

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: August 19, 2021 ☐ N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: September 20, 2021

Auditor Information

Name: Cynthia Malm	Email: cmalm@idahoheriffs.org
Company Name: Idaho Sheriffs' Association	
Mailing Address: 3100 Vista Ave., Suite 203	City, State, Zip: Boise, Idaho 83705
Telephone: 208-346-1065	Date of Facility Visit: July 12 – 16, 2021

Agency Information

Name of Agency: Canyon County Sheriff's Agency			
Governing Authority or Parent Agency (If Applicable): N/A			
Physical Address: 219 N. 12th Avenue		City, State, Zip: Caldwell, Idaho 83605	
Mailing Address: 219 N. 12th Avenue		City, State, Zip: Caldwell, Idaho 83605	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.canyonco.org			

Agency Chief Executive Officer

Name: Sheriff Kieran Donahue	
Email: sheriffsoffice@canyonco.org	Telephone: 208-455-7510

Agency-Wide PREA Coordinator

Name: Lt. Travis Engle	
Email: TEngle@canyonco.org	Telephone: 208-455-5984
PREA Coordinator Reports to: Capt. Harold Patchett	Number of Compliance Managers who report to the PREA Coordinator: 1 Click or tap here to enter text.

Facility Information			
Name of Facility: Dale G. Haile Detention Center			
Physical Address: 219 N. 12th Avenue		City, State, Zip: Caldwell, Idaho 83605	
Mailing Address (if different from above): 1115 Albany Street		City, State, Zip: Caldwell, Idaho 83605	
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Facility Website with PREA Information: www.canyonco.org			
Has the facility been accredited within the past 3 years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):			
<input type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe: Idaho Jail Standards Inspection 3/27/2019			
Warden/Jail Administrator/Sheriff/Director			
Name: Capt. Harold Patchett			
Email: hpatchett@canyonco.org		Telephone: 208-455-4849	
Facility PREA Compliance Manager			
Name: Sergeant Erick Cobiskey			
Email: ecobiskey@canyonco.org		Telephone: 208-455-5935	
Facility Health Service Administrator <input type="checkbox"/> N/A			
Name: Idalid Evangelina Le			
Email: levangelinale@canyonco.org		Telephone: 208-454-7275	
Facility Characteristics			
Designated Facility Capacity:		565	
Current Population of Facility:		356	

Average daily population for the past 12 months:	418
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	18-76
Average length of stay or time under supervision:	15 days
Facility security levels/inmate custody levels:	Min/Med/Max/High Medium
Number of inmates admitted to facility during the past 12 months:	9502
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	4098
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1759
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	72
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	46
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	29
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	126

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	<p>Two buildings, one tent structure, and one trailer structure</p>
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	<p>21</p>
<p>Number of single cell housing units:</p>	<p>8</p>
<p>Number of multiple occupancy cell housing units:</p>	<p>2</p>
<p>Number of open bay/dorm housing units:</p>	<p>11</p>
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>14</p>
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are mental health services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>

Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	5
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input checked="" type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	14
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

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

The Prison Rape Elimination Act (PREA) on-site audit of the Dale G. Haile Detention Center in Caldwell, Idaho was conducted on July 12 - 16, 2021 by Cynthia Malm from Boise, Idaho, a U.S. Department of Justice Certified PREA auditor for adult facilities. Pre-audit preparation included a thorough review of all documentation and materials submitted by the facility on a flash drive along with the data included in the completed Pre-Audit Questionnaire. The auditor reviewed documentation that included agency policies and procedures, detention policies and procedures, forms, education materials, training curriculum, organizational charts, mission statements, checklists, posters, inmate handbooks, flyers, investigation reports, website information, and other PREA related materials that were provided to demonstrate compliance with the PREA standards. This review prompted a series of questions that were noted on the auditor's compliance tool and the auditor posed the questions to the PREA Coordinator and PREA Compliance Manager at the on-site audit.

Prior to the onsite audit, the facility sent the auditor verification that the notices of the audit were posted on May 26, 2021. All of the PREA information is placed in a basket that is kept in each housing unit. The auditor received a letter from one inmate between the posting of the notice and the onsite audit. The auditor interviewed the inmate and his complaint was operational issues, one inmate soliciting sex which the reporting inmate said he thought nothing of it but was worried about younger inmates even though nothing sexual occurred, and drugs being brought into the facility. The auditor explained to the inmate that drugs being brought in to the facility was operational and not a PREA incident. The inmate had reported much of this to the deputies but felt they didn't do enough. The auditor asked Lt. Travis Engle and Sgt. Erick Cobiskey if a PREA report was made and checked out in that pod stating that an inmate was soliciting other inmates for sex. They explained that every time the reporting inmate reported to them an investigation was started but when the inmate was questioned, he would not give them any specific information to finish an investigation. They stated they would try to talk to him again.

An entrance meeting was held with Lt. Travis Engle, PREA Coordinator and Sgt. Erick Cobiskey, PREA Compliance Manager. The auditor explained the process of the audit and answered any questions the facility had about the audit process.

Lt. Engle and Sgt. Cobiskey provided the auditor with a list of all of the staff of the facility and their schedules and a list of all of the inmates in the facility and where they were housed. We also went through the list of specialty staff the auditor would have to interview and they started contacting specialty staff to schedule interviews at the staff member's convenience.

Assisting Cynthia Malm in the audit was Tammara Tarvin who works for the Idaho Sheriffs' Association. Tammara conducted interviews with inmates during the onsite audit.

During the five days (54 hours and within the 54 hours were 13.5 hours of inmate interviews by the assistant) of the on-site audit, the auditor was provided a private room within the Sheriff's Office from which to work and conduct confidential interviews of staff. A private room was also provided within the secure perimeter of the Detention Center to conduct interviews of inmates. Formal personal interviews

were conducted with facility staff, specialty staff, inmates, and contract employees. The auditor's assistant interviewed a total of twenty-six inmates who were randomly selected from each of the twenty-one housing units in the Detention Center by using pencil points on the list in each housing unit. Several of the inmates refused to be interviewed so the assistant selected replacements from the housing unit. One additional inmate was interviewed who had a cognitive disability who stated information on sexual abuse and sexual harassment was given at booking and was understandable. Also interviewed was one inmate who openly stated she was a lesbian, and one inmate who disclosed sexual victimization and the inmate stated that a doctor/clinician saw the inmate the next day. There were no youthful, blind, deaf or hard of hearing, LEP, transgender or intersex inmates in the facility to interview. There were no inmates in segregated housing who had been a victim of sexual abuse for the auditor to interview. There were also no inmates who reported sexual abuse. Inmates were interviewed using the recommended DOJ protocols that question their knowledge of a variety of PREA protections, generally and specifically, their knowledge of reporting mechanisms available to inmates to report abuse or harassment. All of the inmates interviewed acknowledged that they had received a pamphlet on PREA at booking. An inmate handbook that contains information on how to report a sexual assault or sexual harassment is available in the basket in each housing unit and on the kiosk. All stated an audio explaining PREA is played every morning and night. Many of the inmates complained that the audio is just annoying and admitted that they tune it out. Some of the inmates stated they didn't remember anyone going over PREA questions again but documentation and an interview of a nurse who meets with the inmates within 30 days showed that a nurse meets with them. The auditor selected and reviewed ten forms inmates had signed at booking acknowledging that they had been given information on the zero-tolerance policy for sexual abuse and sexual harassment and how to report incidents. Inmates sign acknowledgement that they have received the information. Risk screening is done during the intake process by health services in the intake area where they can have privacy for the screening.

The auditor interviewed fourteen random staff members representing two shifts (1st shift :600 a.m. to 6:00 p.m. and 2nd shift 6:00 p.m. to 6:00 a.m.). In addition to the fourteen random staff interviews were twelve specialty staff interviews including a Sergeant, a Mental Health Provider, a Medical Provider, a contract employee, an Administrative Investigator, a Criminal Investigator, one Intake Deputy, one Risk Screening Nurse, a Retaliation Monitor, a staff member who supervises inmates in segregated housing a staff member who has acted as a first responder, and a member of the Incident Review Team. Also interviewed were the Chief Deputy, Jail Administrator, PREA Coordinator, and PREA Compliance Manager. Staff were interviewed using the DOJ protocols that question their PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to inmates and staff, the response protocols when an inmate alleges sexual abuse or sexual harassment, and first responder duties. There are no SAFE or SANE employees at the facility as they are made available at the West Valley Medical Center in Caldwell, Idaho. The auditor was also able to interview Aleshea L. Boals who is the Canyon County Victim Witness Coordinator and she provides victim advocacy services to the jail.

All staff were very knowledgeable about PREA and their responsibilities in preventing, detecting, and reporting sexual abuse and sexual harassment. All confirmed that they have extensive yearly training on those responsibilities. The auditor reviewed random staff training records, rosters for attendance at PREA training and the curriculum taught at the training to determine compliance with training mandates. The auditor also discussed the process of criminal background checks with Lt. Engle and Sgt. Cobiskey. A Booking Officer explained, in detail, the intake and booking process with the auditor. Case files for ten inmates in the facility were reviewed to evaluate screening and intake procedures, inmate education, and inmate signatures of acknowledgement.

Following the entrance meeting and some interviews, the auditor toured the facility from 9:30 a.m. – 12:30 p.m. and was escorted by Lt. Travis Engle, PREA Coordinator and Sgt. Erick Cobiskey, the PREA Compliance Manager. During the tour, the auditor observed the facility configuration, viewed the kitchen and laundry, looked at camera and mirror placement throughout the facility, blind spots, staff

placement for supervision of inmates, toilet and shower areas, notices of the audit posted throughout the building, PREA pamphlets and flyers placed in the baskets throughout the building, and documentation to assist in determining compliance with the standards. The auditor noted that shower areas allow inmates to shower separately except in Pod 5 which is the tent housing unit and is direct supervision. There are 17 showers in two locations that have high brick walls that show only heads of the inmates. Brick walls surround the toilets. In booking, three holding cells have cameras and 2 Medical isolation cells have privacy blocks on the cameras to block out the toilet. The holding cells do not have showers. The mobile trailers, T Units, have toilets and showers that cannot be viewed by the cameras. The toilets have curtains for privacy and the showers have metal walls and shower curtains. Pod 4 is male inmates with male only deputies and the showers and toilets are behind brick walls and the showers have curtains. Pod 1 has toilets in the individual cells that are not visible and are behind brick walls. Pod 2 has showers surrounded by metal walls that show the feet. There are some showers behind walls and have curtains for showers. Toilets are behind a wall. Pod 3 has toilets and showers behind walls. During the audit tour, the auditor noticed that a toilet in Housing unit L could be seen through a small area of the window in the hallway and will have to be covered. The auditor reviewed the camera views on a monitor in the Sergeant's office and verified that toilets and showers were not monitored by the cameras.

Cameras in the housing units and kitchen were as follows:

- 2 in each Units M and N
- 2 in kitchen pantry
- 2 in commissary room
- 16 in the kitchen
- 4 in Unit A
- 6 in Unit B
- 6 in Unit C
- 4 in Unit D
- 4 in Unit E
- 7 in Unit F
- 11 in Unit G
- 3 in Unit H
- 2 in Unit J
- 4 each in Units K and L
- 15 in Pod 5
- 2 in Unit T1
- 5 in Unit T2
- 4 in Unit T3
- 2 in Unit T4
- 4 in Unit T5

In addition to cameras, monitoring technology includes intercoms and the deputies wear body cameras.

Notices of the PREA audit were posted throughout the facility in the dayrooms and the date on the notices was May 26, 2001. During the tour, the auditor was given privacy to talk informally to staff and inmates in the booking room, housing units, program areas, and work areas. Inmates were able to tell the auditor how to report a sexual abuse or sexual harassment and verified that they receive a lot of information on PREA. They also verified that the notice of the audit had been in the basket for a long time. The auditor interviewed several staff members working their posts to ask questions about their positions, procedures in their areas, and how their areas contributed to protection from sexual abuse and sexual harassment. No blind spots were noticed in the facility.

On the fourth and fifth day of the onsite audit, the auditor reviewed questions noted on the auditor's compliance tool with the PREA Coordinator and the PREA Compliance Manager and reviewed additional documentation to verify compliance with the standards.

At the conclusion of the on-site audit on July 16, an exit meeting was held between the auditor, Lt. Engle, and Sgt. Cobiskey to discuss the audit findings and corrective actions that were needed.

Facility Characteristics

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

Description of Facility Characteristics

The Canyon County Sheriff's Office operates the Dale G. Haile Detention Center which is an indirect supervision detention facility with a rated capacity of 281 inmates in the main facility, 40 in Unit N (used for new intakes and was previously Work Center), 122 in Pod 5, and 122 in Pod 6. Total capacity of all the areas is 565. Seven (7), housing units are single cell indirect supervision housing units (A, B, C, D, J, Annex 2, T-1) and Eleven (11) are open bay and dorm housing units are (E, F, G, H, K, L, M, N, Pod 5, T-3, T-4). Three (3) units are multiple occupancy cell housing units (Annex 3, T-2, T-5). Female inmates are housed in Pod 6, which is separated by classification levels. Special Management inmates and medical watch inmates, both male and female, are housed in the Booking area which is indirect supervision. Cells in the Booking area have either single bunks in them or double bunks. The Booking area is equipped with a bench area for new arrivals, television, close supervision shower areas, a kiosk, telephones, and electronic tablets.

Male Inmates are housed in fourteen of the indirect supervision housing units.
Female inmates are housed in five of the indirect supervision housing units.
Two units, Annex 2 and Annex 3, are currently not housing inmates at this time.

Classification levels are as follows:

Pod 1: (Male)

Unit A: (Maximum), Unit B: (Medium), Unit C: (Medium), Unit D: (Disciplinary).

Pod 2: (Male)

Unit E: (Minimum), Unit F: (Medium), Unit G: (Minimum).

Pod 3: (Male)

Unit H: (Minimum), Unit J: (Ad-Seg), Unit K: (Medium), Unit L: (Minimum).

Pod 4: (Male)

Unit M: (Inmate Worker), Unit N: (Pre-Arrestment).

Pod 5: (Male)

(Minimum)

Pod 6: (Female)

Unit T-1: (Disciplinary), Unit T-2: (Minimum), Unit T-3: (Inmate Worker), Unit T-4: (Pre-Arrestment),
Unit T-5: (Medium).

Booking: (Either Male or Female)

Special Management,

The Dale G. Haile Detention Center consists of two buildings, one tent structure, and one temporary housing facility. Two of the buildings (Annex and Detention Center) are connected and combined and one temporary housing facility are located at 219 North 12th Avenue, Caldwell, Idaho; one tent structure at 1214 Chicago Street, Caldwell, Idaho. The three buildings and tent structure all have the same administration and detention staff. Out of the three buildings, the Detention Center, Annex, and Pod 5 house male inmates and the inmates in the temporary housing facility houses female inmates.

New arrests are brought into the Detention Center via a secure sally port. The arrestee is pat searched in a small intake area and then brought into the Booking area for processing.

Just outside the Booking Room to the north east is the Central Control Room which is the primary communication center in the facility. There is a vestibule that runs parallel to the Center Control Room that leads to the main jail lobby. On the north east corner of Booking is the Medical Office, Infirmary, and Medical Exam Room. To the west of Booking is the Kitchen area and Officer Dining Room.

The laundry area is the first floor of the Annex and is supervised by cameras and 60-minute security checks. The supply office is directly next door to Laundry and they monitor the inmate workers in laundry during their shift. Also, there are cameras in the Supply Office and in Control to help monitor the inmates in Laundry. Cameras can see into just about everywhere in the area, with the exception of a couple storage rooms on the right side of the hallway, which is why we have staff monitor the inmates and the hallways for this area.

Pod 5, which is located at 1214 Chicago Street, Caldwell, Idaho is an indirect supervision housing unit which houses 122 male inmates of minimum custody levels. This housing unit is a dormitory style living area equipped with a day room, double bunks, showers, television, telephones, electronic tablets, and kiosks.

Pod 6, which is located at 219 N. 12th Avenue, Caldwell, Idaho is an indirect supervision housing unit which houses 122 female inmates of Disciplinary, Medium, Minimum, Inmate Workers, and Pre-Arrest custody levels. The housing units are single cells (T-1), multiple occupancy cells (T-2, T-5), and dormitory style (T-3, T-4), living areas equipped with a day room, double bunks, showers, television, telephones, electronic tablets, and kiosks. The inmate worker unit, T-3, is equipped with a Microwave.

Pod 4, which is north east to the Kitchen area is an indirect supervision housing unit which houses 35 inmate worker inmates (Unit M), and 40 Pre-arrest inmates (Unit N). Both of these housing units are dormitory style living areas. Each housing unit is equipped with a day room, double bunks, showers, television, telephones, electronic tablets, and kiosks. Unit M is equipped with a Microwave.

On the second floor of the main building, accessed by a stairwell and elevator from the Booking area, is Pod 1, Pod 2, Pod 3, and the main access hallway to the Annex.

Pod 1, which is directly above the Kitchen area is an indirect supervision housing unit which houses 12 inmates in Maximum Security (Unit A), 22 inmates in Medium Security (Unit B), 22 inmates in Medium Security (Unit C), and 10 inmates in Disciplinary (Unit D). This unit is managed by 2 deputies who can see into the housing units from the deputy station. Each unit is a single cell, with the exception of 2 cells in Unit A which are double bunks, 2 cells in Unit B which are double bunks, and 2 cells in Unit C which are double bunks. Each housing unit is equipped with a day room area, showers, telephones, kiosks, and a television with the exception of Unit D, which does not have a television.

Directly above the Booking area is Pod 2 which is an indirect supervision housing unit that houses 16 inmates who are Minimum security (Unit E), 36 inmates in Medium security (Unit F), and 66 inmates in Minimum security (Unit G). This unit is managed by 2 deputies who can see into the housing units from

the deputy station. Each unit is a dormitory style living unit with double bunks. Each housing unit is equipped with a day room area, showers, telephones, kiosks, electronic tablets, and televisions.

Directly above the Administrative Offices is Pod 3 which is an indirect supervision housing unit that houses 15 inmates in Minimum security/ Protective Custody (Unit H), 5 inmates in Administrative Segregation / Protective Custody (Unit J), 16 inmates in Medium security / Protective Custody (Unit K), and 26 inmates in Medium custody / Protective Custody (Unit L). This unit is managed by one deputy who can see into the housing units from the deputy station. Unit H, is a dormitory style on the upper tier with double bunks and single opened cells on the lower tier. Unit J, is a single cell unit with 1 cell being a double bunk cell. Unit K, is a dormitory style living unit with double bunks. Unit L is a dormitory style living unit with double bunks. Each unit is equipped with showers, a television, electronic tablets, a kiosk and telephones.

The Annex, which is accessed through the hallway attached by doors 20 and 21 next to Pod 3, is an indirect supervision housing unit which is currently not in use. It has the capability to house 20 inmates. This unit, when managed, would be managed by one deputy who cannot see directly into the housing unit from the deputy station, but is in close proximity for hearing distance. Each cell is equipped with double bunks and a table. This unit has showers inside the cells. The hallway is equipped with telephones. The day room area is equipped with a telephone, a kiosk, electronic tablets, and a television. Currently there is no deputy assigned to Annex 3.

Directly below Annex 3 is Annex 2, which is currently not open and has the potential of housing 14 inmates. Currently there is no deputy assigned to Annex 2.

The building is monitored and operated by a Central Control Room that employs screen monitoring of cameras throughout the facility, fire alarm and water suppression system monitoring, and intercoms throughout the facility as well as the call box for new arrivals. All cameras are strategically placed and monitor all entrances into the building and the recreation areas. Internal cameras monitor the main hallways, internal entrances, Kitchen, Laundry area, Pod 4, Unit M and Unit N, the Annex areas, Pod 5 towards the floor deputy station and Pod 6 hallway and deputy station as well as other areas within the secure perimeter. The Central Control Room is equipped with a door control screen to monitor and control movement throughout the facility. The Central Control Room is staffed at all times by one staff member and is the main contact for all safety, fire, and emergency contacts. There is a small control area within each direct and indirect supervision housing unit consisting of screen monitoring (Pod 5 and Pod 6) of strategically placed cameras, intercom systems, and PA systems. The smaller control areas operate doors and intercoms to the individual cells or housing units within their individual areas. Jail Administrative Offices are outside the secure perimeter of the jail in the Sheriff's Offices. However, there is a double sally port access door immediately by the offices to allow for fast response to the jail. The Jail Administrator, two Lieutenants, Classifications, the Mail Room, the Administrative Technician Supervisor, Compliance and Training, Sheriff Inmate Labor Detail, Alternative Sentencing, and Courts and Transports occupy these offices.

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 6

List of Standards Exceeded: 115.13, 115.16, 115.31, 115.41, 115.42, 115.71

Standards Met

Number of Standards Met: 39

Standards Not Met

Number of Standards Not Met: Click or tap here to enter text.

List of Standards Not Met:

Summary of Corrective Action:

115.15(d) requires that the facility shall implement policies and procedures that enable inmates 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The Dale G. Haile Detention Center has the first sentence in policy but has a window in the hallway of Pod 3 in front of Unit L where the toilet can be viewed from a small area of the window. The Dale G. Haile Detention Center will cover the view of the toilet so that it cannot be seen from the window or make the supervision in that area male deputies only. The Dale G. Haile Detention Center will correct the view of the toilet and will send verification to the auditor that the standard is in compliance within 180 days of the date of this interim report.

In reference to the second sentence, the Dale G. Haile Detention Center does not have it in policy and the majority of the staff are only announcing at the beginning of the shift. The Dale G. Haile Detention Center will revise the policy to require staff of the opposite gender to announce their presence each time when entering the housing unit of the opposite gender. The Dale G. Haile Detention Center will put into practice the new policy and will send verification to the auditor that all staff are compliant with the policy and the standard within 180 days of the date of this interim report.

Successfully corrected September 14, 2021

115.51(b) requires the facility to provide a public or private agency that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The Dale G. Haile Detention Center will obtain an agency that agrees to take these reports and forward them to the Detention Center immediately. These corrections will be sent to the auditor within 180 days of this interim report.

Successfully corrected September 14, 2021

115.73(e) requires the facility to notify all inmates who allege sexual abuse of the final determination of the investigation and document the notification to the inmate. The Dale G. Haile Detention Center will begin documenting these notifications as required by policy. The Dale G. Haile Detention Center will send an example of documentation of these notifications to the auditor within 180 days of this interim report.

Successfully corrected September 14, 2021

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- 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 ☐ No

115.11 (c)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) The Dale G. Haile Detention Center has implemented a zero-tolerance policy as detailed in PREA Policies #1 and #2 which comprehensively outlines the agency's approach to preventing, detecting, and responding to all forms of sexual abuse and sexual harassment. The policy contains necessary definitions, sanctions, and descriptions of the agency strategies and responses to sexual abuse and harassment. This policy forms the foundation for the program's training efforts with inmates, staff, volunteers, contractors, and others. All interviews reflected that staff and inmates are aware of this zero-tolerance policy.

115.11(b) The facility has designated an upper-level, agency-wide PREA Coordinator, Lt. Travis Engle, to oversee policy and procedure development and operations in reference to sexual abuse and sexual harassment. The PREA Policy details the duties and responsibilities of the PREA Coordinator. The PREA Coordinator reports directly to the Security Services Captain, Harold Patchett, who, in turn, reports directly to the Canyon County Chief Deputy, Marv Dashiell. Lt. Engle explained that he has been the PREA Coordinator for only a short period of time but indicated that he has sufficient time and authority to develop, implement, and oversee the agency's efforts toward PREA compliance and Chief Deputy Dashiell confirmed that Capt. Patchett and his staff have full support of the Sheriff's Office in all of their efforts to bring the Detention Center into compliance with the PREA standards.

115.11(c) The Canyon County Sheriff's Office operates only one facility but has three different buildings which are all under the same administration. The facility has assigned a PREA Compliance Manager, Sgt. Erick Cobiskey to help Lt. Engle ensure the facility complies with the PREA policies and procedures. The PREA Compliance Manager reports directly to the PREA Coordinator and indicated that he has sufficient time and authority to develop, implement, and oversee the agency's efforts toward PREA compliance.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Dale G. Haile Detention Center's Organizational Chart
Interview with Chief Deputy Marv Dashiell
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to 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 inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a-b) The Dale G. Haile Detention Center does not contract with external facilities to house or confine any of its inmates and there haven't been any contracts of this type during the twelve months prior to the PREA audit. This standard is, therefore, not applicable to the Dale G. Haile Detention Center.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☐ Yes ☒ No ☐ NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.13 (c)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.13 (d)

- Has the facility/agency 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? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) The Dale G. Haile Detention Center ensures that the facility develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse. The average number of inmates per day incarcerated in the Dale G. Haile Detention Center during the twelve months prior to the audit was 415 and the staffing plan was predicated on 415 inmates. The staffing plan requires a minimum of thirteen detention staff on each shift. It also allows for 3 supervisors on each shift and, if not, one will be on call. In calculating adequate staffing levels and determining the need for video monitoring, the facility takes into consideration the eleven mandatory elements and considerations required by this PREA Standard:

- (1) Generally accepted detention and correctional practices;
- (2) Any judicial findings of inadequacy;
- (3) Any findings of inadequacy from Federal investigative agencies;
- (4) Any findings of inadequacy from internal or external oversight bodies;
- (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated;
- (6) The composition of the inmate population;
- (7) The number and placement of supervisory staff;
- (8) Institution programs occurring on a particular shift;
- (9) Any applicable State or local laws, regulations, or standards;
- (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and
- (11) Any other relevant factors.

115.13(b) When the facility deviates from the staffing plan the deviations are logged. Staff sick calls were the primary reason for deviations and overtime is paid or the staff trade shifts.

115.13(c) The staffing plan is reviewed once a year by detention administration in consultation with the PREA Coordinator and the PREA Compliance Manager to determine if it is still adequate to meet the needs of the Dale G. Haile Detention Center and protect inmates from sexual abuse. The last review was completed in 2020 and it was very detailed in an excel document. A power point has also been created that shows the number of staff and staff placement in the housing units and it is also very detailed.

The staffing plan also considers any improvements needed to monitoring technology. Sgt. Cobiskey reported that the facility has upgraded the cameras. New cameras were put in Pod 6 when it opened within the last two years and new monitors were put in the Pod 6 deputy station. Computer monitors were installed in the deputy station of Pod 5 and they are the same type of cameras that are in Classifications with the privacy blocks. Some old cameras were upgraded with the exact same positioning, just better high definition, in a couple areas. This really only impacts the image and recording factors as the placement, location, and image being seen did not change at all. The current staffing plan of the Dale G. Haile Detention Center requires a total of seventy-two staff members which the Canyon County Sheriff's Office has provided to the facility.

115.13(d) The Dale G. Haile Detention Center has detailed in the PREA Policy #5 and Detention SOP 1.14 the practice of having intermediate-level or higher-level supervisors conduct and document

unannounced rounds to identify and deter staff sexual abuse and sexual harassment. A review of the documentation of unannounced supervisor rounds confirmed that the rounds are done on all shifts. The PREA Policy states, "Intermediate-level or higher-level supervisors (Sergeant's or Corporal's) will conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment on all shifts, at least once per shift. Unannounced Supervisory Checks will be documented written or electronically, and made available to the PREA auditor as requested at the time of the audit." Because the unannounced supervisor rounds are done at least once per shift, the auditor finds that the Dale G. Haile Detention Center exceeds this part of the standard.

This was also verified through informal interviews with staff at their posts during the audit tour and through formal interviews with random staff and supervisors. Interviews, along with policy, also confirmed that the rounds are unannounced and staff are prohibited from alerting other staff that the rounds are taking place. The Sergeants and Corporals frequently walk through the facility so staff are not aware when a regular round is being done or an unannounced supervisor round is being done. In addition, the Compliance Manager does frequent check of the inmates. Interviews with inmates also confirmed that supervisors come into their housing units frequently. Some even pointed to Sgt. Cobiskey and said he comes in the units a lot and talks to them about PREA.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #5
Dale G. Haile Detention Center SOP 1.14
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Idaho Jail Standards
Dale G. Haile Detention Center Staffing Plan Excel Form
Dale G. Haile Detention Center Staffing Plan, Power Point
Camera placement list
Documentation evidencing the conduct of unannounced supervisor rounds on every shift
Interviews with staff during the audit tour
Formal interviews with random staff and intermediate or higher-level staff
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Dale G. Haile Detention Center population report for 2020 and 2021

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14(a) The Dale G. Haile Detention Center has detailed in PREA Policy #7 how a youthful inmate would be housed in the facility. Youthful inmates are rarely housed in the Dale G. Haile Detention Center. The Dale G. Haile Detention Center has the policies in place for the rare occasion that they may be required to house a youthful inmate. If a youthful inmate is placed in the Dale G. Haile Detention Center, the Center will not place the inmate in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.

115.14(b) Referring to the PREA Policy 7, the Dale G. Haile Detention Center will either maintain sight and sound separation between youthful inmates and adult inmates in areas outside of housing units or will provide direct supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

115.14(c) The Dale G. Haile Detention Center reports that it will make its best efforts to avoid placing a youthful inmate in segregation to comply with this standard. Absent exigent circumstances, the facility does not deny youthful inmates daily large-muscle exercise or any legally required special education services while in the facility. The policy states that youthful inmates are given access to other programs and work opportunities to the extent possible. There was no documentation to review as the Dale G. Haile Detention Center has not housed any youthful inmates in the 12 months prior to the audit.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #7
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Dale G. Haile Detention Center Population Report for 2020 and 2021

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (d)

- Does the facility have policies that enables inmates 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 ☐ No
- Does the facility have procedures that enables inmates 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 ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No

- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) The Dale G. Haile Detention Center's PREA Policy #8 details that cross gender strip searches are prohibited except in emergency situations or when performed by medical practitioners. Only medical practitioners can perform intrusive or invasive body cavity searches under all circumstances. There weren't any cross-gender strip searches done in the 12 months prior to the audit for the auditor to review.

115.15(b) The Dale G. Haile Detention Center's PREA Policy #8 states that male staff are prohibited from conducting cross gender pat down searches of female inmates except in exigent circumstances. The policy further states, "In cases of exigent circumstances where a male staff is required to pat search a female inmate, the staff person shall obtain supervisory permission prior to conducting the pat search and shall fully document his actions in an incident report. Additional permissions and forms may be required. The following incidents include, but are not limited to, situations that may be considered exigent circumstances:

1. Crime in progress.
2. Inmate is injured or incapacitated.

3. An inmate trying to do self-harm.
4. An inmate experiencing a psychotic episode.
5. Inmate refuses to put clothes on.
6. Life is in jeopardy.
7. Any incident that required immediate response backup is needed.”

In the past 12 months, no cross-gender pat down searches of inmates have been done. Interviews with random staff and female inmates confirmed that female deputies conduct all pat down searches of female inmates and the facility does not restrict female inmate’s programming or other out-of-cell activities when a female deputy is not available to conduct a pat down search. The majority of staff stated that if there was reason to suspect a female needed a search and no female employee was available to search, the female inmate would be placed in holding until a female employee could be found.

115.15(c) The Dale G. Haile Detention Center requires that all cross-gender strip searches of male and female inmates and all cross-gender pat down searches of female inmates must be documented in that inmate’s file.

115.15(d) The Dale G. Haile Detention Center policy and practice ensures that inmates are able to shower, perform bodily functions, and change clothing with privacy. During the audit tour the auditor noticed that from the hallway window in front of Pod 3, Unit L a person could view the toilet when looking through a small area of the window. Therefore, the auditor finds that the Dale Haile Detention Center does not meet this part of the standard.

PREA Policy #8 reads, “Staff members of the opposite gender of those inmates housed in the housing unit are required to announce their presence. Due to the constant nature of cross-gender supervision in all areas of the Detention Center, this announcement will be made at the beginning of each shift and will be documented. When the gender of the deputy assigned to the housing unit has changed, the announcement will be made to notify inmates, such as “Male of Floor” or “Female on Floor” when conducting a security check.” During interviews with random staff, the majority stated that they are only making the announcements at the beginning of the shift in accordance with the facility policy. During informal and formal interviews of inmates, the majority stated that the deputies don’t make announcements when they enter the housing units of the opposite gender but do make an announcement at the beginning of the shift that there will be cross gender supervision throughout the shift. Due to policy and practice of not announcing every time the deputies enter a housing unit of the opposite gender, the auditor finds that the Dale G. Haile Detention Center does not meet this part of the standard.

115.15(e) Dale G. Haile Detention Center policy and practice prohibit searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. Interviews with staff confirmed they knew the policy. The Dale G. Haile Detention Center reported there were no searches of this type during the previous twelve months.

115.15(f) The Dale G. Haile Detention Center has provided training to 100% of the staff regarding how to conduct cross gender pat down searches and searches of transgender and intersex inmates in a professional manner. Training of these searches is done through an in-house power point of Cross Gender Supervision, POST classes, and one of Guidelines on Cross-Gender and Transgender Pat Searches. Interviews with the majority of the staff indicated that they all were aware of how to physically conduct the searches and all knew the importance of being professional during the searches. They confirmed that they receive, at least yearly, training how to conduct themselves during these searches. Policy requires that transgender and intersex inmates are allowed to designate their search preference

and their requests are honored whenever possible. A search preference form was given to the auditor to review.

There were no transgender or intersex inmates in the facility at the time of the audit.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy #8
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Window in Pod 3, Unit L Hallway
LGBTI Preference Form
Training power points
Cross-Gender training PREA rosters
Interviews with random inmates
Interviews with random staff
P.O.S.T. PREA training curriculum

CORRECTIVE ACTION REQUIRED:

1. The Dale G. Haile Detention Center should either place a barrier in front of the toilet in Pod 3, Unit L, make the Pod a male deputy only pod, or any other method that will effectively give an inmate privacy while using the toilet.
2. The Dale G. Haile Detention Center should revise policy to require deputies to announce themselves each time they enter a housing unit of the opposite gender.
3. The Dale G. Haile Detention Center should require detention deputies to announce themselves each time they enter a housing unit of the opposite gender or install lights or other ways of notification that will indicate the gender entering the unit.

The Dale G. Haile Detention Center will complete the corrective action listed above and will send the policies and documentation verifying the corrective action has been completed to the auditor within 180 days of the date of this interim report.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On September 14, 2021, the Dale G. Haile Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the PREA interim report has been corrected as follows:

1. The Dale G. Haile Detention Center has built a metal wall in Pod 3 to prevent members of the opposite gender to view an inmate of the opposite gender using the toilet. The Dale G. Haile Detention Center sent a photograph of the wall for the auditor to review and the auditor determined that the wall is an excellent barrier to the toilet.
2. The Dale G. Haile Detention Center has revised the Head Count Policy #1.13 to require deputies announce themselves each time they enter a housing unit of the opposite gender. The deputies

are to announce either "Male on Floor" or "Female on Floor: so that all teams are consistent in how they are doing it.

3. The Dale G. Haile Detention Center has advised all staff of the new policies and procedures.
4. Sgt. Kobiskey verified that he has physically verified that the announcements are being made.

The auditor has reviewed all of the documents that were sent and the Dale G. Haile Detention Center is now fully compliant with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates 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 ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- 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 ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.16(a) The Dale G. Haile Detention Center's PREA Policy #9 and Canyon County Sheriff's Office Policy 368 ensures that inmates 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. The steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, giving them the information to read and, if they can't read, providing access to interpreters from the court who can interpret effectively, accurately, and impartially. There is a verbal agreement with the courts to use their interpreters, when necessary, and the auditor was provided a list of sign language and language interpreters and their phone numbers that the Detention Center has in place. The facility also provided an example of their communication with a deaf inmate. TTY machines are also available to the deaf for communication.

A staff member will read the information on reporting and responding to sexual abuse or sexual harassment to inmates who have low vision or are blind. There are also large print additions available in the handbooks. The Dale G. Haile Detention Center will locate someone who can effectively communicate with inmates with psychiatric, intellectual or speech disabilities either from the agency itself or a Mental Health practitioner. All staff receive yearly training on PREA compliant practices for inmates with disabilities and inmates with limited English proficiency. The auditor finds that the Dale G. Haile Detention Center exceeds this part of the standard because of the availability of many resources to communicate and provide equal opportunity for inmates with disabilities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The Dale G. Haile Detention Center has established procedures to provide inmates with limited English proficiency 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. Flyers explaining the inmate's right to be free from sexual abuse and sexual harassment are available in a Spanish version. Posters in a Spanish version and the flyers are placed in baskets in the housing unit and explain how to report a sexual abuse or sexual harassment. Inmate Orientation Handbooks are available in Spanish editions. Information is also available in the kiosks and by request. An audio recording in Spanish explaining PREA is used for inmate education and it is played in the housing units both morning and night. The agency also has an agreement with a Language Line that provides immediate translation services via the telephone. All detention staff have access to the Language Line when needed. Deputies also can use internet resources for interpretation. Also, several of the deputies of the Canyon County Sheriff's Office and Detention Division speak fluent Spanish and are able to interpret for the Detention Center, when needed. And, the Detention Center has access to court interpreters through a list of names and phone numbers provided to them by the courts. There were no limited English proficient inmates in the facility at the time of the audit. The auditor finds that the Dale G. Haile Detention Center exceeds this part of the standard because of the availability of many resources to communicate and provide equal opportunity for inmates who are limited English Proficient to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(b) The Dale G. Haile Detention Center's PREA Policy prohibits the facility from using inmate interpreters, readers, or other inmate assistants except in limited circumstances where safety could be compromised waiting for other assistance. The Detention Center reports that there have been no instances in the past 12 months where inmate interpreters have been used. Interviews with random staff confirmed that inmate interpreters are not used unless there are exigent circumstances and no one could remember a time that inmate interpreters were used.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy, #9
Canyon County Sheriff's Office Policy 370.17 detailing staff training in communicating with inmates who are limited English proficient
Canyon County Sheriff's Office Policy 370.17 detailing training and use of TTY machines
Canyon County Sheriff's Office Policy 368 detailing services for people who are limited English proficient
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Interviews with random facility staff
Samples of PREA posters, orientation handbook and flyer translated into Spanish
Court list of interpreters for disabilities and languages
Email to the courts verifying a verbal agreement to use their interpreters
Yearly PREA training curriculum for staff

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates 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 ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.17(a) The Dale G. Haile Detention Center's PREA Policy, #10 prohibits the hiring, promotion or retention of any employee who may have contact with inmates and will not enlist the services of any contractor who may have contact with inmates 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 this standard.

The Canyon County Personnel Manual 3.06 explains the recruitment and hiring process for all county employees. In addition, the Canyon County Sheriff's Office Recruitment and Selection Policy 1000.5 states, "Every candidate shall undergo a thorough background investigation meeting the requirements of IDAPA 11.11.01.059 to verify his/her personal integrity and high ethical standards, and to identify any past behavior that may be indicative of the candidate's unsuitability to perform duties relevant to the operation of the Canyon County Sheriff's Office."

The background investigation also includes a criminal background check of all applicants for employment or contracting services. It includes reference checks, polygraph tests, psychological exam, and a review board or selection committee assessment. In addition to policy, detention deputies are required to be state certified within one year of hire and the Idaho P.O.S.T. Academy requires a thorough background check on any detention employee who will be attending the P.O.S.T Academy.

115.17(b) The Canyon County Sheriff's Office considers 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 inmates.

115.17(c) In addition to conducting criminal background checks prior to hiring an applicant, the Canyon County Sheriff's Office contacts all prior institutional employers for information on substantiated allegations of sexual abuse or any pending investigations of allegations of sexual abuse as well as other employment concerns. In the past 12 months, 46 people (100%) have been hired who have contact with inmates and all of them have had extensive background and criminal history checks completed prior to their hiring.

115.17(d) The Dale G. Haile Detention Center's PREA Policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. In the past twelve months, the Canyon County Sheriff's Office has conducted criminal background record checks on 26 contract employees (100%) who have been hired and have contact with inmates.

115.17(e) The Dale G. Haile Detention Center's PREA Policy states that, "A criminal background check will be completed a minimum of every five years on all current employees and long-term contractors. Documentation of the background records checks of current employees and long-term contractors at five-year intervals is kept on file". The last criminal background check on all current employees and long-term contractors was done three years ago. Sgt. Cobiskey reported that the Canyon County Sheriff's Office will conduct a criminal background check on all employees every five years regardless of hire date.

115.17(f) The Dale G. Haile Detention Center asks all applicants during the initial interview for hire about any prior sexual misconduct of the type specified in 115.17(a) of this section. The Jail imposes upon employees a continuing affirmative duty to disclose any such misconduct. At the yearly PREA training, staff are required to fill out the Employee PREA Questionnaire which asks questions of the employee related to any sexual misconduct they may have been involved in since the last PREA training (115.17(a)). Two completed questionnaires were submitted to the auditor to review. These questionnaires are reviewed when the employee is up for promotion.

115.17(g) The Dale G. Haile Detention Center PREA Policy #10 states that material omissions regarding such misconduct or provision of materially false information shall be grounds for termination.

115.17(h) The Canyon County Sheriff's Office provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. All requests for information on former employees will be referred to the Sheriff or his authorized designee for release of that information.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy, #10
Canyon County Sheriff's Office Policies 1000.5
Canyon County Personnel Manual 3.06
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Idaho P.O.S.T. IDAPA Rules
Idaho Jail Standards
Questionnaire used during hiring interview boards
Questionnaire Signed at each PREA Training
Interview with Lt, Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- 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 inmates 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 ☐ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) In October of 2012, the facility added beds to units H, K, L, and M. In August of 2010, the work center (Pod 5) was being converted from a work release center into a general population unit, adding tables and bunks. Unit N was then converted to the work release center. Pod 6 is mobile inmate housing units that were added last year. All housing units have been designed or renovated with the goal of protecting inmates from sexual abuse as well as other acts of violence.

115.18(b) From December 17, 2015 to August 5, 2016, the facility replaced 31 cameras in the facility to high definition 1080p and protect inmates through the required shift video review policies. A list of proposals and addition of cameras was attached. Throughout the years, cameras are replaced, updated, and added as needed. Cameras are monitored constantly to become aware of any blind spots or areas where inmates may be in danger of sexual abuse or other acts of violence. The auditor looked at the camera views from a monitor in Sgt. Cobiskey's office.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Dale G. Haile Detention Center's list of camera placement throughout the facility
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Canyon County Chief Deputy, Marv Dashiell
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- 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 ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☐ Yes ☐ No N/A

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- 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? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.21(a - b) The Canyon County Sheriff's Office and Dale G. Haile Detention Center follow the Lexipol uniform evidence collection protocol that contains details for obtaining and securing physical evidence for administrative and criminal investigations of sexual abuse. This protocol is used by the Canyon County Detective Division when conducting criminal investigations inside and outside the facility. The protocol is developmentally appropriate for youth but youthful inmates are rarely held in the facility. West Valley Medical Center in Caldwell, Idaho is used for obtaining forensic evidence from sexual assault victims and follows an appropriate protocol. Detention Center deputies have taken an evidence packaging class. The hospital has its own evidence protocol for conducting sexual assault exams.

115.21(c) Dale G. Haile Detention Center PREA Policy, #21 states that all victims of sexual abuse are offered access to forensic medical examinations where evidentiary or medically appropriate and the assault happened within the past 72 hours. Sgt. Cobiskey explained that these exams will normally be done at West Valley Medical Center in Caldwell, Idaho. There is no financial cost to the victim. When possible, examinations are performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs a forensic medical examination. Attempts to get a SAFE or SANE are documented.

The Dale G. Haile Detention Center reported that there was one forensic exam done during the last 12 months and a SANE performed the exam. The investigation was started as a criminal investigation but the investigation determined that the allegation was unsubstantiated after the exam, interviews, and video footage was completed.

115.21(d) The Canyon County Sheriff's Office is a member of a SART (Sexual Assault Response Team) team comprised of the Sheriff's Office, Nampa Police Dept., Caldwell Police Dept., Canyon County Prosecutor, Nampa Family Justice Center, Saint Alphonsus Medical Center in Nampa, Idaho, Saint Luke's Medical Center in Nampa, Idaho, West Valley Medical Center in Caldwell, Idaho and Advocates Against Family Violence for which an agreement between all of the agencies has been signed to provide sexual assault protection and services for victims. There is an MOU between all of the SART agencies for a quick sexual assault response in the community. Forensic exams are offered to the inmate free of charge. Sgt. Cobiskey and the Canyon County Victim Witness Coordinator confirmed that these services and protections are also available to inmates.

There are two agency employees who are Victim Witness Coordinators. The auditor interviewed one of the Victim Witness Coordinators who confirmed that the services provided to inmates are exactly what is done on the street. Sgt. Cobiskey notifies a Victim Witness Coordinator if a sexual abuse has happened in the facility and one of them will respond 24/7. They also offer support services to inmates and they are given their contact information and the inmate can also contact them through kites. Advocates Against Family Violence may also be used for advocacy services and support services, when needed.

115.21(e) The Dale G. Haile Detention Center PREA Policy, #21 ensures that a victim's advocate, upon request from the inmate, accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals as warranted. There was one forensic medical examination done during the last twelve months and a victim's advocate was not requested by the inmate.

115.21(f) Lt. Travis Engle and the detention sergeants in the Dale G. Haile Detention Center conduct administrative investigations into allegations of sexual abuse and sexual harassment. If the administrative investigation appears to involve criminal elements, Capt. Harold Patchett, the Jail Administrator will forward it to Sheriff Kieran Donahue, or designee, who will decide if it will be referred to the Canyon County Detective Division for a criminal investigation or to an outside agency such as the Nampa Police Dept. or Caldwell Police Dept. who are both on the SART team. Ada County Sheriff's Office is another agency that may be contacted to perform the allegation. All investigations that allegedly involve staff are referred outside the agency, by Sheriff Kieran Donahue. All Canyon County Detectives who are involved in the investigations have had the specialized training for investigators in a confinement setting and all have had training on sexual assault investigations. All PREA complaints are investigated for possible criminal activity and the Canyon County Sheriff's Office maintains a close working relationship with the County Prosecutor.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy, #21
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Interview with Chief Deputy Marv Dashiell
Interview with Canyon County Sheriff's Office criminal investigator
Interview with Canyon County Victim Witness Coordinator
Operational Agreement and MOU, Canyon County Sexual Assault Response Team (SART)
Lexipol Uniform Evidence Collection Protocol
Training certificates for all PREA investigators within the agency

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice 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 ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.22(a) There are 14 administrative investigators in the Detention Center and 5 criminal investigators in the agency. If the administrative investigation appears to involve criminal elements, the administrative investigator will notify administration who will refer the investigation to the Canyon County Sheriff, or designee. Sheriff Donahue will decide whether to assign it to a Canyon County Detective or refer it to an outside agency. All investigations that allegedly involve staff are referred outside the agency to an

agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. All Canyon County detectives involved in the investigations have had the specialized training for investigators in a confinement setting and all detectives have had training on sexual assault investigations. All PREA complaints are investigated for possible criminal activity and the Canyon County Sheriff's Office maintains a close working relationship with the County Prosecutor. There were twenty-six administrative investigations done during the last year and one criminal investigation. There were no outside investigators used during the last year.

115.22(b) The Dale G. Haile Detention Center has a written policy that ensures allegations of sexual abuse and sexual harassment are referred for an investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The policy states that the sheriff will decide when the investigation will be handled by investigators of his agency or will be investigated by an outside agency. The policy states that all referrals will be documented. The auditor verified this policy is on the Canyon County Sheriff's website. All calls go to the classification office who has a Sergeant and all Sergeants are PREA Investigators.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy, #20
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Canyon County Sheriff's Website: canyonco.org
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Interview with Chief Deputy Marv Dashiell
Interview with Canyon County Sheriff criminal investigator
PREA Investigator training certificates for Canyon County Investigators
Documentation of sexual abuse and sexual harassment allegations and subsequent investigations

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.31(a and b) The Dale G. Haile Detention Center PREA Policy, #13 requires that employees receive one hour of PREA training every year specific to the prevention, identification, reporting and handling of inmate sexual misconduct/sexual assault, including common indicators of misconduct. Documentation provided included a lesson plan on power point with each of the ten topics that was very comprehensive and covered all of the topics. Also included were several other power points and lesson plans taught yearly on different PREA subjects. Interviews with random staff revealed that the staff have extensive training on PREA and are very knowledgeable on the topics. The auditor finds the Dale G. Haile Detention Center exceeds the standard as the full PREA training is given yearly along with other PREA trainings throughout the year.

115.31(c) The training is tailored to the gender of the inmates at the Dale G. Haile Detention Center which houses both female and male inmates. There is only one facility so all employees are trained to work with both genders and there are no reassignments to care for one gender or the other.

115.31(d) PREA refresher training which reviews all of the requirements of PREA is provided to employees every year instead of every other year and included is refresher training on policy and procedure. When policy changes all deputies in the Detention Center are notified by email at the time of the change, training on the change is done in team briefings, and deputies are given flyers to explain the change. Because the facility provides full and ongoing PREA training yearly instead of every other year, the auditor finds that the facility exceeds this part of the standard.

115.31(e) Documentation confirmed through employee signatures that 100% have received this yearly training and that the employees understand the training they received. Interviews with random staff also reflected that all have extensive yearly training.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy, #13
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
PREA Training Curriculum
Several other PREA related training curriculum
Staff rosters and description of training received
Staff signatures of receiving the training
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Interviews with random staff

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates 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 inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility

115.32(a) The Dale G. Haile Detention Center PREA Policy, #14 requires all volunteers and contractors who may have contact with inmates be trained on PREA requirements. The training curriculum includes a very comprehensive power point presentation that covers all the required topics and their responsibilities under the PREA requirements. One hundred and twenty-six volunteers and individual contractors who have contact with inmates have been trained in PREA requirements during the last twelve months. This totals 100 % that have been trained.

115.32(b) The training curriculum was very detailed and showed that contractors and volunteers have extensive training on the zero-tolerance policy, duty to report, warning signs, proper communication with all inmates, first responder duties, and several other aspects of the prevention, detection, and response policies and procedures. All volunteers and contractors receive the comprehensive training regardless of the level of services or contact with inmates. All volunteers and contractors receive the same training as regular detention deputies so the auditor finds that the Dale G. Haile Detention Center exceeds this standard.

115.32(c) All volunteers and contractors are required to sign a roster at the training stating that they have received the training and understand it. The facility maintains that documentation and the auditor was able to review it.

There were no volunteers on site at the time of the audit. One contract employee was interviewed and compliance was found with this standard.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #14
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
PREA Training curriculum and materials for volunteer and contractors
PREA Training curriculum for detention staff
Sexual Harassment Training Curriculum
PREA class rosters and signatures for volunteers and contractors
Sexual Harassment rosters and signatures for volunteers and contractors
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Interview with contract employee

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.33(a - c) The Dale G. Haile Detention Center reports that 9502 inmates have been admitted in the past twelve months to the facility and all have been provided with comprehensive information during

booking and an audio is played over the intercom at each headcount every day. All inmates in the Dale G. Haile Detention Center receive PREA orientation materials at intake. The inmate is given an inmate orientation handbook, a pamphlet with frequently asked questions and answers about PREA, and signs an acknowledgement form (Prisoner Information Sheet) that provides information about PREA and how to report an incident of sexual abuse and sexual harassment. A PREA Resource form that lists many outside support services and advocates the inmates may contact is in the basket in each housing unit. The auditor reviewed all of the information during the pre-audit and the onsite audit.

All inmates receive PREA education within 30 days of intake. A PREA notification message, as well as basic orientation information, is played over the PA system at 0600 hours and 1800 hours on a daily basis. This message is played in both English and Spanish, which is the general population languages of the inmate population at the Detention Center. The audio file was updated March of 2017 to include Victim Advocates and explain how calls to victim advocates are free and unmonitored. The call list was updated to include free calls to advocates through the phone service application.

A log is kept of all the times the audio is played in each unit. Several of the logs were provided to the auditor during the pre-audit phase and the auditor reviewed three more during the onsite visit.

115.22(d - e) The Dale G. Haile Detention Center ensures that key information is continuously available to inmates through posters, flyers, twice a day audio, and inmate handbooks. PREA posters are displayed in the dayrooms with the abuse hotline number by the phones and a list of ways to report. Information is also on the kiosks and tablets within the housing units.

Policy states that written materials and the audio are provided in Spanish for Spanish speaking inmates. For languages other than Spanish, staff shall use an interpreter to communicate the agency's zero tolerance policy from online resources, Language line, or Interpreter from court services. Staff shall personally explain the Zero Tolerance policy to inmate's who cannot read, have low reading skills, or who have cognitive or developmental disabilities. Large print editions of the handbook will also be made available for inmates who are blind or visually impaired, if needed. Copies of all the written materials and audio in Spanish were provided to the auditor.

Interviews with random inmates revealed that the inmates are retaining the information they are provided through the audio, handbook, posters and flyers. A large majority of the interviews with inmates confirmed that they received training on PREA at booking by the booking deputy and received a PREA pamphlet and inmate handbook that contained information on how to report a sexual assault or sexual harassment. All stated that information is posted on the wall of the housing unit, and is in the inmate handbook. All said the information is given to them daily over the intercom. All knew they could access a hotline number on the phone and some were aware that advocates were available. The majority of the inmates knew they could contact people on the outside to report a sexual abuse or sexual harassment and that reports can be done verbally, in writing, and by third party. Some did not know they can report anonymously. Some of the inmates were not aware of specific outside support services but most of those said they know there are probably some services and they know how to find them, if needed. A review of the audio transcript, posters, and flyers showed that the information is given to the inmates daily.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy, #12
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
PREA Inmate Information Sheet Acknowledgement Form and random signature
Inmate Orientation Handbook
PREA pamphlets
PREA Flyer of Frequently Asked Questions and Answers
PREA Posters displayed in dayrooms
PREA Resource Form
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Interviews with random inmates and facility intake staff
Audio Tape played every day at headcount
PREA Video Transcript

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive 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 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- 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 115.21(a).) ☒ Yes ☐ No ☐ NA
- 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 115.21(a).) ☒ Yes ☐ No ☐ NA
- 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 115.21(a).)
☒ Yes ☐ No ☐ NA

115.34 (c)

- 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 115.21(a).)
☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.34(a) The Dale G. Haile Detention Center requires that all of its employees who investigate sexual abuse and sexual harassment allegations in the facility receive the specialized training for conducting such investigations in confinement settings. The investigators are required to take the online PREA Investigators course, "Investigating Sexual Abuse in a Confinement Setting" available through the PREA Resource Center and the National Institute of Corrections or the classroom course when it is available.

Five criminal investigators and fourteen detention administrative investigators who conduct investigations in the Detention Center have taken this course. The practice is in place to require all investigators who conduct investigations in the Detention Center to take the specialized training.

115.34(b) Specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Detectives from the Canyon County Sheriff's Detective Division have also had additional training in sexual abuse investigations for their job requirements and are very familiar with the proper use of Miranda and Garrity warning as they use them frequently in their job duties.

115.34(c) The auditor reviewed the five Certificates of Completion for the criminal investigators in the Canyon County Detective Division and the fourteen Certificates of Completion and roster of detention administrative investigators who took the investigator's specialized training.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Objectives for the online course, "Investigating Sexual Abuse in a Confinement Setting"
Training documentation for investigators completing the specialized training
Interviews with facility criminal and administrative investigators
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)
☐ Yes ☐ No ☒ NA

115.35 (c)

- 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 ☐ No ☐ NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.35(a) The Dale G. Haile Detention Center contracts with a Correctional Health Agency to provide medical care at the facility. Nurses are on duty 24/7 and sick call is done daily. A Mental Health Provider is on duty five days a week, Monday through Friday. The number of medical health practitioners who work regularly at the facility is twenty-one. The auditor reviewed eleven specialized training certificates as some of the twenty-one have left and others are new and will take the training

soon. Interviews with contract medical staff and the mental health practitioner confirmed that they are provided in-depth training on their responsibilities under PREA, through the Detention Center PREA training and online training of "Medical Health Care for Sexual Assault Victims in a Confinement Setting" through the PREA Resource Center. Specialized training includes the four elements required by this PREA standard:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse or sexual harassment.

115.35(b) Medical personnel of the Dale G. Haile Detention Center do not conduct forensic exams at the Detention Center. Victims of sexual abuse are generally transported to West Valley Medical Center in Caldwell, Idaho for the exam, when medically appropriate.

115.35(c - d) The agency maintains documentation that all medical and mental health practitioners who work at the facility have received specialized training provided by the facility and listed in (a) of this standard. Medical and mental health care practitioners also receive the training mandated for other employees of the facility. The auditor reviewed the training curriculum and the documentation that medical personnel received the training.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy, #15
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Medical Personnel and Mental Health Practitioner
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Training curriculum for PREA
Training certificates and rosters for specialized medical training

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? ☒
Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a request? ☒
Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- 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 inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.41(a - b) The Dale G. Haile Detention Center PREA Policy, #11 requires that all inmates will be assessed during their intake screening for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. During the audit tour, an intake deputy explained that the assessment is normally done by a nurse when the inmate is first brought in but will wait if the inmate is severely intoxicated or uncooperative. There is also an initial risk screening that is done. But, under no circumstances, would any of these screenings go over 72 hours to complete the risk assessment. The Dale G. Haile Detention Center reported that 100% of 4798 inmates, with a length of stay in the facility for 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

115.41(c - d) The risk assessments are completed on an objective screening instrument and classification assessment form that covers all ten topical areas of information as detailed in this standard. If the risk screening indicates that an inmate has experienced prior sexual victimizations,

whether it occurred in an institutional setting or in the community, staff will ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of intake. The auditor reviewed ten random files of inmates and verified that the screening instrument is being used. The majority of inmates confirmed these assessments were done at intake but a couple of them said they were too “messed up” to remember much of it.

115.41(e) The screening instrument also considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse as known to the agency.

115.41(f) The Dale G. Haile Detention Center PREA Policy#11 requires “a reassessment of each inmate’s risk of victimization or abusiveness shall be conducted within 30 days of the inmate’s arrival at the Detention Center”. The auditor was shown logs of these reassessments.

115.41(g) The Dale G. Haile Detention Center Policy #11 also requires that an inmate’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that directly affects the inmate’s risk of victimization or abusiveness.

115.41(h) The policy prohibits the Dale G. Haile Detention Center from disciplining inmates for refusing to answer any questions referring to sexual abuse or for not disclosing any information on the screening questions listed in this standard. Because of this policy, the auditor finds that the Dale G. Haile Detention Center exceeds this part of the standard.

115.41(i) The Dale G. Haile Detention Center has controls on dissemination of information on the risk screening form by restricting access to the information by medical, classification deputies, PREA Coordinator, PREA Compliance Manager, administration, and Investigators only. Any other person who needs to access the information must go through the medical department or administration for authorization. The risk assessments are kept in the medical room.

Based on the information discovered in the facility’s policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #11
Dale G. Haile Detention Center Classification Policy 309
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Risk and Initial Assessment Questionnaires
Objective Risk Screening Instrument
Interview with Intake staff
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Ten Random Inmate Files
Logs of 30-day reassessments
Sample of medical secondary materials

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.42(a) The Dale G. Haile Detention Center Policy #11 requires that all information gathered during the intake and assessment process be used to ensure appropriate classification and placement of inmates into housing, work programs, and regular programs as well as any necessary security or protective precautions required to ensure the inmate's safety. Dale G. Haile Detention Center uses the Northpointe Decision Tree to place all of the objective information in the tree to see where the inmate can be housed safely. The auditor viewed ten classifications while at the onsite audit.

115.42(b) Policy states, "Staff shall obtain and use information about each inmate's personal and criminal history, as well as behavior, to make informed decisions in an effort to keep each inmate safe and reduce the risk of sexual abuse and sexual harassment by or upon an inmate". An example of a housing assignment determination was given to the auditor

115.42(c) The Dale G. Haile Detention Center policy requires that Classification Officers carefully consider, on a case-by-case basis, whether placement of a transgender or intersex inmate in a particular housing and bed assignment will ensure the inmate's health and safety and whether or not that placement would present management or security issues. These considerations are made by reviewing risk assessments and classification interviews. An inmate tracking form is used to keep track of the inmate's housing in the facility during their stay and was reviewed by the auditor.

115.42(d) Policy #11 requires that at least twice each year, beginning with the intake date, the Classification Officer will conduct a reassessment on all transgender and intersex inmates to review any threats of safety experienced by the inmate. However, the actual practice is to conduct a reassessment in a minimum of 30-days. Therefore, the auditor finds the Dale G. Haile Detention Center exceeds this part of the standard.

115.42(e) Transgender and intersex inmates are asked about their own view in respect to their safety while incarcerated in the facility and those decisions are given serious consideration by the Classification Officer when making housing, bed, and programming assignments.

115.42(f) Policy states that transgender and intersex inmates will be allowed to shower separately from other inmates, upon request.

115.42(g) The Dale G. Haile Detention Center PREA Policy #11 prohibits placing lesbian, gay, bisexual, transgender or intersex inmates in a particular housing or bed assignment or other assignment based solely on such identifier or status unless the placement is ordered by a consent decree, legal settlement, or legal judgment of which the intent is the protection of inmates. The Dale G. Haile Detention Center is under no such legal restriction.

The Dale G. Haile Detention Center reported that they had ten transgender persons in the facility during the previous twelve months. None of them were in the facility for over 30 days.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #11
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Objective Risk Screening Instrument
Northpointe Decision Tree
Inmate Tracking Form
Interviews with random staff
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety? ☐ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.43(a and d) The Dale G. Haile Detention Center PREA Policy #11 prohibits the Detention Center from placing inmates at high risk for sexual victimization in involuntary restrictive housing unless the determination has been made that this housing assignment best protects the safety of the inmate and a review of other alternatives failed to provide adequate safety from likely abusers. Lt. Engle and Sgt. Cobiskey reported that inmates are not placed in involuntary housing. Sgt. Cobiskey reported that over the twelve months prior to the audit, no inmates were placed in involuntary restrictive housing.

115.43(b) Any inmate placed in involuntary segregated housing shall have access to programs, privileges, education and work opportunities to the extent possible. If any opportunities are restricted, the Classification Deputy will document the event which opportunities have been limited, the duration of the limitation, and the reasons for the limitations. These policies are kept in place for the rare occasion that an inmate may be placed in involuntary restrictive housing.

115.43(c) PREA Policy #11 and Classification Policy #309 state that if no alternative housing can be found immediately, the inmate may normally be held in involuntary restrictive housing for no more than 30 days. The Dale G. Haile Detention Center reported that no inmates were held longer than 24 hours in involuntary housing.

115.43(d) PREA Policy #11 and the Classification Policy #309 state that if an inmate is segregated, based on the information collected from the Intake and Booking process, staff shall clearly document:

1. The basis for the facility's concern for the inmate's safety.
2. The reason why no alternative means of separation can be arranged.
3. Documentation of a review every thirty (30) days of the isolation status to determine if there is a continuing need for further separation from the general population.
4. Any opportunities which are restricted, the duration of the restriction, the reasons for the limitations.

115.43(e) If an involuntary segregated housing assignment is made, a status review of the inmate will be completed every 30 days to determine if there is a continuing need to separate the inmate from the general population. All 30-day status reviews are documented.

At the time of the audit, there were no inmates assigned to involuntary segregated housing to separate them from likely abusers in the twelve months prior to the audit. The Dale G. Haile Detention Center reported that they do not place inmates in involuntary segregation housing for risk of sexual abuse or sexual abusiveness but the policies are in place in the rare occasion this may be necessary.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #11 and Classification Policy #309
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Objective Risk Assessment Instruments
Idaho Jail Standards
Interviews with random staff and inmates
Example of involuntary segregated housing logs, non- PREA related
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)
☒ Yes ☐ No ☐ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.51(a) The Dale G. Haile Detention Center clearly outlines multiple ways to privately report a sexual assault, sexual harassment, or retaliation from other inmates or staff for reporting sexual abuse or sexual harassment, and any staff neglect that may have contributed to sexual abuse or sexual harassment. PREA Policy #17 and PREA Policy #18 gives the following ways to report within the facility:

- (1) Report it immediately to a staff member.
- (2) Submit a medical kite, and report it to medical staff.
- (3) Submit an Inmate Communication Form.
- (4) Call someone outside the jail that can contact jail administration.
- (5) Report the allegation to the PREA hotline using the telephone system.
- (6) Report it to a public or private outside agency.

Policy further states that staff are to take reports from inmates any way that they choose to give them. The inmates are given the ways to report a sexual abuse or sexual harassment allegation through the flyers, posters, Orientation sheet, kiosk, and the inmate handbook that are provided to them. Interviews with staff confirmed they will take action on a report any way an inmate wants to submit the report.

115.51(b) The Dale G. Haile Detention Center explains to the inmates they can report to someone outside the jail that can contact jail administration or can use the hotline. The hotline goes to the facility itself and anyone outside the agency does not meet the standard. No other public or private agency has been obtained that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Therefore, the Dale G. Haile Detention Center does not meet this part of the standard.

Inmates are rarely detained solely on civil immigration holds, but the agency has in policy that these inmates are provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. There is a poster hanging in each housing unit that lists the contact numbers for Consular Officials, Dept. of Homeland Security, and ICE's Detention Reporting and Information Line.

Inmates have access to phones in their dayrooms and policy allows for free phone calls to contact the reporting hotline and Advocates Against Family Violence. There is also a list of the ways to report a sexual abuse or sexual harassment. Contact information for Advocates Against Family Violence is on

the wall of the housing units. A phone interview with Advocates Against Family Violence confirmed that they would report back to the Dale G. Haile Detention Center if an inmate reported to them and wanted them to contact the facility. If the inmate did not want the facility notified, the advocacy agency would help develop a safety plan with the inmate and encourage the inmate to allow them to report to the facility.

115.51(c) The Dale G. Haile Detention Center Policy #17 requires all staff to accept reports made verbally, in writing, anonymously, and from third parties. All allegations are documented promptly upon receipt and reported to a supervisor who will initiate the investigation. This policy and practice were confirmed through the random interviews of staff.

115.51(d) Staff members are not required to follow the chain of command when making a report of inmate sexual harassment or sexual abuse. As an alternative, a staff member or volunteer may make a report directly to the facility's administration, either by writing or verbally, who shall, if requested, keep confidential the identity of the staff member or volunteer.

This information is in the policy and all of the staff that was interviewed knew they could privately report to any administrator.

Interviews with staff clearly demonstrate they are very knowledgeable about PREA and the variety of methods to report sexual abuse and sexual harassment.

Interviews with inmates clearly demonstrate they are very knowledgeable about how to report a sexual abuse or sexual harassment. All stated they had information given to them at booking, watched a video, are given education once a week, and there are posters and flyers posted in every housing unit that explain how to report. All stated they could talk to a deputy or any staff in the Detention Center, and that they could report verbally, in writing or any third party. A few were not sure about being able to report anonymously. All knew they could access a hotline number on the phone that is a free call and could contact family and friends to make a report.

Many knew they could call the advocacy agency for support and that calls to the advocacy agency are free and unmonitored but several others thought there was an outside group but had no idea what they do or if calls to them were free and unmonitored. The audio is played twice a day in each housing unit and clearly explains the support group and the calls are free and unmonitored and the inmate can report anonymously. And the information is on a poster in the housing unit. The majority of the inmates that couldn't explain the services of the support group stated they knew where to find information about them if they needed them. There is also a PREA Resource Form in the basket of each housing unit that has local state and national contact information for outside support.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

- Dale G. Haile Detention Center PREA Policies #17 and #18
- Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
- Prisoner Information Sheet and random signatures
- Inmate Handbook
- PREA flyer
- PREA Posters displayed in dayrooms
- Audio played every day morning and night
- Interviews with random inmates
- Interviews with staff who conduct bookings

CORRECTIVE ACTION REQUIRED:

1. The Dale G. Haile Detention Center should obtain a public or private agency that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request.

The Dale G. Haile Detention Center will complete the corrective action listed above and will send the policies and documentation verifying the corrective action has been completed to the auditor within 180 days of the date of this interim report.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On September 14, 2021, the Dale G. Haile Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the PREA interim report has been corrected as follows:

1. The Dale G. Haile Detention Center has entered into an MOU with Advocates Against Family Violence to be their outside reporting facility where inmates can call and make a report of sexual abuse and the Advocates Against Family Violence will forward the report to agency officials, allowing the inmate to remain anonymous upon request. All of the calls are free and unmonitored.
2. The information is on laminated posters in each housing unit and also in other information on ways to report sexual abuse and sexual harassment.

The auditor has reviewed all of the documents that were sent and the Dale G. Haile Detention Center is now fully compliant with this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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 ☐ No

115.52 (b)

- Does the agency permit inmates 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 ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate 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 ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.52 (d)

- 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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, 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 ☐ No ☐ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate 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 ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- 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 ☐ No ☐ NA
- 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 ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.52(a) The Dale G. Haile Detention Center's PREA Policy #17 and Detention SOP 5.07 allow inmates the option of filing a grievance for sexual abuse and outlines the procedures that will be used to respond to those grievances.

115.52(b and c) The facility policies allow an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The policy states, "There is no time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The inmate may submit the grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint. The agency will not discipline an inmate for filing a grievance related to alleged sexual abuse unless the agency confirms the inmate filed the grievance in bad faith. The inmate will not be required to use the informal grievance process to report". There were no sexual abuse or sexual harassment grievances submitted during the last twelve months so the auditor is relying on the policy and interviews with Lt. Travis Engle and Sgt. Cobiskey to confirm this part of the standard.

115.52(d) The Dale G. Haile Detention Center's PREA Policy #17 and Detention SOP 5.07 require that the facility issues a final 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 will not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is sufficient to make an appropriate decision and will notify the inmate in writing of the extension and the date the decision will be made. The Dale G. Haile Detention Center reports that during the past 12 months there were no grievances filed by inmates that alleged sexual abuse so the auditor did not have any documentation to review.

115.52(e) Detention SOP 5.07 and PREA Policy #17 ensures that third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates shall be permitted to assist an inmate in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests of allegations of sexual abuse on behalf of the inmate if the inmate agrees. If the inmate declines to have the request processed on his or her behalf, such notification will be documented. The Dale G. Haile Detention Center reports that there were no grievances alleging sexual abuse filed by inmates in the last 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline. Therefore, the auditor did not have any documentation to review.

115.52(f) The Dale G. Haile Detention Center's Detention SOP 5.07 and PREA Policy #17 requires that after receiving an emergency grievance alleging the inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance to a level of review at which immediate corrective action may be taken. An initial response within 48 hours will be provided to the inmate and a final agency decision will be provided to the inmate within 5 calendar days. The initial response and the final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The Dale G. Haile Detention Center reports that there were no grievances alleging substantial risk of imminent sexual abuse submitted in the past 12 months so the auditor had no documentation to review.

115.52(g) Detention SOP 5.07 and PREA Policy #17 states that the facility may discipline an inmate for filing a grievance alleging sexual abuse only where the facility demonstrates that the inmate filed the grievance in bad faith. There have been no grievances filed in the past 12 months alleging sexual abuse.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #17 and Detention SOP 5.07
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- 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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☒ Yes ☐ No ☐ NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, 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 ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.53(a and c) The Canyon County Sheriff's Office is a member of a SART team comprised of the Sheriff's Office, Nampa Police Dept., Caldwell Police Dept., Canyon County Prosecutor, Nampa Family Justice Center, Saint Alphonsus Medical Center in Nampa, Idaho, Saint Luke's Medical Center in Nampa, Idaho, West Valley Medical Center in Caldwell, Idaho and Advocates Against Family Violence for which an agreement between all of the agencies has been signed to provide sexual assault protection and services for victims.

There are also two agency employees, who are Victim Witness Coordinators and are often provided to the inmates as an advocate. The auditor interviewed one Victim Witness Coordinator and was told that the services provided are exactly as those on the street. In fact, they sometimes have to try harder to connect with the inmate. If an inmate alleges sexual abuse, Sgt. Cobiskey will notify the Victim Witness Coordinator and one of them will come out even during the night time. They can also be contacted through kites from inmates. If needed, they provide support services to the inmate and will refer the inmate for counseling. When the inmate is released, they will provide services upon release such as helping the inmate get clothing, shoes, etc. to be able to live on the outside. A letter was provided to the auditor that the Victim Witness Coordinator sent to an alleged victim of sexual abuse in 2016 in the Dale G. Haile Detention Center offering support when the inmate was out of jail. If the abused inmate refuses to work with law enforcement, they will refer the inmate to Hopes Door in Caldwell, Idaho which is an emergency shelter for domestic abuse or sexual assault victims. The Victim Witness Coordinators also work closely with the Advocates Against Family Violence who also a support group for the inmates.

The Dale G. Haile has an MOU with the Advocates Against Family Violence to provide support services and advocates for the inmates, when requested. The auditor conducted a phone interview with

Advocates Against Family Violence who stated that they provide services to the jail such as going to the jail to consult with inmates, going to the hospital with them when a forensic exam is needed, help them fill out paperwork, and provide support anywhere else the victim wants help. The advocate will also help through any court hearings and there is a licensed counselor available, if needed. They will work with them after release to help them find clothing, etc. If an inmate reports a sexual abuse in the jail, they will notify the Supervisor in the jail. If the inmate is hesitant about advising the jail, they will develop a safety plan with the inmate and let the inmate know the process that allows the advocate to enter the jail for support service and which would include the jail being made aware of the abuse. The information provided to inmates about the Victim Witness Coordinators and Advocates Against Family Violence clearly states the calls are free and unmonitored.

There are outside confidential support services in place but interviews with random inmates revealed that some of them did not know these services exist, did not know how to contact them, and did not know if calls were free and unmonitored. A few of these said the information is probably on the audio or in the basket but they just don't listen to the audio or read the information in the basket. The auditor reviewed the audio that is played in each housing unit twice each day and the information about the support services and how to contact them are clearly stated in the audio. There are also posters in the basket in each housing unit that provides this information. There is also a PREA Resource Form of local, state, and federal agencies that can provide support and these are in the basket in each housing unit. There is also a pamphlet called, Male Sexual Assault, This Can't Happen to Me" that tells the inmate to contact the Victim Witness Coordinator or Advocates Against Family Violence for help with counseling if sexually abused.

The Dale G. Haile Detention Center also maintains posters in each housing unit that provide consulate numbers for inmates detained on immigration purposes. The facility will ensure that reasonable communication between persons detained solely for civil immigration purposes and the Victim Witness Coordinators and Advocates Against Family Violence will be provided.

115.53(b) Detention Policy states, "The Canyon County Sheriff's Office shall inform inmates, prior to giving them access to victim advocacy internally or externally, 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. This information will be disclosed to the inmate verbally or in writing.

The Dale G. Haile Detention Center reported they had one inmate who was taken for a forensic exam and he did not request an advocate accompany him to the hospital for the exam.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Hail Detention Center PREA Policy 24
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
MOU between SART Team Members
MOU with Advocates Against Family Violence
Posters in Housing Units
Audio played in each housing unit every morning and night

Consular notification poster
Prisoner Information Sheet
PREA Resource Form
Pamphlet, "Male Sexual Assault, This Can't Happen to Me"
Interviews with random inmates
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.54(a) The Dale G. Haile Detention Center allows third parties to report a sexual abuse or sexual harassment incident on behalf of an inmate. The agency provides information on its website www.canyonco.org on how to report a sexual abuse or sexual harassment of an inmate to the Jail. The information explains that all reports of sexual abuse and sexual harassment are taken seriously and will be investigated. The phone number listed goes to the Sergeant in the Classification Division.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire completed by Sgt. Erick Cobiskey

Ada County Sheriff Website: www.canyonco.org

Interview with Lt. Travis Engle, PREA Coordinator

Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain 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 ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.61(a) The Dale G. Haile Detention Center PREA Policy #18 requires staff to immediately report any suspected or alleged sexual abuse, sexual harassment, retaliation or neglect that occurred in a facility whether or not it is part of the agency. Interviews with random staff confirmed that this information is taught to staff in the yearly PREA training.

115.61(b) PREA Policy #16 prohibits staff from revealing any information related to a sexual abuse or sexual harassment report to anyone other than designated supervisors or officials and, to the extent necessary, to make treatment, investigation, and other security and management decisions. Interviews with random staff confirmed that this information is included in the yearly PREA training.

115.61(c) PREA Policy #16 and interviews with Medical and Mental Health practitioners within the facility confirmed they are required to report sexual abuse that is disclosed to them by inmates and, at the initiation of services, must inform the inmate of their duty to report the incident and the limitations of confidentiality. Interviews with medical and mental health practitioners revealed they knew the practice and also received the information in their PREA training.

115.61(d) Canyon County Sheriff's Office PREA Policy #21 requires that if the alleged victim is under the age of 18, the allegation of sexual abuse is reported to the Idaho Department of Health and Social Services. If the alleged victim is a "vulnerable adult", the report will be made to Idaho Adult Protection Services. Interviews with random staff confirmed the majority of the staff were aware of this reporting requirement through their yearly PREA training.

115.61(e) The Dale G. Haile Detention PREA Policy #18 states that all reports of allegations of sexual abuse and sexual harassment, including third-party and anonymous reports are referred to the facility's designated investigators. An interview with Capt. Harold Patchett confirmed that this is also in practice. Most investigations begin as administrative unless they have obvious criminal elements. Administrative investigations are done by Sergeants or other assigned detention staff and, if the investigation uncovers criminal elements, detention administration will confer with Sheriff Kieran Donahue as to who the criminal investigation will be referred to.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policies #16, #18, and #21
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
PREA training curriculum
Interviews with random staff
Interview with medical practitioner
Interview with mental health practitioner
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.62(a) The Dale Haile Detention Center reports that there were no incidents in the past twelve months where the facility determined an inmate was subject to a substantial risk of imminent sexual abuse. Inmates at substantial risk of imminent sexual abuse are either removed from the housing unit and reassigned to other appropriate housing that ensures the inmate's safety or the perpetrator is reassigned to another housing unit, depending on the circumstances of the situation. Chief Deputy Marv Dashiell stated that, if necessary, the inmate could be moved to another county detention facility for the inmate's safety.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #18
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interviews with random staff
Interview with Chief Deputy Marv Dashiell
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate 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 ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.63(a) The Dale G. Haile PREA Policy #18 requires the administration to report any abuse allegation received regarding an inmate abused at another facility to the administration of the facility where the sexual abuse is alleged to have occurred.

115.63(b) Policy requires this notice to occur as soon as possible but no later than within 72 hours of receiving the allegation.

115.63(c) The notification from the Dale G. Haile Detention Center to the other agency is documented in the Jail Management System. The Dale G. Haile Detention Center reported there were no reports of this type during the twelve months prior to the audit.

115.63(d) PREA Policy #18 requires upon receiving notification from an outside facility that an inmate was sexually abused while in the custody of the Dale G. Haile Detention Center, the facility assures an investigation is done into the allegation. If a staff member was allegedly involved, the Sheriff or Chief Deputy will request an outside law enforcement agency do the investigation. The Dale G. Haile Detention Center reported there were no reports of this type during the past twelve months.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #18
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Chief Deputy Marv Dashiell
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate 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 ☐ No
- Upon learning of an allegation that an inmate 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 ☐ No
- Upon learning of an allegation that an inmate 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 ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.64(a) The Dale G. Haile Detention Center PREA Policy #18 and Detention SOP 5.13 outlines in policy and a first responder checklist, the responsibilities of all staff members receiving an allegation of sexual abuse. The checklist and policy details in depth the following guidelines for the first responder:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) If the abuse occurred within a time period that still allows for the collection of 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; and
- (4) 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.

The auditor was also given a checklist of the supervisor's responsibilities when an allegation of sexual abuse is made. The checklist defines sexual harassment, sexual abuse, and voyeurism by staff and lists steps to take for sexual abuse allegations. The Dale G. Haile Detention Center reported that in the past twelve months, there were 26 allegations that an inmate was sexually abused or sexually harassed while in the facility. At the time of the audit there were no victims of sexual abuse for the auditor to interview

An incident happened while the auditor was in the jail conducting the audit. An interview with the first responder confirmed the first responder steps were taken during the initial investigation. The first responder separated the inmates into a dry area and interviewed them. Other deputies protected the crime scene until criminal detectives took over the investigation and determined it was consensual. The incident was still being reviewed when the auditor left the audit site.

115.64(b) The Dale G. Haile Detention Center requires that when the first staff responder is not a security staff member, he or she shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff immediately. There were no incidents in which a non-security staff member was the first responder in the last 12 months.

Interviews with random staff and supervisors confirmed that staff are very knowledgeable in their duties as a first responder to a sexual abuse or sexual harassment incident, are familiar with the First Responder Checklist and the Supervisor's Checklist, and have received the training in their yearly PREA training.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #18 and Detention SOP 5.13
First Responder Checklist
Supervisor Checklist
Interviews with random staff
Interviews with medical and mental health practitioners
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.65(a) The Dale G. Haile Detention Center has created the Canyon County Detention Sexual Assault Coordinated Response Manual that coordinates the actions of first responders, medical and mental health practitioners, investigators, and facility leadership. The manual is very detailed.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Response checklists of First Responders and Shift Supervisors
Interviews with administrative and criminal investigators
Interviews with random staff
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Canyon County Sheriff's Office and Dale G. Haile Detention Center do not have any collective bargaining agreements in place and have not had any at any time. Canyon County Sheriff's Office is non-union and, therefore, has no union collective bargaining agreements. Therefore, the auditor determined that this standard is not applicable to the Canyon County Sheriff's Office and Dale G. Haile Detention Center.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Chief Deputy Marv Dashiell
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- 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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- 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 ☐ No
- 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 inmate disciplinary reports? ☒ Yes ☐ No
- 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 inmate housing changes? ☒ Yes ☐ No
- 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 inmate program changes? ☒ Yes ☐ No
- 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 ☐ No
- 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 ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- 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 ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.67(a and d) Dale G. Haile Detention Center PREA Policy #24 prohibits retaliation against inmates or staff members who report sexual abuse or sexual harassment and requires monitoring of the inmate or staff member for retaliation. Staff had retaliation power point training in 2019 that explained the retaliation monitoring and other facts of retaliation. The power point and class roster were given to the auditor. Lt. Erick Cobiskey is responsible for monitoring anyone who reports a sexual abuse or sexual harassment allegation. There is a detailed post allegation monitoring form.

115.67(b) Policy states that the Detention Center will protect inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. Monitoring will include periodic status checks on inmates. Such protections shall be afforded via housing changes to separate victims from abusers, removal of alleged staff members from contact with victims, and emotional support services for inmates or staff members who fear retaliation.

115.67(c) Dale G. Hail Detention Center PREA Policy 10.4 requires monitoring the conduct and treatment of inmates and staff who report sexual abuse or sexual harassment and of inmates who were reported to have suffered sexual abuse for signs of changes that may suggest possible retaliation and shall act promptly to remedy any such retaliation. This monitoring is to continue for 90 days or longer if the initial monitoring indicates a need for further monitoring. The auditor was provided documentation of 30-day retaliation monitoring done by Sgt. Cobiskey and approved by a Lieutenant. Two inmates in 2020 were monitored for 90 days and one for 60 days. In 2021 seven inmates were monitored for 30 days and there were no inmates in the facility who reported sexual abuse that were there for 60 days or more. No incidents of retaliation were noted on the reports.

115.67(d) Policy also requires the facility to take proper measures to protect any other individual who has cooperated with an investigation and expresses a fear of retaliation. The Dale G. Haile Detention Center reported there were no incidents of someone cooperating with an investigation that expressed a fear of retaliation.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #24
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Retaliation class power point
Class roster of 2019 Retaliation Training
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.68(a) The Dale G. Haile Detention Center Revised Classification Policy 3.09 prohibits staff from placing inmates who allege to have suffered sexual abuse in involuntary segregated housing unless the determination has been made that this housing assignment best protects the safety of the inmate. Sgt. Erick Cobiskey confirmed that when inmates are placed in involuntary segregation in order to separate

the victim from the abuser, the placement is only for the time needed to finish the investigation and find alternative housing. The facility does not house inmates in involuntary housing for being victims of sexual abuse. Interviews with random staff and inmates revealed no incidents of involuntary segregated housing being used for this purpose. There were no inmates housed in involuntary housing for alleging sexual abuse for the auditor to interview and the Dale G. Haile Detention Center reports that no inmates who alleged to have suffered sexual abuse were held in involuntary restrictive housing in the past 12 months.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center Classification Policy 3.09
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interviews with random staff
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- 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/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- 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 inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- 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 ☐ No

115.71 (g)

- 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 ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.71(a) The Dale G. Haile Detention Center PREA Policy #19 - #20 and Canyon County Sheriff's Office Policy 600 require that investigators initiate an investigation immediately upon receiving an allegation of sexual abuse or sexual harassment. Administrative investigations are done by Lt. Travis Engle or the Detention sergeants, criminal by the Canyon County Detention Division, and when staff are allegedly involved, the case is turned over to an outside law enforcement agency or the Prosecuting Attorney's investigators. This is done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports

115.71(b) There are five Canyon County criminal investigators and fourteen detention administrative investigators assigned to investigate sexual abuse and sexual harassment in the Dale G. Haile Detention Center. A review of training certificates and a training roster confirm that all nineteen investigators have had the specialized training for investigators. This training was the NIC online training, "Investigating Sexual Abuse in Confinement Settings". This training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or referral to the prosecutor for criminal charges. In addition, all criminal allegations are investigated by detectives who have had extensive training on sexual abuse investigations and use Miranda and Garrity warnings frequently in their regular jobs.

115.71(c) Interviews with criminal investigators confirmed that upon initiation of an investigation into a sexual abuse allegation, the investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interview alleged victims, suspected perpetrators, and witnesses, and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

115.71(d) Unless the allegation is an immediately recognizable criminal investigation, investigations will be initiated as an administrative investigation. All administrative investigations are done by Lt. Travis Engle or the Canyon County Jail sergeants. If there is any indication that the investigation appears to support criminal prosecution, Detention Administration will notify Sheriff Kieran Donahue who will assign the investigation to the Canyon County Detective Division or an outside law enforcement agency. The Canyon County Detectives and outside law enforcement investigators are aware of when compelled interviews are an obstacle to prosecution as they use them frequently in their regular job duties.

115.71(e) The Dale G. Haile Detention Center PREA Policy 19 requires that the credibility of the alleged victim will be assessed on a case-by-case basis and shall not be determined by the person's status as an inmate. Interviews with investigators stated that credibility is based on evidence, interviews, and the crime scene. Inmates who allege sexual abuse are not required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.

115.71(f) PREA Policy #20 requires that a thorough report be written at the conclusion of an administrative investigation that includes a description of what evidence was collected or reviewed, the reasons behind any credibility assessments, and any facts and findings the investigator discovered in the investigation. Investigators will also consider whether staff actions or failures to act contributed to the incident of abuse. The Dale G. Haile Detention Center reports there were twenty-six administrative investigations. Nine were of sexual abuse with none substantiated, five unfounded, and four unsubstantiated. Seventeen were of sexual harassment with five substantiated, twelve unfounded, and none unsubstantiated.

115.71(g and h) The Dale G. Haile Detention Center PREA Policy #20 and interviews with criminal investigators confirm that comprehensive reports are written at the conclusion of criminal investigations and the reports fully describe any physical, testimonial, and documentary evidence gathered, considered, or relied on. When it is practical, copies of documentary evidence are attached to the report. Substantiated criminal investigations are referred for prosecution, when warranted. During the past twelve months, there has been one unsubstantiated criminal abuse investigation in the facility.

115.71(i) The Dale G. Haile Detention Center PREA Policy #19 requires all written reports referenced in 115.71(f and g) are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus seven years. The standard calls for five years so the auditor finds that the Dale G. Haile Detention Center exceeds this part of the standard.

115.71(j) PREA Policy #19 states that if an alleged abuser or victim leaves the facility or the employ of the agency, the investigation will continue and will not be terminated until it is officially closed with a determination.

115.71(l) When an outside agency is assigned to an investigation, the Canyon County Sheriff's Office and Dale G. Haile Detention Center will cooperate fully with the investigators and will stay informed as to the progress of the investigation. Interviews with Canyon County investigators explained that there is a very good working relationship among all local law enforcement agencies.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility exceeds the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #18 - #20
Canyon County Sheriff's Office Policy 600
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Objectives for the online course, "Investigating Sexual Abuse in a Confinement Setting"
Training documentation for investigators completing the specialized training
Interview with Canyon County criminal investigator
Interview with administrative investigator

Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.72(a) The Dale G. Haile Detention Center PREA Policy #20 requires the Canyon County Sheriff's Office to impose no standard higher than a preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment in administrative investigations are substantiated. Interviews with investigators confirmed that this is the standard of determination of substantiation.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #20
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.73(a) Dale G. Haile Detention Center's PREA Policy #22 requires upon completion of any administrative or criminal investigation of sexual abuse or in the facility, the facility will inform the inmate as to whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. The Dale G. Haile Detention Center reported that all inmates are notified of the outcome of the investigation if they are still in the facility but only one of ten notifications was made because of inmates who had left the facility prior to the determination.

115.73(b) When an outside law enforcement agency is brought in to conduct an investigation, the inmate will be notified of the outcome when it is known. Outside investigations do not happen often, but it is in policy that the notification is made.

115.73(c) Dale G. Haile Detention Center's PREA Policy #22 is consistent with the standard for notification when an employee has sexually abused an inmate. The Dale G. Haile Detention Center reported that no allegations of this type were reported during the twelve months prior to the audit.

115.73(d) The policy is consistent with this standard. The Dale G. Haile Detention Center hasn't had any incidents of inmate-on-inmate sexual abuse that resulted in criminal charges or criminal convictions during the past twelve months.

115.73(e) The Dale G. Haile Detention Center notifies inmates who made allegations of sexual abuse of the final determination of the sexual abuse investigations but does not document the notifications. Therefore, the auditor finds that the Dale G. Haile Detention Center does not meet this part of the standard.

115.73(f) The Dale G. Haile Detention Center's obligation to report under this standard terminates if the inmate is released from the facility before the investigation has been completed.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

CORRECTIVE ACTION REQUIRED:

1. The Dale G. Haile Detention Center should document all notifications of final investigation determinations made to inmates who report sexual abuse allegations as required by facility policy.

The Dale G. Haile Detention Center will complete the corrective action listed above and will send the policies and documentation verifying the corrective action has been completed to the auditor within 180 days of the date of this interim report.

VERIFICATION OF CORRECTIVE ACTION SINCE THE AUDIT:

On July 19, 2021, the Dale G. Haile Detention Center sent the auditor verification and copies of documentation that the corrective action noted in the PREA interim report has been corrected as follows:

1. The Dale G. Haile Detention Center sent the auditor two forms that were created to show the final determination and when the inmate was notified.
2. Also, sent to the auditor was a completed form on an inmate and the notification.

The auditor has reviewed all of the documents that were sent and the Dale G. Haile Detention Center is now fully compliant with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- 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 ☐ No

115.76 (d)

- 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 ☐ No
- 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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.76(a - c) Dale G. Haile Detention Center's PREA Policy #3 states, "Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies." Progressive discipline considers the circumstances, the staff member's disciplinary history, and sanctions imposed for comparable offenses by other staff with similar histories when imposing sanctions. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate.

The Dale G. Haile Detention Center reported that no incidents of staff-on-inmate sexual harassment were reported and determined to be unfounded.

115.76(d) 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, shall be reported to any relevant licensing bodies. All terminations and resignations are reported to Idaho P.O.S.T and, if the case involves possible criminal charges being filed on the employee an investigation is done by Idaho P.O.S.T as well.

The Dale G. Haile Detention Center reports that in the past twelve months, there has been no staff member from the facility who has been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been no staff member in the past twelve months who has been disciplined for violations of the agency sexual abuse or sexual harassment policies. There has been no staff member that has been reported to law enforcement, Idaho P.O.S.T., or any other licensing boards for violating agency policies.

Based upon the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #3
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.77(a) The Dale G. Haile Detention Center's PREA Policy #14 prohibits contractors and volunteers who have engaged in sexual abuse from having contact with inmates. Violations are reported to any relevant licensing boards and if the abuse was criminal, the Canyon County Sheriff's Office will seek prosecution.

115.77(b) In any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the agency will take appropriate remedial measures and will consider whether the volunteer or contractor will be retained, dismissed or prohibited from contact with inmates.

The auditor is relying on policy and interviews to make a determination of this standard as the Dale G. Haile Detention Center reported that there were no contractors or volunteers who were alleged to have violated the agency's sexual abuse or sexual harassment policies during the past twelve months.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy #14
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- 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 ☐ No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.78(a) Dale G. Haile Detention Center has in place a comprehensive progressive inmate disciplinary process for rule and law violations by inmates. A formal disciplinary process will be given to inmates who have been found guilty in an administrative or criminal investigation of inmate-on-inmate sexual abuse or inmate-on-inmate sexual harassment. The auditor was given a copy of the Detention Center's progressive inmate disciplinary policy to review.

115.78(b) If the inmate is found guilty in the disciplinary hearing, the sanctions imposed will consider the circumstances of the incident, the disciplinary history of the inmate, and the sanctions imposed on others for similar violations.

The Dale G. Haile Detention Center reported it had one criminal investigation in the last twelve months and the determination was that it was unsubstantiated so no inmate discipline was given. Also, the

Detention Center had 26 administrative investigations during the last twelve months and no inmate discipline was given.

115.78(c) Dale G. Haile Detention Center's PREA Policy #3 requires that the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to the behavior when determining what type of sanctions, if any, should be imposed.

115.78(d) The Dale G. Haile Detention Center does not provide therapy, counseling, or other interventions for inmate abusers.

115.78(e) The Dale G. Haile Detention Center disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The Dale G. Haile Detention Center reported that there were no instances of this type of sexual abuse during the past twelve months.

115.78(f) Inmates of the Dale G. Haile Detention Center will not be disciplined for filing a false report of sexual abuse when the inmate believed the incident actually happened and filed the report in good faith.

115.78(f) Agency policy prohibits all sexual activity between inmates but doesn't deem such activity sexual abuse unless it is determined that the activity was coerced. Dale G. Haile Detention Center reported that, during the past twelve months, there were no instances where administrative or criminal investigations were substantiated for inmate-on-inmate sexual abuse, consensual or non-consensual.

Based upon the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy #3
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Inmate Handbook
Inmate Disciplinary Policy
Investigation reports
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- 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 ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.81(c) When an inmate discloses sexual abuse either at an institutional facility or in a community setting during the risk screening, Dale G. Haile Detention Center's PREA Policy #11 requires the staff member receiving the information offer a follow-up meeting with the Mental Health or Medical Provider to the inmate. Medical staff do the screening at intake so they will ask medical questions and will arrange for the inmate to see the Medical Provider or the Mental Health Provider.

There was one inmate in the Dale G. Haile Detention Center to interview who disclosed sexual abuse at the risk screening. During the interview, the inmate confirmed meeting with the doctor/clinician the next day.

115.81(d) Information related to sexual victimization that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. After booking, the information is used for classification of the inmate and is strictly limited to informing security and management decisions, including treatment plans, housing, work, bed, education, and program assignments.

115.81(e) Interviews with the Medical and Mental Health Practitioners verified that informed consent is required of the inmate before disclosing prior sexual victimization that did not happen in an institutional setting.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy #11
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interviews with Medical and Mental Health Practitioners
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager
Interviews with random inmates

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate 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 ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate 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 ☐ No

115.82 (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 ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.82(a) Interviews with Medical and Mental Health Practitioners confirmed that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Dale G. Haile Detention Center reported there was one inmate who reported a sexual abuse in the last twelve months who needed emergency care. The inmate was taken to the hospital for a forensic exam and did not request an advocate. The investigation into the sexual abuse was determined to be unsubstantiated.

115.82(b) Medical staff are on duty in the Dale G. Haile Detention Center 24/7 but do not perform forensic exams. When necessary, all victims are transported to a local hospital, normally West Valley Medical Center in Caldwell, Idaho where SAFE or SANE exams are conducted. Inmates are offered a Victim Witness Coordinator from the County or an advocate from Advocates Against Family Violence in Caldwell, Idaho.

115.82(c) Interviews with a Medical Practitioner confirmed that inmate victims of sexual abuse are offered information about, and timely access to, emergency contraception and sexually transmitted infections prophylaxis, when appropriate. The Dale G. Haile Detention Center reported there haven't been any instances during the past twelve months where inmates have needed this information or care.

15.82(d) Interviews with Lt. Engle, Sgt. Cobiskey, the Victim Witness Coordinator, and the Medical and Mental Health Practitioners confirmed that in all circumstances of sexual abuse within the facility, treatment and advocates are provided to the victim inmate free of charge. This is also in PREA Policy #21.

Based on the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy #21
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Phone interview with Advocates Against Family Violence
Interview with Canyon County Victim Witness Coordinator
Interviews with Medical and Mental Health Practitioners
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- 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 ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.83(a - c) Dale G. Haile Detention Center's PREA Policy #11 requires medical evaluations and, as appropriate, treatment to all inmates who have been sexually abused in any correctional institution or in the community. Interviews with Medical and Mental Health practitioners and the Canyon County Victim Witness Coordinator confirmed that the care is consistent with the community level of care and they will offer referrals to the inmate for continuing care, when necessary, when the inmate leaves the facility. However, they will not make the appointment for the inmate.

115.83(d - f) Interviews with Medical Practitioners confirmed that female inmate victims of sexual abuse are offered pregnancy tests and information about timely access to all lawful pregnancy related medical services. The interviews also confirmed that inmates who have been sexually abused are offered tests for sexually transmitted infections, as medically appropriate. Medical practitioners will provide ongoing treatment to inmates, when needed. The Dale G. Haile Detention Center reported that, during the past twelve months, there have been no inmates who requested or showed a need for any of these services

115.83(g) Dale G. Haile Detention Center's Policy #21 requires incidents of sexual abuse within the facility, treatment and advocates are provided to the victim inmate free of charge.

Based upon the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy #11 and #21
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Interviews with Medical and Mental Health practitioners
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- 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 ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- 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 ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.86(a) Dale G. Haile Detention Center's PREA Policy #25 requires that a review team will review each incident of sexual abuse or sexual harassment that was investigated in the facility, unless the incident is unfounded.

115.86(b - c) The Review Team consists of an upper-level administrator and the PREA Coordinator with input from line supervisors, investigators, and medical or mental health practitioners. The review occurs within 30 days of the incident. The team has a detailed checklist that is filled out during the review.

115.86(d) The focus of the review is to determine if there are corrective actions required to prevent future incidents. The Dale G. Haile Detention Center has a very detailed checklist to do for the review. The review team will prepare a report of its finding, determinations, and suggestions for improvement and will forward the report to the Jail Administrator. There are also regular monthly meetings of the review team where they examine the incidents together to look at similarities.

115.86(e) If the recommendations for implementation of corrections is non-financial, the implementations will be done by Lt. Travis Engle and Sgt. Erick Cobiskey. If it is a financial fix, it will be sent up the Chain through the Captain up to the Chief for approval and implementation.

Based upon the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy 6B
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Documentation of Incident Reviews
Interviews with investigative staff
Interview with Capt. Harold Patchett, Jail Administrator
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- 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 ☐ No

115.87 (d)

- 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 ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- 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 ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.87(a) Dale G. Haile Detention Center's PREA Policy #28 requires that the agency collect accurate, uniform data for every allegation of sexual abuse at the facility and use a standardized instrument and set of definitions. The standardized instrument is a form that lists every item on the Survey of Sexual Violence conducted by the Department of Justice and has several years on it so that the comparison from year to year can be seen at a glance. The data is available on the agency's website.

115.87(b) Policy directs the facility to aggregate the data annually.

115.87(d) The Dale G. Haile Detention Center policy and practice requires the collection of the data in accordance with this standard.

115.87(f) The Dale G. Haile Detention Center PREA Policy #28 states, "Upon request the agency will provide all such data from the previous calendar year to the Department of Justice no later than June 30".

Based upon the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center's PREA Policy #28
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Canyon County Sheriff's Office website: www.canyonco.org
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 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 ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 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 ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 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 ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- 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 ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a - b) A review of the documentation sent to the auditor revealed that the first annual report was produced for the year 2016 and the report demonstrated compliance with this standard. A report has been written every year since and the report is very comprehensive while leaving out personally identifying information and demonstrates compliance each year. The last report was written for the year 2020.

115.88(c) An interview with Chief Deputy Marv Dashiell confirmed that the annual report is approved by Sheriff Kieran Donahue and the report has been made available to the public on the Sheriff's website: www.canyonco.org

The auditor verified that the annual reports are on the website.

Based upon the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center PREA Policy #29
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Annual PREA aggregated data report for calendar years 2016 - 2020
Canyon County Sheriff's website: www.canyonco.org
Interview with Chief Deputy Marv Dashiell
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a and d) The Dale G. Haile Detention Center Policy #28 requires that data collected according to this standard is securely retained and will maintain sexual abuse data for at least 10 years after the date of the initial collection. The data is retained on the computer in the administrator's file

115.89(b - c) Documentation confirmed that the first annual report was produced for the year 2016 and an annual report has been written every year since then with the last report in 2020. All personal identifiers were removed before posting the report on the Canyon County Sheriff's Office website. The report can be obtained on the website or through a public records request.

Based upon the information discovered in the facility's policies, documents received prior to the audit, observations made and documents reviewed during the onsite audit, as well as information obtained through staff interviews, the auditor has determined the facility meets the above standard.

POLICY, MATERIALS, INTERVIEWS AND OTHER EVIDENCE REVIEWED:

Dale G. Haile Detention Center Policy #28
Completed Pre-Audit Questionnaire submitted by Sgt. Erick Cobiskey
Annual PREA aggregated data reports for calendar years 2016 - 2020
Canyon County Sheriff's website: www.canyonco.org
Interview with Chief Deputy Marv Dashiell
Interview with Lt. Travis Engle, PREA Coordinator
Interview with Sgt. Erick Cobiskey, PREA Compliance Manager

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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 ☒ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ 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 ☐ No ☒ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor finds that the Dale G. Haile Detention Center has corrective action in three of the PREA standards. The auditor reviewed policies and procedures, supporting documentation, inmate records, staff records, PREA investigation reports, training curriculums, risk screenings, classification records, and many more documents. The auditor also relied on random staff, specialty staff, special population inmates, and random inmate confidential interviews. The auditor also interviewed Advocates Against Family Violence and a Canyon County Victim Witness Coordinator.

The auditor has written a comprehensive description of what was relied on to find the standards in compliance and the ones that need corrective action. This comprehensive description is throughout this entire report.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor finds that the Dale G. Haile Detention Center has corrective action in three of the PREA standards. The auditor reviewed policies and procedures, supporting documentation, inmate records, staff records, PREA investigation reports, training curriculums, risk screenings, classification records, and many more documents. The auditor also relied on random staff, specialty staff, special population inmates, and random inmate confidential interviews. The auditor also interviewed Advocates Against Family Violence and a Canyon County Victim Witness Coordinator.

The auditor has written a comprehensive description of what was relied on to find the standards in compliance and the ones that need corrective action. This comprehensive description is throughout this entire report.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Cynthia Malm

September 20,, 2021

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.