4. Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, dated 9.16.2024 5. Revised Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, dated 9.11.2026 Interviews: 1. Program Specialist QI / PREA Compliance Manager The interview with the PREA Compliance Manager demonstrated Population Management Meetings are conducted to discuss the individualized placement of youth prior to transfer to one of the agency's three facilities. Following placement, weekly treatment meetings are conducted to review youth needs and ongoing housing and program assignments. She stated youth identified as vulnerable may be provided individual shower times and additional privacy based on their individual needs or upon request. Site Observations: During the onsite review, staff-to-youth ratios were observed at one staff member for groups of eight youth or fewer. Security staff were available throughout the living units, with additional security staff present in the education area while youth attended school. Youth were consistently observed moving throughout the facility in supervised groups. (a) The Juvenile Correctional Center St. Anthony PAQ states the facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Idaho Department of Juvenile Corrections Referrals for the Placement of Juveniles Policy 413, page 2, section I.B. states, “The placement determination process may also take into consideration the Initial Custody Level Assessment (ICLA) score, bed availability, geographic location nearest to family, juvenile’s age, and special needs to include, but not limited to, developmental disability, autism spectrum disorders, sex-offending behaviors, and mental health needs.”

The facility provided a Population Management Report demonstrating the following is documented and reviewed, weekly.

- Name
- IJOS#
- RSV/P Score L=Low, M=Moderate, H=Height
- Comments
- Assigned to

(a) The Juvenile Correctional Center St. Anthony PAQ states the facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise. The number of residents at risk of sexual victimization who were placed in isolation in the past 12 months was zero.

Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, page 1, section 3 states, “Juvenile” who are identified as at risk of sexual victimization or who have suffered sexual abuse may only be placed in isolation, segregation, or room confinement as a last resort if less restrictive means are inadequate to keep him or her safe. The reasons for isolation, segregation, or room confinement must be documented in the Incident Report.”

Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, page 5, section 4, 5, 10 states,

4. “Has the right to have daily recreation/exercise of at least one hour outside the individual room. A juvenile with medical or physical limitations as documented by the medical staff has appropriate recreation/exercise activities developed according to needs.

5. Has the right to daily visits by licensed medical staff to express medical complaints and concerns. These visits are documented on the Special Management Close/Observation Activity Log (DJC-133) or through the use of the Guard Tour System.

10. Has the right to education and materials during scheduled school hours. Per Individual Disabilities Education Act (IDEA), the education manager, or designee, is notified of the juvenile’s room confinement. If confinement exceeds ten school days, a Manifest Determination meeting is required to determine if the juvenile’s behaviors are due to a disability.”

(h) The Juvenile Correctional Center St. Anthony PAQ states from a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months was zero.

Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, page 6, section A., states, “Within 24 hours the facility will also convene a strategy team to address behaviors and/or referral to a behavior board. Strategy team can consist of Clinician, Rehabilitation Specialist, Unit Manager, D&A Counselor, and Superintendent. Staff will again document in the close observation form when the contact was made to who and the result of the conversation. During the second hour staff will assess the juvenile for the ability to rejoin their group and commit to safety and appropriate behaviors.”

The facility exceeds compliance with this standard based on its ongoing and individualized use of risk screening information to inform placement, supervision, treatment, and safety decisions throughout a youth’s confinement. Prior to placement at one of the agency’s three facilities, Population Management Meetings are conducted to consider each youth’s individualized needs and appropriate placement. Following placement, youth needs and ongoing housing and program assignments are further reviewed through weekly treatment meetings.

The agency maintains a Population Management Report that incorporates each youth’s risk of sexual victimization and abusiveness screening score and is reviewed weekly. This provides an ongoing mechanism for staff to consider changes in vulnerability, risk, placement, and supervision needs rather than limiting the use of screening information to the initial placement decision. Youth identified as vulnerable may also receive individualized safety measures, including individual

	shower times and additional privacy based on their needs or upon request. Documentation further demonstrated that no youth identified as being at risk of sexual victimization were placed in isolation during the review period. Site observations demonstrated consistent staff supervision, youth movement in supervised groups, and additional security staffing in areas where youth congregate.

115.351	**Resident reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021 3. Idaho Department of Juvenile Corrections Juvenile Corrections Center St. Anthony Juvenile/Parent Handbook, not dated 4. Post Audit: Updated Zero Tolerance Postings in English and Spanish 5. Post Audit: PREA Overview for Juveniles, dated 10.2.2026 6. Post Audit: Email Communication to All Staff, dated 9.25.2026 7. Post Audit: Idaho Department of Juvenile Corrections Memorandum, Re: §115.351, dated 9.28.2026 Interviews: 1. Random Youth 2. Targeted Youth 3. Rehab Techs Interviews with youth demonstrated they were aware of multiple reporting options, including reporting to facility staff, submitting a grievance, reporting to a third party and making an anonymous report through the hotline number identified on facility postings.

	Interviews with staff demonstrated they would accept reports through multiple avenues, including verbal reports, written notes with or without the youth’s name, third-party reports, and the grievance process. Site Observations: During the facility tour, large Zero Tolerance postings in English and Spanish with agency policy information on zero tolerance and internal and external reporting information was observed throughout the cottages, education building, and administrative areas of the facility. During the pre-audit phase, the Child Abuse Hotline was contacted at 855-552-5437 at 7:20 p.m. on August 20, 2026. Prior to connection with an operator, a recorded message informed callers that reports could be made anonymously and without fear of retaliation. After introductions and an explanation of the reason for the call, the operator stated reports are documented and forwarded to law enforcement and the appropriate social worker. The operator further stated the report is emailed to the licensing agency, which then notifies the facility. Corrective Action Plan: Educate youth on the primary confidential reporting entity to be The Family Crisis Center. Educate staff on providing a private location for youth the complete calls to The Family Crisis Center or PREA hotline. Appropriate facility personnel shall provide a memorandum outlining a sustainable action plan identifying the designated position responsible for ensuring the requirements of §115.351 (b) are implemented and maintained. The memorandum shall be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard. Upload all supporting documentation to the corresponding provision within the Online Audit System. Post audit, the facility provided updated Zero Tolerance postings in English and Spanish with the advocate's name, address and telephone numbers. Post-audit, the facility provided a PREA Overview for Juveniles that included instruction on contacting the Family Crisis Center for emotional support services and as a third-party reporting option for allegations of sexual abuse and sexual harassment. The Family Crisis Center reports allegations received to IDJC. Training documentation demonstrated that 66 youth acknowledged receipt of the

	information through their signatures. Post audit, the facility Program Specialist provided an email communication to all staff with the following instruction. “The Advocacy Center information has been added to the PREA Posters in all areas. If you have a juvenile that wants to call the hotline or the advocacy center to report a PREA issue, staff are to dial the number for the juvenile and then step back and give the juvenile privacy to make the phone call. These calls should be treated similar to a juvenile contacting their lawyer. They are allowed to have privacy while making the call.” Post-audit, the facility provided a memorandum from the Agency PREA Coordinator, addressed to the DOJ PREA Auditor, outlining a sustainable action plan for compliance with provision 115.351(b). Corrective measures included adding the Family Crisis Center’s contact information to all facility PREA posters, providing youth with additional instruction on accessing services through documented training, and issuing a facility-wide reminder directing staff to ensure privacy by remaining out of listening distance when youth contact the reporting hotline or Family Crisis Center. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about sexual harassment, abuse, retaliation and or any type of neglect. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 2, section L states, “ The IDJC will employ multiple protection measures, such as housing changes or transfers for juvenile victims or abusers, removal of alleged staff or juvenile abusers from contact with victims, and emotional support services for juveniles or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.” (b) The Juvenile Correctional Center St. Anthony PAQ states facility provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not have a policy requiring residents detained solely for civil immigration purposes be provided detention facility locator information. Procedure compliance can be found in provision (d) of this standard.

(c) The Juvenile Correctional Center St. Anthony PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.

Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 2, section L states, “Staff shall accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports. The appropriate designated staff shall contact law enforcement if requested by the alleged victim.”

(d) The Juvenile Correctional Center St. Anthony PAQ states the facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The facility provided an Idaho Department of Juvenile Corrections Juvenile Corrections Center St. Anthony Juvenile/Parent Handbook demonstrating pages 11-12 provide information on the Prison Rape Elimination Act, Key Concepts, Reporting Methods, Victim Advocacy, External Sexual Abuse Counseling address and phone number, to include the following reporting methods.

· Report to any staff, volunteer, contractor, or medical or mental health staff.

· Submit an Emergency Grievance.

· Report to the PREA compliance manager.

· Tell a family member, friend, legal counsel, or anyone else outside the facility. They can report on your behalf by calling (855) 552-5437.

(e) The Juvenile Correctional Center St. Anthony PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

The facility provided a screen prints of an Employee Complaint Line allowing state agency employees to submit complaints to the Division of Human Resources.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Juvenile Grievance Policy 671, dated 6.17.2024 3. JCCSA Grievance Report Interviews: 1. Random Youth 2. Targeted Youth 3. Program Specialist QI / PREA Compliance Manager Interviews with youth demonstrated awareness of the facility's grievance procedures and an understanding that they could submit a grievance, if needed, by placing it in a designated grievance box. Youth stated grievance forms are readily available and can be obtained independently. The interview with the PREA Compliance Manager demonstrated grievance boxes are checked daily by evening supervisors. Grievances are then forwarded to the PREA Compliance Manager or Security Supervisor for review, as applicable. Site Observations: During the facility tour, grievance boxes and grievance forms were observed within each cottage living group and in the education hallway. The location of the grievance boxes and ready availability of grievance forms provide youth with independent access to the grievance process and the ability to submit grievances at any time.

(a) The Juvenile Correctional Center St. Anthony PAQ states the agency does have an administrative procedure for dealing with resident grievances regarding sexual abuse.

The agency has implemented the Idaho Department of Juvenile Corrections Juvenile Grievance Policy 671, which requires the immediate investigation of emergency grievances involving allegations of sexual harassment or sexual abuse.

(d) The Juvenile Correctional Center St. Anthony PAQ states the agency's policy and procedures that require a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months there have been six grievances filed alleging sexual abuse. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was six.

The facility provided a JCCSA Grievance Report demonstrating the following information is documented for each grievance filed. (Each emergency grievance was resolved within two calendar days.)

- Date of Compliant
- Date of Supervisor Received Complaint
- Name of Juvenile / SED Youth
- Compliant Description / Resolved / Resolved Date
- Resolution Description
- 10 Calendar Days Post-Receipt / Calendar Days to Resolution
- Emergency Response Required (PREA)(Y/N)
- Initial Emergency Response Date
- Calendar Days to Emergency Response
- Superintendent Review Required
- Date Superintendent Received Compliant
- Superintendent Review Date
- 10 Calendar Days Post-Receipt / Calendar Days to Resolution

	· Calendar Days to Superintendent / Date Placed in EDMS / Calendar Days to EDMS Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.353	**Resident access to outside confidential support services and legal representation**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Juvenile Corrections Center St. Anthony Juvenile/Parent Handbook, dated 7.2026 2 Independent Contractor Agreement, Family Crisis Center, dated 7.27.2026 3 Independent Contractor Agreement, Grand Peaks, dated 7.14.2026 Interviews 1. Random Youth 1. Targeted Youth Interviews with youth demonstrated 7 of 16 were unaware of available victim advocacy services or could not articulate how to access those services. Several youth stated they had not retained the handbooks provided during the intake process, which contain information regarding available advocacy services. Site Observations: During the onsite review, the Family Crisis Center was contacted by cell phone, as youth do not have access to resident pay phones. The advocate stated agency staff are mandated reporters and explained that advocates can assist youth with reporting allegations to law enforcement, would report to facility personnel and provide ongoing, in-person advocacy services to youth at the facility.

	Recommendation: Seven of 16 youth interviewed were unaware of available victim advocacy services. Strengthen youth education regarding the availability of and access to victim advocacy services. Facility response: “Stickers were added to all PREA posters with the phone and address of the advocacy service. Youth will sign a training log verifying the group leaders provided the information.” (a) The Juvenile Correctional Center St. Anthony PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, State, or national victim advocacy or rape crisis organizations. The facility provided an Idaho Department of Juvenile Corrections Juvenile Corrections Center St. Anthony Juvenile/Parent Handbook demonstrating pages 11-12 provide information on the Prison Rape Elimination Act, Key Concepts, Reporting Methods, Victim Advocacy, External Sexual Abuse Counseling address and phone number. (b) The Juvenile Correctional Center St. Anthony PAQ states the facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law. (c) The Juvenile Correctional Center St. Anthony PAQ states the facility maintains memoranda of understanding with community service providers that are able to provide residents with emotional support services related to sexual abuse. The facility provided an Independent Contractor Agreement between the Family Crisis Center and the Department of Juvenile Corrections. The agreement appears to be current and does not have an obvious expiration date. The agreement is signed by the Family Crisis Center Co-Executive Director and the Division of Juvenile Corrections Division Administrators.

	The facility provided an Independent Contractor Agreement between Grand Peaks and the Department of Juvenile Corrections. The agreement appears to be current and does not have a termination date; however, either party can terminate without cause with a 15 minutes notice to the other. The agreement is signed by the Grand Peaks CEO and the Department of Juvenile Corrections Division Administrator. (d) The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.354	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Zero Tolerance Posting Interviews 1. Random Youth 2. Targeted Youth 3. Rehab Techs 4. Program Specialist QI / PREA Compliance Manager Interviews with youth and staff demonstrated awareness of available third-party reporting options. Youth and staff articulated that reports could be made through a family member or friend or by calling the hotline number identified on postings throughout the facility. Site Observations:

	During the facility tour, Zero Tolerance postings containing reporting information were observed in each cottage living group, the dining hall, education hallways, and administrative areas of the facility. (a) The Juvenile Correctional Center St. Anthony PAQ states the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The agency website for third-party reporting is the Idaho Child Abuse Reporting Hotline. (See §115.351) The facility provided a Zero Tolerance posting demonstrating the Child Protective Services is utilized as the agency third party reporting entity for the agency. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.361	**Staff and agency reporting duties**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Abuse, Neglect and/or Exploitation of Juveniles Policy 606, dated 5.10.2021 3. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021 Interviews: 1. Program Specialist QI / PREA Compliance Manager The interview with the PREA Compliance Manager demonstrated she ensures required notifications to parents or legal guardians, the youth’s attorney or other legal representative, and applicable court officials are completed within 24 hours of receipt of an allegation that a youth has been sexually abused.

	Site Observations: Review of investigative documentation demonstrated required notifications to parents or legal guardians, the youth's attorney or other legal representative, and applicable court officials were consistently completed and documented within 24 hours of receipt of allegations of sexual abuse. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency requires 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. The agency requires all staff to report immediately and according to agency policy any retaliation against Residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Idaho Department of Juvenile Corrections Abuse, Neglect and/or Exploitation of Juveniles Policy 606, page 4, section II states, "Reporting––Any employee involved in or who witnesses or otherwise becomes aware of an incident of juvenile abuse, neglect or exploitation reports it to their immediate supervisor or the Superintendent, or designee. If an employee feels they cannot report it to their immediate supervisor or the Superintendent, they must report to any supervisor, Human Resources (HR), Legal, Deputy Director or the Director. Failure to report participation in or knowledge of such an incident may warrant disciplinary action against that employee." b) The Juvenile Correctional Center St. Anthony PAQ states the agency requires all staff to comply with any applicable mandatory child abuse reporting laws. (c) The Juvenile Correctional Center St. Anthony PAQ states apart from reporting to the designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page two, section G states, "Staff shall not reveal information related to an allegation of sexual

	abuse to anyone, including other staff, except for purposes of reporting as outlined below or to the extent necessary to assist in an investigation, to provide medical or mental health treatment, or for other security purposes.” The facility exceeds compliance with this standard based on the timeliness, consistency, and documented implementation of its notification practices following allegations of sexual abuse. The PREA Compliance Manager demonstrated that required notifications to parents or legal guardians, the youth’s attorney or other legal representative, and applicable court officials are completed within 24 hours of receipt of an allegation of sexual abuse. The facility’s established practice significantly shortens the timeframe provided under §115.361(e) for applicable legal notifications. Review of investigative documentation demonstrated the practice is consistently implemented, with required notifications documented within 24 hours of receipt of allegations of sexual abuse.

115.362	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ Interviews: 1. Program Specialist QI / PREA Compliance Manager The interview with the PREA Compliance Manager demonstrated that when staff become aware of circumstances that may place a youth at risk of sexual abuse, staff are expected to act promptly and take appropriate measures to ensure the youth’s immediate safety and protection. (a) The Juvenile Correctional Center St. Anthony PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility has determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021 Interviews: 1. Superintendent 2. Director of the Department of Juvenile Corrections The interviews with the Superintendent and Director of the Department of Juvenile Corrections demonstrated both were aware of their responsibility to notify the head of another facility upon receiving an allegation that a youth was sexually abused while confined at that facility. Both stated notification would occur as soon as possible and within the required timeframe. They further stated documentation of such reports and notifications would be maintained by the PREA Coordinator. The Superintendent and Director stated additional notifications would be made, as applicable, to law enforcement, the youth's probation office, and parents or legal guardians. Site Observations: The facility received no allegations during the past 12 months involving a youth reporting sexual abuse that occurred while confined at another facility. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually

	abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency. In the past 12 months, the facility has received zero allegations that a resident was abused while in confinement at another facility. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 5, Section IX A-C states, "Upon suspicion of and/or becoming aware of a possible sexual abuse incident that is reported to have occurred at another facility: A. The Superintendent of the facility where the juvenile is located, or the IDJC Director, shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, and shall also notify the appropriate investigative agency. B. Such notification shall be provided as soon as possible, but no later than 24 hours after receiving the allegation. C. The PREA coordinator shall document that such notification has been made." (b) The Juvenile Correctional Center St. Anthony PAQ states agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. (c) The Juvenile Correctional Center St. Anthony PAQ states the facility documents that it has provided such notification within 72 hours of receiving the allegation. The facility provided an Idaho Department of Juvenile Corrections Notification of Disclosure and/or PREA Incident form demonstrating the following is documented. · Name of juvenile making disclosure o IJOS Number / Home County / Staff reporting disclosure / Name of those present / Date and time of disclosure / Source of information · Type of disclosure · Disclosure of activity prior to IDJC commitment or in the community when in IDJC custody · Disclosure and/or PREA Incident Information while in IDJC custody · Internal Notifications

	· When disclosed activity is reported to have occurred prior to IDJC commitment, notifications to include name of contact/agency · When disclosed activity is reported to have occurred while in IDJC commitment, notifications to include name of contact/agency . (d) The Juvenile Correctional Center St. Anthony PAQ states facility policy requires that allegations received from other agencies or facilities investigated in accordance with the PREA standards. In the last 12 months, there has been zero allegations of sexual abuse the facility received from other facilities. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.364	**Staff first responder duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ Interviews: 1. Rehab Techs Interviews with Rehab Techs demonstrated a clear understanding of first responder and mandatory reporting responsibilities. Staff articulated that upon learning of an allegation of sexual abuse, they would immediately separate the alleged victim and alleged perpetrator, secure the area, and prevent communication between those involved. Staff further stated they would preserve potential evidence by inviting the alleged victim not to take actions that could destroy evidence on his or her person and instructing the alleged perpetrator not to wash, eat, drink, change clothing, or otherwise disturb potential evidence until law enforcement arrives. Staff consistently demonstrated an understanding that their responsibility is to protect the youth, preserve potential evidence, and report the allegation rather than

	independently investigate. Staff stated allegations are reported to their immediate supervisor, the PREA Compliance Manager, or higher-level personnel, as necessary, to ensure appropriate personnel are immediately made aware of the allegation. Site Observations: There was one allegation of sexual abuse reported during the past 12 months. Separation of the youth was not required at the time the allegation was reported, as the allegation was identified through a grievance submitted by a youth. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate, preserve, protect, collect physical evidence, 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, 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. In the past 12 months, one allegation of sexual abuse was reported. (b) The Juvenile Correctional Center St. Anthony PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.365	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. The Juvenile Correctional Center St. Anthony PAQ

2. PREA Coordinated Response Plan JCC-St. Anthony, dated 5.9.2025

Interviews:

1. Superintendent

The interview with the Superintendent demonstrated the facility maintains a coordinated response plan for incidents of sexual abuse. He stated the coordinated response plan, applicable facility and agency policies, and PREA-related forms are maintained on the facility's shared drive and are accessible to staff. Hard copies of the same materials are also maintained in binders located in the Director of Operations and Unit Manager offices. He further stated staff are aware of the location of these resources and how to access them when needed.

Site Observations:

Review of agency policy addressing incidents of sexual abuse demonstrated clear direction regarding staff response and the actions necessary to ensure first responder responsibilities are fulfilled.

(a) The Juvenile Correctional Center St. Anthony PAQ states the facility developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The facility provided a PREA Coordinated Response Plan JCC-St. Anthony demonstrating the following direction is provided to facility personnel.

· Definitions of Abuse and Harassment

· First Responder Duties

· PREA Compliance Manager / Investigator Duties

· PREA Compliance Manager Post Interview Duties

· Medical and Mental Health Staff Duties

· Forensic Medical Examination Provider Duties

· Facility Superintendent Duties

	Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.366	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ Interviews: 1. Director of the Department of Juvenile Corrections The interview with the Director of the Department of Juvenile Corrections demonstrated the agency does not currently operate under a collective bargaining agreement. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf or has entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ

2. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021

3. Idaho Department of Juvenile Corrections Sexual Abuse/Harassment Retaliation Monitoring Form, dated 2.29.2025

4. Post Audit: Revised Quality Improvement Services Handbook, dated 10.1.2026

5. Post Audit: Idaho Department of Juvenile Corrections Memorandum, Re: §115.367, dated 9.28.2026

Interviews:

1. Program Specialist QI / PREA Compliance Manager

The interview with the PREA Compliance Manager demonstrated that, following identification of the issue log during the pre-audit phase, retaliation monitoring now begins within 24 hours of receipt of an allegation of sexual abuse. She stated monitoring is conducted regardless of whether the alleged victim recants and includes weekly documentation for a minimum of 90 days, or longer when warranted. The PREA Compliance Manager explained retaliation monitoring includes communication with supervising staff, direct check-ins with the youth, review of incident reports, and ongoing observation to identify and address any changes or treatment that may indicate retaliation.

Site Observations:

Review of investigative documentation demonstrated that, prior to the pre-audit phase, retaliation monitoring did not begin following receipt of a report of sexual abuse and instead began after the outcome of the investigation was provided.

Corrective Action Plan:

Complete documented training to appropriate staff to begin retaliation monitoring following a report of sexual abuse of the allegation and how documentation of monitoring will be completed.
Appropriate facility personnel shall provide a memorandum outlining a sustainable action plan identifying the designated position responsible for ensuring the requirements of §115.267 (c) are implemented and maintained. The memorandum shall be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard.
· Upload all supporting documentation to the corresponding provision within the Online Audit System.

	Post audit, the facility provided a revised Quality Improvement Handbook demonstrating that language on page 8, under the section “Monitoring for Retaliation,” was revised to instruct applicable staff that retaliation monitoring is to begin upon receipt of a sexual abuse allegation. Post audit, the facility provided a memorandum from the agency PREA Coordinator, addressed to the DOJ PREA Auditor, with a sustainable action plan demonstrating that PREA investigative forms were revised to document retaliation monitoring beginning upon receipt of a sexual abuse report. Monitoring will include communication with individuals who report sexual abuse, review of incident reports and pass-down logs, and, when applicable, consultation with supervisors or Human Resources regarding potential indicators of staff retaliation. The Quality Improvement Handbook was revised to reflect the updated process and made available to PREA Compliance Managers. The agency PREA Coordinator will provide ongoing oversight by reviewing future investigative packets to ensure retaliation monitoring is initiated, continued, and documented as required. (a/e) The Juvenile Correctional Center St. Anthony PAQ states the agency has 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. The facility designates the PREA Compliance Manager as the retaliation monitor. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 1, section Policy states, “It is therefore the policy of the IDJC that all facilities and contract providers will adhere to a zero tolerance standard for incidences of sexual abuse or misconduct. Furthermore, it is the policy of the IDJC that all allegations of sexual abuse, 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 or retaliation within IDJC facilities will be reported , investigated and responded to accordingly. The IDJC will provide a coordinated response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership.” (c/d) The Juvenile Correctional Center St. Anthony PAQ states the agency/facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The number of times an incident of retaliation occurred in the past 12 months was zero.

	The facility provided an Idaho Department of Juvenile Corrections Sexual Abuse/ Harassment Retaliation Monitoring form demonstrating the following is documented. · Juvenile / Staff Name · Facility / IR# · Date Allegation Received · Category · In the course of reviewing activity logs the monitor will consider the following factors and assess if signs of retaliation are present. · Face to face check in's will be completed and recorded monthly during the monitoring period, but can occur more frequently at the discretion of the monitor. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.368	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, dated 9.11.2026 Interviews: 1. Program Specialist QI / PREA Compliance Manager 2. Superintendent The interview with the PREA Compliance Manager and the Superintendent demonstrated youth identified as alleged perpetrators of sexual abuse would be separated from the alleged victim to ensure ongoing safety and prevent further contact. She stated the youth may be reassigned to another living group within the facility or removed from the program, as appropriate.

	(a) The Juvenile Correctional Center St. Anthony PAQ states the facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months was zero. Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, page 1, section 3 states, “Juveniles who are identified as at risk of sexual victimization or who have suffered sexual abuse may only be placed in isolation, segregation, or room confinement as a last resort if less restrictive means are inadequate to keep him or her safe. The reasons for isolation, segregation, or room confinement must be documented in the Incident Report.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.371	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, dated 9.10.2018 Interviews: 1. Program Specialist QI / PREA Compliance Manager / Investigator The interview with the Investigator demonstrated she begins the investigative process within 24 hours of receiving an allegation or referral for investigation. She stated the investigative process begins with meeting with facility supervisors to discuss the allegation and circumstances surrounding the incident, followed by interviews with the alleged victim, alleged perpetrator, witnesses, and staff, as applicable.

	The Investigator further stated she reviews available evidence, including video footage, camera audio, incident reports, facility logs, and security logs. She explained investigations are documented using an established Word document that prompts investigators to address the applicable investigative elements and ensure standard requirements are considered throughout the investigative process. Site Observations: The facility had one sexual abuse investigation during the past 12 months. Review of the investigative documentation demonstrated the investigation was initiated timely and conducted thoroughly and objectively. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency/facility has a policy related to criminal and administrative agency investigations. Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, page 1, section Policy states, “The Idaho Department of Juvenile Corrections (IDJC) is committed to the elimination of sexual abuse and harassment in its facilities. Investigation of all allegations of sexual abuse or harassment is essential to maintaining a culture of zero-tolerance towards these types of actions and behaviors. The Prison Rape Elimination Act (PREA) has formulated standards to prevent, detect, and respond to sexual abuse and harassment in juvenile correctional settings, including the investigation of these types of allegations. It is therefore the policy of the IDJC that upon receiving an allegation of sexual abuse or harassment in an IDJC facility or contract provider, an investigation is conducted according to the procedures below, in an impartial, objective, confidential, and expeditious manner. These procedures ensure compliance with established PREA standards and determine validity of allegations so that a proper response can be implemented.” (d) The Juvenile Correctional Center St. Anthony PAQ states the agency does not terminate an investigation solely because the source of the allegation recants the allegation. (i) The Juvenile Correctional Center St. Anthony PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit,

	whichever is later was zero. (j) The Juvenile Correctional Center St. Anthony PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, dated 9.10.2018 Interviews: 1. Program Specialist QI / PREA Compliance Manager / Investigator The interview with the Investigator demonstrated an understanding that the facility imposes no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated. She described the standard as requiring the available evidence to demonstrate that it is more likely than not that the alleged conduct occurred. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated. Idaho Department of Juvenile Corrections Policy 614 Investigations-PREA, page 2,

	section B 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.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.373	**Reporting to residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections PREA Incident Review – Section D – Juvenile Receipt of Notice of Investigation Findings or Status, dated, 9.10.2018 Interviews: 1. Program Specialist QI / PREA Compliance Manager The interview with the PREA Compliance Manager demonstrated she provides victims with a written Notice of Finding documenting the outcome of the investigation. The notice is signed and dated by both the PREA Compliance Manager and the youth. Site Observations: Review of investigative documentation demonstrated youth were consistently provided and/or documented as receiving notification of investigative outcomes and applicable changes in the status of staff alleged to have committed sexual abuse. (a) The Juvenile Correctional Center St. Anthony PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or

	unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was one. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was one. Idaho Department of Juvenile Corrections PREA Incident Review – Section D – Juvenile Receipt of Notice of Investigation Findings or Status, page 2, section B. 2 states, “The juvenile making the allegation receives a copy of Section D of the DJC-262 form notifying them of the investigation findings, when the finding is substantiated, unsubstantiated or unfounded.” The facility provided a Juvenile Receipt of Notice of Investigation Findings or Status demonstrating youth receive written notice in response to their PREA reports with the outcome, and staff movements and youth signature as an acknowledgment of receipt. (b) The Juvenile Correctional Center St. Anthony PAQ states if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident as to the outcome of the investigation. In the past 12 months, there has been zero investigations of alleged resident sexual abuse. (c) The Juvenile Correctional Center St. Anthony PAQ states following a resident’s allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently does inform the Resident (unless the agency has determined that the allegation is unfounded) whenever: • The staff member is no longer posted within the Resident’s unit; • The staff member is no longer employed at the facility; • The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or • The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.” (d) The Juvenile Correctional Center St. Anthony PAQ states following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: the agency

	learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. (e) The Juvenile Correctional Center St. Anthony PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, there has been one notification to a resident, pursuant to this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.376	**Disciplinary sanctions for staff**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021 Interviews: 1. Superintendent The interview with the Superintendent demonstrated a staff member alleged to have engaged in sexual abuse or sexual harassment would be immediately removed from contact with youth. He stated required notifications would be made to law enforcement, appropriate agency personnel, Human Resources, and applicable licensing bodies. He further stated the Human Resources Office is responsible for determining employment-related outcomes and completing required notifications to applicable licensing agencies. Site Observations: During the past 12 months, no staff received disciplinary sanctions for violations of agency sexual abuse or sexual harassment policies. In the one applicable staff-

	related matter, the staff member terminated their employment prior to the imposition of disciplinary sanctions. (a) The Juvenile Correctional Center St. Anthony PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. (b) The Juvenile Correctional Center St. Anthony PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies is zero. (c) The Juvenile Correctional Center St. Anthony PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months there has been zero staff requiring discipline for sexual abuse or sexual harassment. (d) The Juvenile Correctional Center St. Anthony PAQ states 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 1, section I. B-D states, " B. The IDJC will comply with all mandatory reporting laws. The IDJC will contact law enforcement and any relevant licensing bodies when staff, volunteers, interns or contractors violate IDJC sexual abuse or sexual harassment policy, unless the activity was clearly not criminal. C. All resignations in lieu of terminations for violations of agency sexual abuse or sexual harassment policies shall be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal. D. Termination shall be the presumptive disciplinary sanction for staff who have

	engaged in sexual abuse, subject to Idaho rules and statutes and IDJC policies regarding due process.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.377	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Abuse, Neglect and/or Exploitation of Juveniles Policy 606, dated 5.10.2021 Interviews: 1. Superintendent The interview with the Superintendent demonstrated volunteers or contractors alleged to have engaged in sexual abuse or sexual harassment of a youth would be promptly removed from access to youth. He stated required notifications would be made to law enforcement, appropriate agency personnel, Human Resources, and applicable licensing bodies. He further stated the Human Resources Office is responsible for completing required notifications to applicable licensing agencies. Site Observations: During the past 12 months, the facility had no volunteers or contractors who were subject to remedial measures for violations of agency sexual abuse or sexual harassment policies. (a) The Juvenile Correctional Center St. Anthony PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12

	months, there have been zero contractors or volunteers reported to law enforcement or relevant licensing bodies for engaging in sexual abuse of residents. Idaho Department of Juvenile Corrections Abuse, Neglect and/or Exploitation of Juveniles Policy 606, page 4, section III states, “Notification and Further Action––The Superintendent, or appropriate staff, notifies the appropriate authorities of any incident of abuse, neglect or exploitation according to the requirements of the law and reports the matter to the Director as required by policy. Any volunteer, intern or contractor who engages in juvenile abuse, neglect or exploitation is prohibited from contact with juveniles. The IDJC shall take appropriate remedial measures and shall prohibit further contact with juveniles in the case of any alleged violation of agency sexual abuse or sexual harassment policies by a volunteer, intern or contractor. Unless the activity was clearly not criminal, the volunteer, intern or contractor is reported to law enforcement and relevant licensing bodies.” (b) The Juvenile Correctional Center St. Anthony PAQ states the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.378	**Interventions and disciplinary sanctions for residents**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ

	2. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021 3. Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, dated 9.16.2024 Interviews: 1. Superintendent The interview with the Superintendent demonstrated a youth identified as an alleged perpetrator would be reassigned to another living group, as appropriate, and measures would be implemented to prevent contact with the alleged victim. He further stated required external notifications would be completed, mental health services would be offered, and appropriate action would be taken based on the outcome of the investigation. Site Observations: During the past 12 months, the facility had no allegations of youth-on-youth sexual abuse requiring disciplinary sanctions or other interventions under this standard. (a) The Juvenile Correctional Center St. Anthony PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months there have been zero administrative findings of resident-on-resident sexual abuse have occurred at the facility. In the past 12 months there has been zero criminal findings of guilt for resident-on-resident sexual abuse, occurring at the facility. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 5, section X B-F state, B. “The IDJC prohibits all sexual activity between residents. Following an administrative finding that a juvenile(s) engaged in juvenile-on-juvenile sexual abuse, or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the IDJC will provide appropriate discipline.

	C. Disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed, the juvenile's disciplinary history, and the sanctions imposed for comparable offenses by other juveniles with similar histories. D. The disciplinary process shall consider whether a juvenile's mental disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. E. The IDJC will only discipline a juvenile for sexual contact with staff upon a finding that the staff member did not consent to such contact. F. For the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation." (b) The Juvenile Correctional Center St. Anthony PAQ states in the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on-resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the past 12 months, the number of residents placed in isolation as a disciplinary sanction for resident-on-resident sexual abuse is zero. Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, page 5, section page 5, section 4 states, "Has the right to have daily recreation/exercise of at least one hour outside the individual room. A juvenile with medical or physical limitations as documented by the medical staff has appropriate recreation/exercise activities developed according to needs." (d) The Juvenile Correctional Center St. Anthony PAQ states the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. However, the facility does not require participation as a condition of access to programming or other benefits.

	Idaho Department of Juvenile Corrections Special Management Interventions Policy 604, page 5, section page 5, section 5 states, “Has the right to daily visits by licensed medical staff to express medical complaints and concerns. These visits are documented on the Special Management Close/Observation Activity Log (DJC-133) or through the use of the Guard Tour System.” (e) The Juvenile Correctional Center St. Anthony PAQ states the agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact. (f) The Juvenile Correctional Center St. Anthony PAQ states the agency prohibits disciplinary action for a report of sexual abuse made 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. Policy compliance can be found in provision (a) of this standard. (g) The Juvenile Correctional Center St. Anthony PAQ states the agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Policy compliance can be found in provision (a) of this standard. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.381	**Medical and mental health screenings; history of sexual abuse**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Contact Note 3. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, dated 11.8.2021 4. Idaho Department of Juvenile Justice, Notice of Limited Confidentiality Form,

	dated 9.18.2023 5. Post Audit: Clinical Meeting Notes, dated 9.17.2026 6. Post Audit: RSVP Tracking Protocols, Corrective Action Plan, dated 9.16.2026 7. Post Audit: Idaho Department of Juvenile Corrections Memorandum, Re: §115.381, dated 9.28.2026 Interviews: 1. Random Youth 2. Targeted Youth 3. Nurse Manager 4. Regional Clinical Supervisor Interviews with youth demonstrated mental health services were offered during the intake process, regardless of if youth disclosed prior sexual abuse or harmful sexual behaviors. Interviews with medical and mental health practitioners demonstrated youth who disclose prior sexual abuse or harmful sexual behaviors are referred for mental health services and discussed during clinical team meetings. Practitioners stated youth may be seen as early as the following day or within one week and receive ongoing services based on their individual needs. Site Observations: Review of 16 youth files demonstrated 10 youth who were interviewed disclosed prior sexual abuse. Of those youth, one accepted mental health services. The facility could not demonstrate a tracking system was in place to ensure youth who disclose prior sexual abuse and accept mental health services are seen within 14 days of the referral. Corrective Action Plan: · Provide documentation and/or a tracking system demonstrating that youth who disclose a need for and accept mental health services are seen within 14 days of the referral. · Appropriate facility personnel shall provide a memorandum outlining a

	sustainable action plan identifying the designated position responsible for ensuring the requirements of §115.381(a)(b) are implemented and maintained. The memorandum shall be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard. · Upload all supporting documentation to the corresponding provision within the Online Audit System. Post audit, the facility provided Clinical Meeting Notes demonstrating staff discussion included specific documentation in the IJOS “Contact Notes” a juvenile’s “Affirmative” response to RSVP question 9 and its immediate follow-up questions (request for counseling services), and the clinicians response. Post audit, the facility provided a RSVP Tracking Protocols, Corrective Action Plan to include instruction for the following areas: · Intake RSVP’s · Placement Considerations Form · Special Management and Specialized Programming · Mental Health Follow-up · Six-Month RSVP’s · RSVP Tracking · Supervisory Review and Monitoring Post audit, the facility provided a memorandum from the agency PREA Coordinator, addressed to the DOJ PREA Auditor, with a sustainable action plan to ensure residents who disclose prior sexual victimization or sexual abusiveness during the initial risk screening or reassessment and accept mental health services receive appropriate follow-up. The plan directs clinicians to meet with applicable residents the same day, when possible, but no later than 14 days following the disclosure, and establishes a process for documenting these services. The revised process was reviewed with clinical staff on September 17, 2026. The Supervising Clinician will provide ongoing oversight to ensure the process is consistently implemented and documented. (a) The Juvenile Correctional Center St. Anthony PAQ states all residents at this facility who have disclosed any prior sexual victimization during a screening

	pursuant to §115.334 residents are offered a follow-up meeting with a medical or mental health practitioner. Follow up meetings are offered within 14 days of the intake screening. In the past 12 months 100% of residents who disclosed prior victimization during the intake screening were offered a follow-up meeting with a medical or mental health provider. Medical and mental health staff maintain secondary materials, documenting compliance with the above required services. The PAQ states, “RSVP is administered by a licensed clinician who is able to conduct an initial meeting at the time of the screener if the youth request services, based on that meeting further clinical support may be scheduled throughout the youth's commitment.” The facility provided a Contact Note demonstrating the following is documented. · Contact Number · Contact Date · Contact Type · Contact Name · Comments / Created by / Date Created · Agency (b) The Juvenile Correctional Center St. Anthony PAQ states all residents who have ever previously perpetrated sexual abuse are offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. In the past 12 months 100% of residents who disclosed previous perpetrated sexual abuse, as indicated during the screening process. The PAQ states, “RSVP is administered by a licensed clinician who is able to conduct an initial meeting at the time of the screener if the youth request services, based on that meeting further clinical support may be scheduled throughout the youth's commitment.” (c) The Juvenile Correctional Center St. Anthony PAQ states information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Idaho Department of Juvenile Corrections PREA Compliance Policy 613, page 2, section G states, “ Staff shall not reveal information related to an allegation of sexual abuse to anyone, including other staff, except for purposes of reporting as outlined below or to the

	extent necessary to assist in an investigation, to provide medical or mental health treatment, or for other security purposes.” (d) The Juvenile Correctional Center St. Anthony PAQ states 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. The facility provided an Idaho Department of Juvenile Justice, Notice of Limited Confidentiality form demonstrating youth are made aware of the following. “Information about disclosed offenses will be reported to law enforcement or other authorities as required by Idaho law. These authorities may choose investigate the matter, including an interview with you. IDJC staff are not law enforcement officers who investigate disclosed offenses. They also have no power to decide whether or not the disclosed offenses will be prosecuted. IDJC staff cannot give you legal advice.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.382	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections Sexual Abuse Policy 835, dated 10.17.2022 Interviews: 1. Nurse Manager 2. Regional Clinical Manager Interviews with medical and mental health practitioners demonstrated youth who experience sexual abuse are provided immediate access to emergency medical and

	mental health services. Practitioners consistently stated the immediate medical and mental health needs of the victim are prioritized, while ensuring the alleged perpetrator also receives appropriate medical and mental health services, as needed. (a) The Juvenile Correctional Center St. Anthony PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Idaho Department of Juvenile Corrections Sexual Abuse Policy 835, page 2, section A-B state, A. “Information about emergency contraception is available to female victims of sexual assault, consistent with state law and the regulations of the jurisdiction. B. If pregnancy results from sexual abuse while incarcerated, the juvenile receives timely and comprehensive information about and access to all pregnancy-related medical services and treatment, consistent with state law and the regulations of the jurisdiction.” (c) The Juvenile Correctional Center St. Anthony PAQ states resident victims of sexual abuse while incarcerated are 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. Policy compliance can be found in provision (b) of this standard. (d) The Juvenile Correctional Center St. Anthony PAQ states treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Idaho Department of Juvenile Corrections Sexual Abuse Policy 835, page 3, section III. A states, “ Juvenile victims of sexual abuse while incarcerated are offered and provided testing,

	treatment, and follow up care for sexually transmitted infections free of charge, as medically indicated.” Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.383	**Ongoing medical and mental health care for sexual abuse victims and abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ Interviews: 1. Nurse Manager 2. Regional Clinical Manager Interviews with medical and mental health practitioners demonstrated that treatment and follow-up recommendations provided by hospital personnel following a forensic medical examination are implemented upon the youth’s return to the facility. Both practitioners stated appropriate evaluations and individualized treatment plans are developed to ensure continuity of care for youth who have experienced sexual abuse and, when applicable, youth alleged to have perpetrated sexual abuse upon their return from a forensic exam. (a) The Juvenile Correctional Center St. Anthony PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. (d) The Juvenile Correctional Center St. Anthony PAQ states female victims of sexual abusive vaginal penetration while incarcerated are offered pregnancy tests.

	(f) The Juvenile Correctional Center St. Anthony PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. (g) The Juvenile Correctional Center St. Anthony PAQ states treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.386	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Idaho Department of Juvenile Corrections PREA Incident Review Form, dated 9.10.2018 Interviews: 1. Superintendent The interview with the Superintendent demonstrated the sexual abuse incident review team consists of the Superintendent, PREA Compliance Manager, Group Leaders, and Facility Operations Supervisor. He stated the team reviews incidents within 30 days of the conclusion of the investigation and considers information associated with the incident, including testimony, available video footage, and whether staff actions or failures to act contributed to the sexual abuse. The Superintendent further stated he and the Facility Operations Supervisor oversee the implementation of recommendations following discussion and approval with applicable agency personnel. Site Observations: The facility had one sexual abuse investigation during the past 12 months that

	resulted in an unsubstantiated finding. (a) The Juvenile Correctional Center St. Anthony PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been one administrative investigations of alleged sexual abuse completed at the facility, The facility provided an Idaho Department of Juvenile Corrections PREA Incident Review form demonstrating the following is documented. · Incident Review Team Members · Describe whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse or harassment as a result of this incident. · As a result of this incident, describe whether the area in the facility where the incident allegedly occurred contained physical barriers to supervision, enabling the abuse or · Describe the assessment of the adequacy of staffing levels in the area of the alleged harassment or abuse as a result of this incident. · Describe whether monitoring technology should be deployed or augmented to supplement supervision by staff as a result of this incident. · Category / Definition (b) The Juvenile Correctional Center St. Anthony PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incident was zero. (c) The Juvenile Correctional Center St. Anthony PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. (d) The Juvenile Correctional Center St. Anthony PAQ states the facility prepares a

	report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and Operations Lead / PREA Compliance Manager. (e) The Juvenile Correctional Center St. Anthony PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.387	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ 2. Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Annual Report 2026 3. PREA Tracker Interviews: 1. Quality Improvement Manager / PREA Coordinator The interview with the PREA Coordinator demonstrated she and her team maintain a PREA tracking system that allows for ongoing monitoring of PREA-related activities and standard compliance. She stated the system provides the team with the ability to track information in real time, identify trends or areas requiring attention, monitor ongoing compliance efforts, and use the information to support continued oversight of the agency's PREA program. (a)/(c)-1,2 The Juvenile Correctional Center St. Anthony PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its

	direct control using a standardized instrument and set of definitions. (b) The Juvenile Correctional Center St. Anthony PAQ states the agency aggregates the incident-based sexual abuse data at least annually. Practice compliance can be found in §115.388 through the agency PREA Annual Report The facility provided an Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Annual Report demonstrating the following is documented. · History · Standards · Comparative Data o Substantiated, Unsubstantiated, Unfounded · Aggregated Sexual Abuse / Sexual Harassment Data 2024, 2025 o State Centers and Contract Providers o State Facilities o Contract Providers o 2025 Findings Summary · Audit History o Audit Findings History · Sexual Abuse / Harassment Data by Correctional Center The agency provided an email communication demonstrating the annual report is approved by the agency head. (d) The Juvenile Correctional Center St. Anthony PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. (e) The Juvenile Correctional Center St. Anthony PAQ states the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents.

	The facility provided a PREA tracker demonstrating the following information is documented. · Incident Review Number · Description · Facility · Summary of Incident · Received by · Received on · First Responders (f) The Juvenile Correctional Center St. Anthony PAQ states the agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request. The agency provided the Department of Justice with data. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.388	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ (a) The Juvenile Correctional Center St. Anthony PAQ states the agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: · Identifying problem areas; · Taking corrective action on an ongoing basis; and · Preparing an annual report of its findings from its data review and any

	corrective actions for each facility, as well as the agency as a whole. (b) The Juvenile Correctional Center St. Anthony PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. Practice compliance is demonstrated through the agency annual reports. (c) The Juvenile Correctional Center St. Anthony PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head. The following is the agency website where the most recent annual report is located is https://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea/ (d) The Juvenile Correctional Center St. Anthony PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.389	**Data storage, publication, and destruction**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: 1. The Juvenile Correctional Center St. Anthony PAQ (a) The Juvenile Correctional Center St. Anthony PAQ states the agency ensures that incident-based and aggregate data are securely retained. (b) The Juvenile Correctional Center St. Anthony PAQ states agency policy requires that aggregated sexual abuse data from facilities under its direct control and private

	facilities with which it contracts be made readily available to the public at least annually through its website. (c/d) The Juvenile Correctional Center St. Anthony PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(a) During the prior three-year audit period, the agency ensured that each facility operated was audited, once. (b) This is the first year of the fifth audit cycle. (c) The Auditor was granted complete access to, and the ability to observe, all areas of the facility. (d) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information). (e) The Auditor was permitted to conduct private interviews with residents. (f) Youth were permitted to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	(b) The agency has posted the current 2023 PREA audit report, on their website. Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.315 (f)	**Limits to cross-gender viewing and searches**	

	This provision is no longer applicable to your compliance finding, please select N/A.	na
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: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or 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 safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations?	yes
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	yes

	coercion, or if the victim did not consent or was unable to consent or refuse?	
	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 (c)	**Hiring and promotion decisions**	
	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	yes

	abuse or any resignation during a pending investigation of an allegation of sexual abuse?	
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 employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.317 (g)	**Hiring and promotion decisions**	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.317 (h)	**Hiring and promotion decisions**	

	Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.318 (a)	**Upgrades to facilities and technologies**	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.318 (b)	**Upgrades to facilities and technologies**	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.321 (a)	**Evidence protocol and forensic medical examinations**	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.321 (b)	**Evidence protocol and forensic medical examinations**	
	Is this protocol developmentally appropriate for youth? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based	yes

	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.)	
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	yes

	interviews?	
	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.)	yes
115.321 (h)	**Evidence protocol and forensic medical examinations**	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.321(d) above.)	yes
115.322 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.322 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.322	**Policies to ensure referrals of allegations for investigations**	

(c)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to	yes

	mandatory reporting of sexual abuse to outside authorities?	
	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 comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
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	**Specialized training: Investigations**	

(b)		
	Does this specialized training include: Techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)	yes
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	**Obtaining information from residents**	

(a)		
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Current charges and offense history?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Age?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Level of emotional and cognitive development?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Physical size and stature?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Mental illness or mental disabilities?	yes
	During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: Intellectual or developmental disabilities?	yes
	During these PREA screening assessments, at a minimum, does	yes

	the agency attempt to ascertain information about: Physical disabilities?	
	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 pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (d)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (e)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342	**Placement of residents**	

(f)		
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.342 (g)	**Placement of residents**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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?)	yes
	If a resident is isolated pursuant to paragraph (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A for h and i if facility doesn't use isolation?)	yes
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 entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	no
115.351 (c)	**Resident reporting**	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.351 (d)	**Resident reporting**	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
115.351 (e)	**Resident reporting**	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.352 (a)	**Exhaustion of administrative remedies**	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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	yes

	the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	
	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 the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
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 information they receive regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
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	na

	system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? (N/A if the alleged victim is not under the guardianship of the child welfare system.)	
	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 accordance with these standards?	yes
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?	no
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 of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor: Reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
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	yes

	is alleged to have suffered sexual abuse subject to the requirements of § 115.342?	
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	yes

	prosecution?	
115.371 (f)	**Criminal and administrative agency investigations**	
	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 does not provide a basis for terminating an investigation?	yes
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 has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
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	yes

	harassment policies?	
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	yes

	take appropriate remedial measures, and consider whether to prohibit further contact with residents?	
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	yes

	for the abuse, does the facility consider whether to offer the offending resident participation in such interventions?	
	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	**Access to emergency medical and mental health services**	

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

	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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.)	yes

	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
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