

# PREA Facility Audit Report: Final

**Name of Facility:** Southwest Idaho Juvenile Detention Center

**Facility Type:** Juvenile

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 06/07/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert Palmquist	<b>Date of Signature:</b> 06/07/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Palmquist, Robert
<b>Email:</b>	robobem@gmail.com
<b>Start Date of On-Site Audit:</b>	05/16/2023
<b>End Date of On-Site Audit:</b>	05/18/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Southwest Idaho Juvenile Detention Center
<b>Facility physical address:</b>	222 North 12th Avenue, Caldwell, Idaho - 83605
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Mike Richards
<b>Email Address:</b>	Mike.Richards@canyoncounty.id.gov
<b>Telephone Number:</b>	2084547270

<b>Superintendent/Director/Administrator</b>	
<b>Name:</b>	Sean Brown
<b>Email Address:</b>	sean.brown@canyoncounty.id.gov
<b>Telephone Number:</b>	2084547353

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Tiffany Bradshaw
<b>Email Address:</b>	Tiffany.Bradshaw@canyoncounty.id.gov
<b>Telephone Number:</b>	2084547245

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	90
<b>Current population of facility:</b>	21
<b>Average daily population for the past 12 months:</b>	23
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	10-17
<b>Facility security levels/resident custody levels:</b>	High
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	35
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	22

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Canyon County Board of Commissioners
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1115 Albany St, Caldwell, Idaho - 83605
<b>Mailing Address:</b>	222 N 12th Ave, Caldwell, - 83605
<b>Telephone number:</b>	2084547270

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Mike Richards
<b>Email Address:</b>	Mike.Richards@canyoncounty.id.gov
<b>Telephone Number:</b>	

<b>Agency-Wide PREA Coordinator Information</b>			
<b>Name:</b>	Mike Richards	<b>Email Address:</b>	Mike.Richards@canyoncounty.id.gov

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

43

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-05-16
2. End date of the onsite portion of the audit:	2023-05-18

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Advocates Against Family Violence (208) 459-4779 Advocate Coordinator This organization provides 24 advocacy support, accompaniment during law enforcement interviews and through the legal process, coordination with law enforcement, prosecutor's office, necessary referrals to community resources, 24-hour hospital advocacy to survivors of sexual assault/abuse, free counseling with a licensed counselor and emergency shelter.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	90
15. Average daily population for the past 12 months:	23
16. Number of inmate/resident/detainee housing units:	3

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

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

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>19</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>

<p><b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. The initial roster provided to the Auditor at 8:00 am listed 19 residents. During the Tour of the facility, one of the residents was released from custody. As a result, the Auditor interviewed 18 residents.</p>

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	41
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	22
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	3
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	18

<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input checked="" type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. The initial roster provided to the Auditor at 8:00 am listed 19 residents. During the Tour of the facility, one of the residents was released from custody. As a result, the Auditor interviewed 18 residents.</p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. The initial roster provided to the Auditor at 8:00 am listed 19 residents. During the Tour of the facility, one of the residents was released from custody. As a result, the Auditor interviewed 18 residents.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. The initial roster provided to the Auditor at 8:00 am listed 19 residents. During the Tour of the facility, one of the residents was released from custody. As a result, the Auditor interviewed 18 residents.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>2</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No resident interviewed had a physical disability.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No resident interviewed presented with a cognitive or functional disability.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No resident interviewed presented as Blind or low vision disability.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No resident interviewed presented as Deaf or hard-of-hearing disability.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No residents were Limited English Proficient.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No resident identified as lesbian, gay or bisexual.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No resident identified as transgender or intersex.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No residents interviewed reported sexual abuse in the facility.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>2</p>

<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. No resident interviewed had been placed in segregated housing/isolation for risk of sexual victimization.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The Auditor interviewed 100% of the residents in the facility on the first day of the Audit. The initial roster provided to the Auditor at 8:00 am listed 19 residents. During the Tour of the facility, one of the residents was released from custody. As a result, the Auditor interviewed 18 residents.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>13</p>

<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The Auditor selected random staff based on shift assignment; Six staff from the night shift and seven from the day shift. Five Female staff and eight male staff. The facility has two shifts, 12 hours each. Each shift has at least one supervisor. All staff members rotate through each post during the shift.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>21</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	3
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input checked="" type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	There were no barriers to selecting or interviewing specialized staff.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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

Yes

No

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

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

Yes

No

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

Yes

No

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

Yes

No

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

Yes

No

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

There are Audit Notices in all the Units, in the Visiting and Reception areas. There are notices in the staff break room and the Administrative offices. There are external/internal reporting methods posted in all the housing units. Residents can dial an unrecorded toll-free number to an external reporting organization, and there is a speed dial number for internal reporting. The Auditor tested both numbers, and both worked with no issues. Residents can dial "208-459-4779 to access Advocates Against Family Violence, and Residents can dial "9" to reach the Director's Office phone and leave a message.

Information is available identifying methods of third-party reporting. Residents are informed at intake that anyone can make a report for them. Information on the website allows individuals to make a third-party report to internal and external sources. There is PREA information available throughout the facility on posters.

Supervisors were available and observed throughout the onsite visit monitoring the units and conducting rounds. The Auditor did not observe any issues with understaffing, overcrowding, or poor line of sight.

No issues with the cross-gender announcement or placement of cameras/electronic monitoring. The Auditor observed all the camera views from the Control Center.

The Auditor observed female and male staff announcing their presence when entering housing units.

All records are maintained in secure areas.

The Mental Health and Medical Records are secured in file cabinets behind locked doors.

Electronic information is stored on hard drives that are password protected. Access to computers is password protected.

Mail is received in the front reception area and sorted between Probation and Detention.

Mail for residents in Detention is sent to the Control Center, where officers search the letters before delivery to the residents. Legal mail is delivered to the resident, and staff

observes the resident open the mail to ensure no contraband is present in the envelope.

Outgoing mail is given to the Detention Officer and placed in an outgoing mailbox in the Administration area.

The Auditor observed a mock intake process and interviewed Intake staff. The Auditor also monitored an intake. No issues were identified. PREA information would be provided promptly and explained to the resident. Risk screening information was gathered, medical screening was conducted, and the Supervisor was contacted to determine housing placement.

The Auditor tested the internal reporting method, no issues. The Auditor called the internal reporting number. The Auditor was connected to a recording device, allowing a voice mail. This voicemailbox is checked twice during the shift. Residents can dial an unrecorded toll-free number to an external reporting organization, and there is a speed dial number for internal reporting. The Auditor tested both numbers, and both worked with no issues.

Advocates Against Family Violence provides 24 advocacy, support through medical exams, accompaniment during law enforcement interviews and the legal process, coordination with law enforcement, prosecutor's office, necessary referrals to community resources, 24-hour hospital advocacy to survivors of sexual assault/abuse, free counseling with a licensed counselor, and emergency shelter.

In addition to Emotional Support Services, Advocates Against Family Violence staff provide classes to residents at the facility every other week. This Teen Outreach Program for high school and middle school youth is based on No Means No, a statewide curriculum that covers topics like Healthy Relationships, Gender Norms and Media, Dating Violence and Technology Safety in Dating Relationships. Residents are provided contact information by staff at Advocates Against Family Violence and by staff at the

facility.  
 Comprehensive PREA Education is conducted every weekly, including a video presentation and class discussion. All residents participate in this education class and acknowledge their participation via signature. All residents receive this educational opportunity within ten days of their arrival at the facility.

**Documentation Sampling**

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

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

- Yes
- No

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

The following is a sample of the documents requested during the onsite portion of the Audit. List of staff in the facility for selecting staff for interviews. List of residents by housing unit to select residents for interviews. Files of persons hired or promoted in the last 12 months to determine whether proper criminal record background checks and questions regarding past conduct were asked and answered. Documentation of background records checks of current employees at five-year intervals. Documentation of sexual abuse and harassment reports and investigations. Records for residents admitted to the facility within the past 12 months for evidence of appropriate screening within 72 hours. Records of initial assessment and reassessment for sexual victimization or abusiveness risk. Records of residents reassessed for risk of sexual victimization or abusiveness. Documentation of any monitoring efforts for residents or staff.

# SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

## Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	3	0	3	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	4	0	4	0

**Sexual Abuse and Sexual Harassment Investigation Outcomes**

**Sexual Abuse Investigation Outcomes**

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	1	1	1	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	1	1	1	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	1

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	3	0	0
<b>Staff-on-inmate sexual harassment</b>	0	1	0	0
<b>Total</b>	0	4	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

1

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

**Staff-on-inmate sexual harassment investigation files**

**111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

1

**112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

Yes

No

NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The Auditor requested and was provided access to seven PREA investigations conducted by the Investigator. Two investigations were initially considered potential violations of the Prison Rape Elimination Act and ultimately determined to be unrelated to the Prison Rape Elimination Act. One case involved an accidental phone call to the PREA hotline (the resident was new to the facility and dialed nine on the phone to access an outside line). The second case involved two residents touching each other in a jousting manner. The residents were held accountable for inappropriate behavior, but the case did not involve a violation of the Prison Rape Elimination Act.</p> <p>Three of the remaining five cases involved Resident-on-Resident sexual harassment and were unfounded. One case involved Staff-on-Resident, and that case was unfounded. The final case involved Resident-on-Resident sexual abuse and was substantiated. This case was referred to the Caldwell Police Department and was investigated and prosecuted. The perpetrator was charged with simple assault (not sexual assault) and convicted.</p>
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**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

<p><b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.311</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 Prison Rape Elimination Act</li> <li>2. Organizational Chart</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility Director</li> </ol> <p>Southwest Idaho, Juvenile Detention Center, has a zero-tolerance policy and training program that meets the requirements for this standard. Policy 7.05 Prison Rape Elimination Act provides the Agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited</p>

	<p>behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both Staff and residents), reporting procedures (both Staff and residents), intervention procedures and investigative guidelines.</p> <p>The Agency has a PREA Coordinator. The PREA Coordinator indicated he had sufficient time to manage and oversee the implementation of PREA standards. The Agency has only one facility; the Auditor notes that several Supervisors assist in the PREA implementation and provide input to the Coordinator to ensure compliance.</p> <p>The Auditor reviewed Policy 7.05 Prison Rape Elimination Act and the Southwest Idaho Juvenile Detention Center Organization Chart. In addition, interviews were conducted with the PREA Coordinator, Facility Director, and Agency Head. The Agency Head supported the efforts of the PREA Coordinator, and the PREA Coordinator indicated he had sufficient time to coordinate the facility's PREA compliance efforts. Southwest Idaho, Juvenile Detention Center, has a zero-tolerance policy and training program that meets the requirements for this standard. The policy provides the Agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and prevent sexual abuse. The Agency has a PREA Coordinator and only one facility.</p> <p>Policy 7.05 Prison Rape Elimination Act addresses 115.311 (a)</p> <p>Southwest Idaho, Juvenile Detention Center, has a PREA Coordinator; the coordinator's position is upper-level management and is notated in the organization chart. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards. 115.311 (b)</p> <p>Southwest Idaho, Juvenile Detention Center, does not have a PREA Compliance Manager as the Agency operates only one facility. 115.311 (c)</p> <p>Southwest Idaho, Juvenile Detention Center, complies with 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator.</p>
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<b>115.312</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	If the Southwest Idaho Juvenile Detention Center is, at any time, in a position where it is necessary to contract for the confinement of its residents with other entities,

	<p>including other government agencies, those entities shall be obligated to adopt and comply with the PREA standards. Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>The Southwest Idaho Juvenile Detention Center does not currently contract for the confinement of its residents with other entities. This standard is not applicable.</p>
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<b>115.313</b>	<b>Supervision and monitoring</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 2.13 Security Checks</li> <li>3. Policy 1.08 Staff Duties</li> <li>4. PREA Staffing Plan 2023</li> <li>5. Supervisor Meeting Notes January 2022</li> <li>6. Supervisor Meeting Notes January 2021</li> <li>7. Supervisor Meeting Notes January 2020</li> <li>8. Unannounced Rounds Log January 2023</li> <li>9. SWIJDF Site Review Checklist</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility Director</li> <li>3. Staff who conduct Unannounced Rounds</li> </ol> <p>The Auditor reviewed Policies 7.05 PREA, 2.13 Security Checks, 1.08 Staff Duties, the PREA Staffing Plan 2023, and Supervisors Meeting notes 2020 - 2022. Southwest Idaho, Juvenile Detention Center, implements a staffing plan that provides adequate staffing levels. In addition to staff members, there is video monitoring available to protect residents from sexual abuse. Additionally, interviews were conducted with the PREA Coordinator, Facility Director and Staff who conduct Unannounced Rounds.</p> <p>The Agency Head, Facility Director and PREA Coordinator review the staffing plan annually. The staffing plan is consistently complied with.</p>

The Auditor reviewed the staffing plan. The Staffing plan review includes a review of any judicial findings (no) or inadequacies from federal investigative or internal/ external oversight agencies (no). The plan reviews the facility's architectural weaknesses. The review includes a review of the population statistics for the previous year and the population for the day on which the review took place. The plan reviews the unannounced log to determine if appropriate documentation is completed for the unannounced rounds.

The Auditor reviewed the log containing information documenting unannounced rounds. The log contained daily entries from the day and night shifts. All shifts indicated a supervisor had conducted rounds to detect and deter sexual abuse or sexual harassment incidents. The Auditor interviewed two shift supervisors who indicated they had personally conducted unannounced rounds; the rounds were conducted randomly, and the Staff was generally unaware they were conducting rounds to detect and deter sexual abuse/harassment. Southwest Idaho, Juvenile Detention Center, maintains a practice of having intermediate-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The procedures for conducting these unannounced rounds are well-established in the facility. The Staffing plan review considers the overall policies and practices and if there is an adequate number of Supervisory personnel.

The Southwest Idaho Juvenile Detention Center operating procedures require supervisors to maintain a minimum staff-to-resident ratio of 1 staff to 8 residents during hours the residents are awake (7:00 am - 10:00 pm) and 1 staff to 16 residents during the hours the residents are asleep (10:00 pm - 7:00 am). There must be a supervisor in the facility at all times, all designated fixed posts must be staffed, and mandatory overtime will be utilized if necessary.

The Southwest Idaho Juvenile Detention Center staff plan, specifies that at all times, a staff member of the same sex as the residents shall be on duty. This staff member shall be directly responsible for supervision that involves physical contact (pat searches) or activities commonly afforded reasonable protection against opposite-sex observation or supervision (use of toilet/shower facilities). Personal observation of residents may be by opposite-sex Staff as long as opposite-sex privacy concerns are given appropriate protection. There is continual sight and sound surveillance of all residents. Personal staff observations of residents are conducted at least every 12 minutes. Staff members are directed to be alert to resident depression, family rejection, loneliness, and resistance to Staff or programs, and when such symptoms are discovered, appropriate intervention is required, including referrals to Mental Health or Medical Staff. These referrals are documented.

The Auditor observed appropriate staffing levels throughout the facility; video monitoring is available to protect residents from sexual abuse. The staffing plan is reviewed annually by both the PREA Coordinator and the Facility Director. The staffing plan is consistently complied with. The staff plan review considers physical plant inadequacies, video monitoring systems, the population levels and the behavior of residents, supervisor availability, and any incidents of sexual abuse or

	<p>sexual harassment that may have occurred during the year. Interviews with the Facility Director and the PREA Coordinator indicate that both individuals review the staffing plan.</p> <p>The PREA Staffing Plan 2023, Supervisor Meeting Notes January 2022, Supervisor Meeting Notes January 2021, and Supervisor Meeting Notes January 2020 addresses 115.313(a) (b) (c) and (d).</p> <p>Unannounced Round Logs addresses 115.313 (e).</p> <p>The Southwest Idaho Juvenile Detention Center substantially complies with 115.313 Supervision and Monitoring.</p>
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<b>115.315</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 1.07 INCIDENT REPORTS</li> <li>3. Policy 2.13 Security Checks</li> <li>4. Policy 2.19 Personal Search</li> <li>5. PREA Training 2022 PowerPoint</li> <li>6. PREA Training Roster May 5, 2022</li> <li>7. PREA Training Roster May 10, 2022</li> <li>8. PREA Training Acknowledgements 2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff</li> <li>2. Random residents</li> </ol> <p>Southwest Idaho, Juvenile Detention Center, does not conduct cross-gender strip searches. In the past three years, there has been no circumstance where a cross-gender search has occurred. No residents are restricted from participation in any programs. Same-sex individuals conduct all pat searches. Specifically, Policy 2-19, Personal Search, provides guidance on this subject. The search of juveniles by detention personnel, as noted in the policy, requires expertise and a humane attitude on the part of the Staff. A juvenile should be informed, quietly and simply, of what will occur. The juvenile should not be touched more than necessary to conduct a comprehensive search. All Staff interviewed indicated they were aware of the search policy and had not deviated from it. The staff members interviewed were sensitive to the residents' potential vulnerability during the search process.</p>

All residents interviewed indicated they are pat searched by same-sex Staff.

The facility policy prohibits Staff from searching or physically examining a transgender or intersex resident to determine the resident's genital status. During the interviews, Staff indicated they had been provided training on conducting a pat search on transgender or intersex residents. Staff members were aware of the need to discuss the search procedure and ask the resident if they preferred a male or a female staff member to conduct the pat search.

The Southwest Idaho Juvenile Detention Center has taken extensive care to ensure all residents shower, perform bodily functions and change clothing outside the Staff's view.

The Auditor observed staff members announce their presence when entering a housing unit.

Southwest Idaho, Juvenile Detention Center, maintains procedures and practices that allow residents to shower, perform bodily functions, and change clothes without being viewed by a staff of the opposite gender. Opposite-gender staff announces their presence when entering a resident housing unit. During the tour, the Auditor questioned line staff about their unit announcements. All Staff questioned during the tour indicated they made announcements every time they entered a unit.

The Auditor reviewed training curricula and formally and informally interviewed Staff and Residents on the issues of strip searches, pat searches and searches of transgender and intersex residents and opposite-gender unit announcements. All staff members (100%) have participated in training on searches of transgender and intersex residents professionally and respectfully. All residents interviewed indicated they are pat searched by same-sex Staff. Interviews with residents indicate no issues concerning privacy. Residents indicated Staff members are professional and respectful of residents' privacy. All Staff interviewed indicated they are aware of the search policy and have not deviated from it. The Auditor is satisfied there is substantial compliance with this standard.

Policies 2.13 Security Checks and 2.19 Personal Search address 115.315 (a), (b) and (c).

Policy 7.05 PREA addresses 115.615(d).

Policy 7.05 PREA and interviews with random Staff and residents address 115.615(e).

PREA Training 2022 PowerPoint, PREA Training Roster May 5, 2022, PREA Training Roster May 10, 2022, and PREA Training Acknowledgements address 115.315(f)

The Southwest Idaho Juvenile Detention Center substantially complies with 115.315: Limits to cross-gender viewing and searches.

115.316	<p data-bbox="277 107 1455 197"><b>Residents with disabilities and residents who are limited English proficient</b></p> <p data-bbox="277 232 983 266"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="277 311 564 344"><b>Auditor Discussion</b></p> <p data-bbox="277 387 453 421">Documents:</p> <ol data-bbox="341 490 970 689" style="list-style-type: none"> <li>1. Policy 9.09 Orientation Material</li> <li>2. Policy 7.05 PREA</li> <li>3. SWIJDC PREA Intake Orientation REVISED</li> <li>4. Vulnerability assessments</li> <li>5. SWIJDC Site Review Checklist</li> </ol> <p data-bbox="277 730 437 763">Interviews:</p> <ol data-bbox="341 833 580 949" style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Intake staff</li> <li>3. Random Staff</li> </ol> <p data-bbox="277 990 1481 1608">Southwest Idaho, Juvenile Detention Center, has procedures to provide disabled residents with the opportunity to participate in efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, The Southwest Idaho Juvenile Detention Center has agreements with interpreters to assist in effectively communicating with residents with disabilities. The Canyon County District Court provides these interpreters; Canyon County contracts with Language Line Solutions and provides access to its agencies through a single contract. In order to provide equal access to important information for residents who, because of a non-English-speaking cultural background or physical impairment, are unable to understand or communicate adequately in English, an interpreter may be necessary. Interpreters provide services during arraignments, hearings, trials, interviews with counsel, and other proceedings. Residents with intellectual disabilities are given extra attention during intake to ensure they understand the information. If necessary, a Mental Health staff member aids in this process.</p> <p data-bbox="277 1648 1481 1933">Southwest Idaho Juvenile Detention Center staff members have not experienced any incarcerated blind or deaf residents. However, the intake staff members are prepared to provide information in a format that will allow residents with limited reading skills, hearing disabilities, intellectual disabilities or low vision to know and understand all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Staff members will read information to residents with limited reading skills.</p> <p data-bbox="277 1973 1461 2089">The Auditor conducted intake staff interviews with two Staff members; in each interview, Staff indicated they provided the information to residents and took the time to ensure the residents understood the material. The Staff indicated they had</p>
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never completed an intake on a deaf or blind resident. However, they were prepared to provide information concerning the entire intake process to residents who were either blind or deaf. The Facility Director indicated during his interview that procedures are in place to ensure residents with disabilities and those who are limited in the English language have an equal opportunity to participate in the Agency's effort to prevent sexual abuse and harassment. As determined through staff interviews, the Southwest Idaho Juvenile Detention Center staff do not rely on resident interpreters, resident readers or other types of resident assistants.

The Auditor reviewed samples of PREA Posters in both English and Spanish. The PREA information provided to residents is also available in Spanish. Finally, interviews with facility staff indicate a variety of methods are available to ensure residents understand the material as it is presented to them.

The Auditor observed PREA signs that could be read and understood from the seated position. Residents who used wheelchairs or walkers easily accessed the phones used for reporting.

Southwest Idaho, Juvenile Detention Center, provides printed materials written in large font and plain language. The Orientation pamphlet is available in Spanish and English.

Southwest Idaho, Juvenile Detention Center, takes extra measures (one-on-one) when providing PREA-related material to residents with disabilities. Intake staff members were able to describe the steps the facility takes to ensure that residents with disabilities, Deaf residents, and residents who are limited English proficient understand agency sexual abuse and sexual harassment policies and know how to report and get help if they have been victimized.

Southwest Idaho Juvenile Detention Center has procedures established that will provide disabled residents with the opportunity to participate in efforts to prevent and respond to sexual abuse and harassment. The PREA Coordinator indicated that procedures are in place to ensure residents with disabilities and those limited in the English language have an equal opportunity to participate in the Agency's effort to prevent sexual abuse and harassment.

Policy 9.09 Orientation Material, pages 1-2, Language Line Solutions and interviews with Intake Staff, addresses 115.316 (a) (b).

Interviews with the Agency Head, Intake, and random staff address 115.316 (c).

The Southwest Idaho Juvenile Detention Center substantially complies with 115.316: Residents with disabilities and residents who are limited English proficient.

<b>115.317</b>	<b>Hiring and promotion decisions</b>
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	<b>Auditor Overall Determination:</b> Meets Standard
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## Auditor Discussion

### Documents:

1. Policy 7.05 PREA
2. Policy 1.16 Hiring
3. Juvenile Detention Officer Canyon County Application
4. Seven Employee Record Checks

### Interviews:

1. Administrative (Human Resources)

Southwest Idaho Juvenile Detention Center policy prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring. Criminal background checks are required. The entire process for hiring or promoting Staff is coordinated through the Southwest Idaho Juvenile Detention Center Facility Director.

After the initial application, an initial interview, criminal background record checks, and child abuse registry checks are completed. Southwest Idaho, Juvenile Detention Center, does not hire, promote, or enlist the services of anyone 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 above.

Background checks are conducted on all new employees. These checks include Sex Offender Registry, Child abuse registry, Check of work references, making 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, Criminal History check, Fingerprint check and an Idaho Repository Check (Idaho Court records search). New applicants also complete a PREA Employment Screen, which requires applicants to answer questions concerning previous involvement in sexual abuse or harassment in a prison, jail, lockup, community confinement facility or juvenile facility. There is an affirmative duty to disclose any such misconduct. Making false statements, false documentation or omissions on any part of the application process is grounds for termination.

	<p>Finally, all employees will complete criminal history checks every five years.</p> <p>Southwest Idaho, Juvenile Detention Center, considers any incidents of sexual harassment in determining whether to hire or promote anyone or enlist the services of any contractor who may have contact with residents.</p> <p>Thirteen new employees were hired within the past 12 months, and all criminal background and child registry checks were completed appropriately. Southwest Idaho, Juvenile Detention Center, utilizes Idaho's Bureau of Criminal Identification for records checks. The Bureau of Criminal Identification is Idaho's central repository of criminal records, fingerprints, and crime statistics. BCI serves as the control terminal agency for the National Crime Information Center (NCIC).</p> <p>Background checks are completed every five years for current employees. The Auditor reviewed seven employee files; initial criminal background checks and five-year criminal background checks were completed. Employees who fail to disclose information concerning misconduct can be terminated from employment. The Administrative Officer confirmed that background checks are completed every five years and that appropriate sanctions are available for staff members who fail to report misconduct. The Administrative Officer further indicated that when a former employee applies for work at another institution, upon request from that institution, the facility provides information on substantiated allegations of sexual abuse or sexual harassment to the requesting Agency. The Auditor notes that employee criminal background checks are required every five years.</p> <p>The Auditor reviewed policies and personnel files. As indicated by the Administrative Officer, any deception, misinformation or misinformation by the omission of information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment with the Department.</p> <p>Policy 1.16 Hiring, pages 1-6, the Administrative staff interview and the Juvenile Detention Officer Canyon County Application addresses 115.317 (a) (b) (c) (d) (e) and (g).</p> <p>Administrative Staff interview addresses 115.317 (f)</p> <p>Administrative Staff interview addresses 115.317 (h).</p> <p>The Southwest Idaho Juvenile Detention Center substantially complies with standard 115.317: Hiring and promotion decisions.</p>
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<b>115.318</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Facility Director</li> <li>3. PREA Coordinator</li> </ol> <p>The Southwest Idaho, Juvenile Detention Center, has not acquired a new facility or substantially expanded or modified the existing facility since August 20, 2012. The Southwest Idaho, Juvenile Detention Center, has made minor changes to the video system; specifically, they have repaired cameras and added cameras over the past several years. The PREA Coordinator indicated these changes were made to improve the Southwest Idaho Juvenile Detention Center's ability to protect residents from sexual abuse. Currently, there are 128 cameras; all have recording capability. Recordings are saved on a hard drive. Individual incidents can be saved in a designated file on the network for documentation purposes. The video management software is called Blue Iris. Transfer of video footage to other agencies may only occur if mandated by court order or by approval of the Director.</p> <p>Interviews with the PREA Coordinator, Agency Head, and Facility Director address 115.318 (a) and (b).</p> <p>The Southwest Idaho, Juvenile Detention Center, complies with standard 115.318: Upgrades to facilities and technologies.</p>
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<b>115.321</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6-18 Abuse Reporting</li> <li>3. Policy 6-18a Abuse Investigations</li> <li>4. Idaho Sexual Assault Response Guidelines</li> <li>5. MOU Advocates Against Family Violence</li> <li>6. St. Luke's Cares (Website information)</li> <li>7. Juvenile Staff Training Trauma Advocates Against Family Violence</li> </ol>

Interviews:

1. PREA Coordinator
2. Medical Services
3. Investigator
4. Advocate Against Family Violence Advocate

The Southwest Idaho Juvenile Detention Center investigator, only conducts administrative investigations involving sexual harassment. The Caldwell Police Department conducts criminal investigations. The Caldwell Police Department is responsible for investigating all allegations of criminal sexual abuse at the Southwest Idaho Juvenile Detention Center. The Caldwell Police Department follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions and administrative proceedings, which occur after the criminal process is completed. The protocol is developmentally appropriate for youth and minimizes the trauma to the child victim. (Idaho Sexual Assault Response Guidelines and St. Luke's Cares Website information)

The Southwest Idaho, Juvenile Detention Center, offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility, without financial cost; as noted in the Idaho Sexual Assault Response Guidelines page 31, "Sexual assault examinations will be provided to victims at no cost". Examinations are performed by Sexual Assault Nurse Examiners (SANEs) at St. Luke's.

The Auditor reviewed the St. Luke's Children at Risk Evaluation Services information concerning Sexual Assault crisis intervention. Specifically, St. Luke's provides the following: Patients in whom sexual assault is suspected or reported are to be processed quickly and with special attention to physical needs, privacy, and emotional support. Proper collection and storage of evidence and documentation are of the utmost importance. Victims of sexual assault are provided access to a Sexual Assault Advocate from the Advocates Against Family Violence. Advocates are present during the sexual assault examination. Additionally, an advocate will assist with transportation and interpretation of medical-legal needs and follow up as needed.

The Auditor confirmed that the Medical and Mental Health Staff are aware of the procedures for coordinating emergency medical care for victims of sexual assault. Medical Staff follows specific procedures, including evidence protection prior to sending a victim to the Emergency room. Mental Health staff coordinate with Advocates Against Family Violence for advocate services.

The Investigator indicated he would coordinate criminal investigations of alleged incidents of sexual misconduct in cooperation with the Caldwell Police Department. The Investigator would coordinate staff interviews and give the Caldwell Police Department unlimited access to the facility as needed to conduct a criminal investigation.

No incidents at The Southwest Idaho Juvenile Detention Center have required a

	<p>forensic medical exam in the past 12 months. The Auditor reviewed the Memorandum of Understanding between the Southwest Idaho Juvenile Detention Center and the Advocates Against Family Violence. In addition, the Auditor interviewed a Sexual Assault Advocate from Advocates Against Family Violence.</p> <p>Both the Agency and the Advocate indicated a victim of a sexual assault would be provided an advocate and services for intervention and related assistance. The Advocate stated she would support the victim through the forensic examination and investigatory interviews. The PREA Coordinator established an appropriate Memorandum of Understanding that meets the requirements to provide services to sexual abuse or harassment victims.</p> <p>Policy 7.05 PREA, pages 12-14, Policy 6-18 Abuse Reporting pages 1-6, Policy 6-18a Abuse Investigations, page 1, Idaho Sexual Assault Response Guidelines, St. Luke's Cares (Website information) and interviews with the Investigator, PREA Coordinator and Medical Staff address 115.321 (a) and (b).</p> <p>Policy 7.05 PREA, page 16, B. 4 and Idaho Sexual Assault Response Guidelines, page 41, address 115.321 (c).</p> <p>Advocates Against Family Violence MOU and the interview with the PREA Coordinator address 115.321 (d) and (e).</p> <p>Policy 7.05 PREA, pages 12-14, and Idaho Sexual Assault Response Guidelines address 115.321 (f)</p> <p>Advocates Against Family Violence MOU, the interview with the Advocate Against Family Violence Advocate and the Juvenile Staff Training Trauma provided by the Advocates Against Family Violence addresses 115.321 (h)</p> <p>The Southwest Idaho, Juvenile Detention Center, complies with standard 115.321: Evidence protocol and forensic medical examinations.</p>
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<b>115.322</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6018a Abuse Investigations</li> <li>3. Investigation and Response Records Worksheets SWIJDC</li> </ol> <p>Interviews:</p>

1. Investigator/PREA Coordinator
2. Agency Head

The Southwest Idaho Juvenile Detention Center supervisors ensure an administrative or criminal investigation is completed for all sexual abuse and sexual harassment allegations. The Investigator coordinates administrative and criminal investigations of alleged incidents of sexual misconduct in cooperation with local law enforcement as needed. The Southwest Idaho Juvenile Detention Center Policy 6.18 Abuse Investigations ensures that allegations of sexual abuse or sexual harassment are referred for investigation to the Investigator (Administrative) or the Caldwell Police Department (Criminal). The Caldwell Police Department has the legal authority to conduct criminal investigations.

The Southwest Idaho Juvenile Detention Center documents all referrals. The Auditor interviewed the Investigator. During the interview, the Investigator indicated he would coordinate the release of any documentation, coordinate staff interviews and give the Caldwell Police Department unlimited access to the facility as needed for conducting a criminal investigation.

The Southwest Idaho Juvenile Detention Center investigator conducts internal investigations of employee misconduct. The Investigator participated in the NIC Training Class "Investigating Sexual Abuse in a Confinement Setting". Interviews with the Agency Head and the PREA Coordinator/Investigator confirm that referrals and investigations would be completed for sexual assault or sexual harassment incidents.

The Southwest Idaho Juvenile Detention Center ensures both administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. The Southwest Idaho Juvenile Detention Center has procedures requiring investigations by the Caldwell Police Department. The Southwest Idaho Juvenile Detention Center staff have been trained to conduct administrative investigations involving sexual abuse or harassment. If an administrative investigation potentially involves criminal behavior, the investigation is referred to the Caldwell Police Department. The agency documents all referrals. The Southwest Idaho Juvenile Detention Center website provides information concerning PREA, and the PREA Policy is posted on the Web site (<https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/>)

Policy 7.05 PREA, Policy 6.18a Abuse Investigations, Investigation and Response Records Worksheets SWIJDC, the facility website and interviews with the Investigator and the Agency Head address 115.322 (a) (b) and (c).

The Southwest Idaho Juvenile Detention Center complies with standard 115.322: Policies to ensure referrals of allegations for investigations.

<b>115.331</b>	<b>Employee training</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="341 445 1198 725" style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 1.05 Training</li> <li>3. HRC Glossary of Terms</li> <li>4. LGBTQI Symbols</li> <li>5. PREA Training Acknowledgement Signed Forms</li> <li>6. PowerPoint Presentation: The Prison Rape Elimination Act</li> <li>7. Employee Records Worksheets</li> </ol> <p data-bbox="280 770 437 804">Interviews:</p> <ol data-bbox="341 871 580 904" style="list-style-type: none"> <li>1. Random Staff</li> </ol> <p data-bbox="280 949 1474 1565">The Southwest Idaho Juvenile Detention Center trains all employees who may have contact with residents on the zero-tolerance policy for sexual abuse and sexual harassment; how to fulfill their responsibilities pursuant to the PREA Standards; residents' right to be free from sexual abuse and sexual harassment; the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment; the common reactions of victims of sexual abuse and sexual harassment; how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents; and laws related to mandatory reporting of sexual abuse and the age of consent. The training covers both male and female residents. The Southwest Idaho Juvenile Detention Center provides employees with refresher training every year.</p> <p data-bbox="280 1610 1394 1845">Employees are well versed in the Southwest Idaho Juvenile Detention Center's current sexual abuse and sexual harassment policies and standard operating procedures. The Southwest Idaho Juvenile Detention Center documents that employees understand their training. The Auditor reviewed employee training records, and the PREA Coordinator supplied copies of training records for the employees.</p> <p data-bbox="280 1890 1394 2002">The Auditor reviewed seven (7) Employee Training records; each file had documentation on the hire date, PREA Training Dates and Acknowledgement documents. The training records show that PREA Training is supplied annually.</p> <p data-bbox="280 2047 1442 2080">Thirteen random staff interviews were conducted. The staff members interviewed</p>

	<p>by the Auditor indicated a clear understanding of the Prison Rape Elimination Act. The random Staff interviewed could recall information from the training, such as the zero tolerance for sexual assault and sexual harassment, professional and gender-specific pat search procedures, how to respond to sexual assaults and the first responder's duties. Staff members recalled how to avoid inappropriate relationships with residents, the dynamics of sexual abuse in prison, and how to detect signs of sexual abuse. All employees have been trained, and the Auditor confirmed the training records of the employees. All Staff interviewed confirmed their participation in PREA training and knowledge of the training curriculum.</p> <p>Policy 7.05 PREA pages 6-7, Policy 1.05 Training page 4, PREA Training Acknowledgement Signed Forms, Random staff interviews, Employee Record Worksheets, and the PowerPoint Presentation: The Prison Rape Elimination Act addresses 115.331 (a).</p> <p>The PowerPoint Presentation: The Prison Rape Elimination Act, Employee Record Worksheets and PREA Training Acknowledgement Signed Forms address 115.331 (b).</p> <p>Policy 7.05 PREA pages 6-7, Policy 1.05 Training page 4, Employee Record Worksheets and PREA Training Acknowledgement Signed Forms address 115.331 (c).</p> <p>PREA Training Acknowledgement Signed Forms address 115.331 (d).</p> <p>The Southwest Idaho Juvenile Detention Center complies with standard 115.331: Employee training.</p>
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<b>115.332</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. 2022 Acknowledgement for Contractors, Vendors and Volunteers Signed Forms</li> <li>3. PowerPoint Presentation: Training Overview of the 2003 PREA for Contractors &amp; Volunteers</li> <li>4. Volunteer Records Worksheets</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Contractors (Teachers and RN)</li> </ol>

	<p>Volunteers and contractors are informed of the resident's right to be free from sexual abuse and to be free from retaliation for reporting sexual abuse and harassment incidents. The Southwest Idaho Juvenile Detention Center maintains documentation confirming that contractors and volunteers understand their training.</p> <p>The Auditor interviewed three Contractors (two Teachers and one Registered Nurse). The Contractors stated they had received training. The training included sexual abuse and sexual harassment prevention, detection, and response. The Contractors stated they participated in a Contractor orientation class. The Contractors further indicated they understood the zero-tolerance policy.</p> <p>Contractors and Volunteers are informed of the resident's right to be free from sexual abuse and to be free from retaliation for reporting sexual abuse and harassment incidents. The Southwest Idaho Juvenile Detention Center maintains documentation confirming that volunteers and contractors understand their training. The Auditor reviewed the training records of three volunteers.</p> <p>Policy 7.05 PREA, pages 6-8, 2022 Acknowledgement for Contractors, Vendors and Volunteers Signed Forms, Volunteer Records Worksheets and interviews with Contractors (Teachers and RN) addresses 115.332 (a).</p> <p>Policy 7.05 PREA, pages 6-8, Acknowledgement for Contractors, Vendors and Volunteers Signed Forms, Volunteer Records Worksheets, interviews with Contractors (Teachers and RN) and PowerPoint Presentation: Training Overview of the 2003 PREA for Contractors &amp; Volunteers address 115.332 (b).</p> <p>Acknowledgment for Contractors, Vendors and Volunteers Signed Forms and Volunteer Records Worksheets addresses 115.332 (c).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.332: Volunteer and Contractor training.</p>
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<b>115.333</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 9.09 Orientation Material</li> <li>3. PREA Brochure</li> <li>4. Intake Orientation and Sexual Assault Awareness Signed documents</li> <li>5. PREA 10-day Education Rosters 2022</li> <li>6. Resident file record review documenting admission dates, orientation dates,</li> </ol>

- and comprehensive education dates
- 7. Site Review Checklist
- 8. Rompe El Silencio
- 9. Linea Directa de Crisis

Interviews

- 1. Random Residents
- 2. Intake Staff

Residents receive information on zero tolerance, how to report sexual abuse and harassment incidents, their right to be free from sexual abuse and harassment, and to be free from retaliation for reporting incidents. Residents are informed about how the Southwest Idaho Juvenile Detention Center will respond to such incidents.

Intake Staff interviews verify that residents receive the appropriate information.

Residents are supplied with an orientation pamphlet and an informational pamphlet about Zero Tolerance and how to report sexual abuse and harassment. The Auditor confirmed all residents received this information. Interviews with residents also confirm that the Southwest Idaho Juvenile Detention Center Staff supply information on reporting incidents of sexual abuse. The Agency documents the receipt of this information. The Auditor reviewed ten random resident files; each contained documentation concerning the orientation date, screening date, PREA Acknowledgement date, initial education date and comprehensive education date.

Throughout the facility, information is posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. Information is provided to the residents concerning Advocates Against Family Violence services.

The Advocates Against Family Violence provides 24-hour crisis line services, legal advocacy, counseling, sexual assault intervention services, prevention education, family advocacy and support for children affected by violence. Resident interviews confirm this information is available.

Comprehensive educational sessions involve a review of PREA and a video concerning the residents' right to be free from sexual abuse, harassment and retaliation while incarcerated. Residents' participation in these educational classes is documented.

Policy 7.05, PREA, Policy 9.09 Orientation Material, PREA Brochure, Intake Orientation and Sexual Assault Awareness Signed documents, Site Review Checklist and interviews with Random Residents and Intake staff address 115.333 (a).

Policy 7.05 PREA, Policy 9.09 Orientation Material, PREA Brochure, PREA 10-day Education Rosters 2022,

Resident file record review documenting admission dates, orientation dates, and comprehensive education dates address 115.333 (b).

	<p>PREA 10-day Education Rosters 2022, Resident file record review documenting admission dates, orientation dates, comprehensive education dates, and interviews with Intake Staff address 115.333 (c).</p> <p>Policy 7.05, PREA, Policy 9.09 Orientation Material, PREA Brochure, Intake Orientation and Sexual Assault Awareness Signed documents, Site Review Checklist and interviews with Random Residents and Intake staff address 115.333 (d).</p> <p>Intake Orientation and Sexual Assault Awareness Signed documents, Site Review Checklist and interviews with Random Residents and Intake staff address 115.333 (e).</p> <p>Site review Checklist, pictures of various Spanish posters, interviews with Random Residents and the PREA Brochure address 115.333 (f).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.333: Resident education.</p>
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<b>115.334</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6.18 Abuse Investigations</li> <li>3. Training Certificates PREA: Investigating Sexual Abuse in a Confinement Setting</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigator</li> </ol> <p>The Southwest Idaho Juvenile Detention Center staff conduct administrative investigations involving sexual abuse and sexual harassment. The Investigator has received training in conducting investigations in confinement settings. This training was online and coordinated by the PREA Resource Center. The training title is "Investigating Sexual Abuse in a Confinement Setting". That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The Auditor reviewed the training certificate and interviewed the Investigator. The Investigator was aware of his responsibilities during an investigation; he indicated that the investigation would begin immediately upon notification of an allegation. Any allegation that potentially involved criminal</p>

	<p>behavior would require police involvement. The training covered all areas of the investigative process, interviewing techniques, evidence collection, evidence protection and victim advocacy. Securing and processing the scene for evidence. Securing all evidence and maintaining the integrity of the evidence. Seeing to the victim's needs and providing advocacy support. The Investigator stated he would review memorandums, collect as much data as possible, and write a report. The training reviewed good interpersonal communication skills with resident victims, assailants, and witnesses. Understanding of the dynamics of resident sexual violence. Establishing good working relationships with outside agencies, hospitals, prosecutors, and investigators.</p> <p>The Investigator noted that Anonymous or third-party reports would be thoroughly investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report. Specifically, the Investigator indicated he would begin by introducing himself to the victim and then proceed with a normal investigation process.</p> <p>The Investigator indicated that if the incident were criminal in nature, he would not collect specific physical and DNA evidence, he would aid the Caldwell Police Department by providing victim and perpetrator information such as any pertinent central file information, information concerning prior complaints and reports of prior sexual abuse and he would provide any information on prior investigations involving either the victim or the perpetrator.</p> <p>Policy 6.18 Abuse Investigations, a review of the training records and the Investigator interview address 115.334 (a) (b) and (c).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.334: Specialized Training: Investigations.</p>
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<b>115.335</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Training Acknowledgement PREA Medical and Mental Care Standards</li> <li>3. Training Acknowledgement Annual Training Medical and Mental Health Staff</li> <li>4. Vitalcore Health Strategies Training (RN)</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Medical Staff</li> </ol>

2. Mental Health Staff

The Southwest Idaho Juvenile Detention Center provides PREA training to medical and mental health practitioners. The training provides information on how to detect and assess signs of sexual abuse, preserve physical evidence, and respond effectively and professionally to victims. Facility medical staff do not conduct forensic examinations. The Auditor confirmed that training was provided to Medical and Mental Health staff. Interviews with the Medical Staff and Mental Health staff confirmed the training.

The Mental Health and Medical Staff members understood the Southwest Idaho Juvenile Detention Center PREA policy and the appropriate protocols for dealing with sexual assault and sexual harassment incidents.

The Mental Health Staff member had received specialized training on detecting signs of sexual abuse and how to respond effectively to victims of sexual abuse. Specialized training also includes victim identification, interviewing, and interventions. In addition to the training provided by the Agency, the Mental Health Staff member participates in continuing education classes as part of his licensing requirements. Those continuing education classes included Trauma Informed Care. The Medical Health staff member is a Contracted employee and participates in PREA Training provided by Vitalcore Health Strategies. This training is documented and includes Detecting, Assessing, and Reporting incidents of sexual abuse and Trauma Informed Care.

The Policy 7.05 Prison Rape Elimination Act, the Training Certificates for Medical and Mental Health staff and the interviews with Medical and Mental Health Staff address 115.335 (a) (b) and (c).

The Southwest Idaho Juvenile Detention Center complies with Standard 115.335: Specialized Training: Medical and mental health care.

115.341	Obtaining information from residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents  <ol style="list-style-type: none"><li>1. Policy 7.05 PREA</li><li>2. Policy 9.07 Classification and Housing</li><li>3. MAYSI II description</li><li>4. Alaska Screen tool</li><li>5. Initial Health Assessment</li><li>6. Juvenile Medical Behavioral Health Admission Care Screen</li></ol>

7. Completed Vulnerability (Risk Assessment) Forms
8. Resident file review

Interviews:

1. Staff who perform risk assessments
2. Intake Staff
3. PREA Coordinator
4. Random Residents

All residents are provided Risk Assessments upon intake. The policy provides that assessments are conducted within the first 72 hours; however, the Auditor notes that these assessments are done almost immediately after the initial intake. The assessment includes the mental, physical and developmental disability of the resident, the age of the resident, the physical build of the resident, previous incarcerations, criminal history, prior sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the resident's perception of their vulnerability. Residents are not disciplined for failing to answer any questions. All information gathered during intake is shared with only those Staff that need to know. Sensitive information is not shared unnecessarily. Interviews with Intake staff confirmed the use of the assessment tool. In addition, resident interviews indicated the use of the assessment tool.

Screening staff affirmatively ask residents about their sexual orientation and gender identity by inquiring if they identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI), in addition to making a subjective determination about perceived status. Residents are reassessed when warranted by the circumstances (e.g., new referral, an incident of sexual abuse or receipt of new and relevant information, etc.) The PREA screening information assists in decisions regarding a Resident's housing unit, educational needs and interventions. The screening process is designed to encourage Residents to disclose sensitive information about previous sexual abuse and vulnerabilities they may have, including their sexual orientation and gender identity.

All information gathered during intake is shared with only those Staff that need to know. Sensitive information is not shared unnecessarily. Residents at the Southwest Idaho Juvenile Detention Center indicated they had been queried on questions concerning whether they had been victims of sexual abuse or sexual harassment or if they had been arrested or charged with a sex offense.

Each resident is provided with a medical review upon completing the intake process. This is a comprehensive review of the resident's physical and mental health. The visual observation of the resident includes whether the resident exhibits potential risk for victimization (e.g., age, small build, femininity, 1st-time offender, passive or timid appearance). Through both a document review and interview, a determination is made concerning whether the resident is a victim of sexual abuse,

if they are vulnerable, if they have ever been arrested for a sex offense and how the resident identifies themselves (e.g., gay, lesbian, bisexual, transgender, intersex or gender non-conforming).

Interviews with Intake staff, Medical Staff and Mental Health staff confirmed the use of the assessment tools. The Intake staff indicated their responsibilities included assessing all residents, especially those with special needs or those who may be vulnerable or express feelings of vulnerability. The Intake officers indicated the need to provide safe housing and program resources that ensured a safe environment for all residents. The Auditor reviewed the files of several residents. The files contained the appropriate Intake forms, and Intake Officers and the residents signed them. The Auditor also reviewed intake forms from the Medical and Mental Health staff.

The Auditor notes that if a resident identifies as transgender, the intake staff includes information that indicates the resident's preferred gender identification, name preference, where they would prefer to be housed (male or female unit) and if they prefer a male or female officer for the purpose of conducting pat searches.

Policy 7.05 PREA, and Policy 9.07 Classification and Housing, page 1, II, A, 1 a and b, address 115.341 (a).

Policy 7.05 PREA, and Policy 9.07 Classification and Housing (all), MAYSI II description, Alaska Screen tool Initial Health Assessment, Juvenile Medical Behavioral Health Admission Care Screen and Completed Vulnerability (Risk Assessment) Forms address 115.341 (b).

Policy 9.07 Classification and Housing (all), MAYSI II description, Alaska Screen tool Initial Health Assessment, Juvenile Medical Behavioral Health Admission Care Screen and Completed Vulnerability (Risk Assessment) Forms and the interview with staff who conduct Risk Assessments, address 115.341 (c).

Interviews with staff who conduct Risk Assessments and Intake Staff addresses 115.341 (d).

Policy 9.07 Classification and Housing, pages 1-2 and the interview with staff who conduct Risk Assessments, and the PREA Coordinator address 115.341 (e).

The Southwest Idaho Juvenile Detention Center complies with Standard 115.341: Screening for risk of victimization and abusiveness.

<b>115.342</b>	<b>Placement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents

1. Policy 7.05 PREA
2. Policy 9.07 Classification and Housing

Interviews:

1. PREA Coordinator
2. Staff who Conduct Risk Assessments
3. Medical Health (RN)
4. Mental Health

The Southwest Idaho Juvenile Detention Center utilizes the intake information to make decisions on housing assignments. The needs of each resident are taken into consideration. Detention staff indicated they would determine housing on a case-by-case basis and have appropriate facilities available to ensure the safety of all residents. The PREA Coordinator stated during his interview that the Agency would consider a transgender or intersex resident's views concerning safety. More specifically, for youth who identify as transgender or intersex, Mental Health staff would assist in the intake process to ease any challenges perceived by the youth. The Southwest Idaho Juvenile Detention Center does not have an administrative/disciplinary segregation unit. All residents are placed in general housing units.

Preferences concerning housing assignments for LGBTQI youth are always considered. LGBTQI youth receive fair and equal treatment without bias. Mental Health Staff monitors transgender or intersex residents. Any issues concerning residents who may be vulnerable due to their sexual orientation are documented so that supervisors, if necessary, can adjust assignments. All residents are provided with the opportunity to shower separately from other residents.

Policy 9.07 Classification and Housing and interviews with the PREA Coordinator, Staff who Conduct Risk Assessments, Facility Director, Medical and Mental Health address 115.342 (a).

Policy 9.07 Classification and Housing and interviews with the PREA Coordinator, Staff who Conduct Risk Assessments, Facility Director, Medical and Mental Health address 115.342 (b).

Interview with the PREA Coordinator addresses 115.342 (c), (d) and (e).

Interviews with the PREA Coordinator and Staff who Conduct Risk Assessments address 115.342 (f) and (g).

115.342 (h) is not applicable; the Southwest Idaho Juvenile Detention Center does not utilize isolation. All residents fully participate in general population activities.

Policy 9.07 Classification and Housing, page 3, 10 addresses 115.342 (i). The Auditor notes that isolation is not utilized at this facility.

The Southwest Idaho Juvenile Detention Center complies with Standard 115.342: Use of screening information.

<b>115.351</b>	<b>Resident reporting</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 443 376">Documents</p> <ol data-bbox="341 443 785 725" style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6.18 Abuse Reporting</li> <li>3. PREA Brochure</li> <li>4. AAFV MOU</li> <li>5. 2022 Policy Sign-off sheets</li> <li>6. Site Review</li> <li>7. Resident Handbook</li> </ol> <p data-bbox="280 766 427 801">Interviews</p> <ol data-bbox="341 869 651 949" style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Random Staff</li> </ol> <p data-bbox="280 990 1487 1317">There are multiple ways for Residents to report sexual abuse and sexual harassment privately. The Resident PREA Brochure and Handbook address reporting options such as telling Staff, the Nurse, Mental Health clinicians, Teachers, Parents or other adults; Residents are given a report form during intake to use as necessary; a resident can utilize PREA Reporting phone number (this phone number is connected to the Director’s Office); a resident can call the community victim advocate hotline and may request to remain anonymous. The phone number is posted on all resident phones.</p> <p data-bbox="280 1348 1449 1473">Third-party reports of abuse and harassment can be made on behalf of a resident. Reports can be made directly to the PREA Coordinator, Assistant Director, or Director or by contacting the Caldwell Police Department.</p> <p data-bbox="280 1505 1391 1630">Staff can privately report to a supervisor or the Director. Staff members are informed that any issues related to sexual harassment or sexual abuse can be reported confidentially to the Director.</p> <p data-bbox="280 1662 1487 1742">Resident interviews confirm knowledge of the reporting procedures. Staff interviews confirm knowledge of reporting procedures.</p> <p data-bbox="280 1774 1465 1854">Policy 7.05 PREA, 6.18 Abuse Reporting (all) the Resident Handbook and interviews with Random Staff and Random Residents address 115.351 (a).</p> <p data-bbox="280 1886 1455 2011">Policy 7.05 PREA, 6.18 Abuse Reporting (all) the Resident Handbook, the MOU with Advocates Against Family Violence and interviews with the PREA Coordinator and Random Residents address 115.351 (b).</p> <p data-bbox="280 2042 1455 2078">Policy 7.05 PREA, 6.18 Abuse Reporting (all) and interviews with Random Staff and</p>

	<p>Random Residents address 115.351 (c).</p> <p>Policy 6.18 Abuse Reporting, page 1, II, A, 3, and the interview with the PREA Coordinator address 115.351 (d).</p> <p>Policy 6.18 Abuse Reporting, page 4, E, 3, 2022 Policy Sign-off Sheets and Interviews with Random Staff, address 115.351 (e).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.351: Resident reporting.</p>
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<b>115.352</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 7.01 Rules</li> <li>3. Policy 7.03 Grievances</li> <li>4. Policy 6.18 Abuse Reporting</li> <li>5. SWIJDC Site Review</li> </ol> <p>The Southwest Idaho Juvenile Detention Center has developed procedures for processing grievances, reports or allegations involving any type of abuse, including sexual abuse or harassment, physical abuse or retaliation for reporting such incidents.</p> <p>There is no time limit for filing grievances, reports or allegations of abuse. Upon receipt of any grievance, report or allegation, Southwest Idaho Juvenile Detention Center staff shall immediately take necessary steps to ensure the resident is safe from further abuse, harassment or retaliation. If the resident expresses an emergency need to be protected from abuse, harassment or retaliation, all Southwest Idaho Juvenile Detention Center staff have the authority to respond and act immediately and put the juvenile's safety ahead of any other duties, assignments or activities until protective measures are completed.</p> <p>The procedures further indicate that within three days, but no later than five days, the Southwest Idaho Juvenile Detention Center shall issue and document a final determination as to whether or not the resident is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.</p> <p>The resident submitting the grievance is not required to use any informal grievance or informal resolution process.</p>

	<p>The Southwest Idaho Juvenile Detention Center will provide a final decision regarding the merits of a grievance within seven days of the initial receipt of the grievance. If the grievance requires a full PREA Investigation, the Resident will receive a response to the grievance within seven days of the conclusion of the investigation.</p> <p>As noted in the procedures, the Southwest Idaho Juvenile Detention Center will not take longer than 90 days to issue a final decision regarding the merit of any grievance involving sexual abuse, harassment or retaliation.</p> <p>In the past 12 months, zero grievances were filed that alleged sexual abuse. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance is zero. The number of emergency grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months is zero. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith is zero.</p> <p>Policies 7.05 PREA, 7.01 Rules, 7.03 Grievances, and 6.18 Abuse Reporting address 115.352 (a) - (g).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.352: Exhaustion of administrative remedies.</p>
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<b>115.353</b>	<b>Resident access to outside confidential support services and legal representation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6.18 Abuse Reporting</li> <li>3. Policy 8.01 Telephone Admissions</li> <li>4. Policy 8.02 Telephone General</li> <li>5. Policy 8.04 Visitation General and Special</li> <li>6. Policy 8.05 Visitation Privileged</li> <li>7. Policy 8.07 Mail General</li> <li>8. Policy 8.08 Mail Privileged</li> <li>9. AAFV MOU</li> <li>10. SWIJDF Site Review Checklist</li> </ol>

## Interviews

1. PREA Coordinator
2. Facility Director
3. Random Residents
4. Mental Health staff
5. AAFV Victim Advocate

The Southwest Idaho Juvenile Detention Center has established a Memorandum of Understanding with the Advocates Against Family Violence. These advocates provide support related to sexual assault. Residents have access to the mailing address and telephone numbers, including a toll-free number that provides confidential communication between residents and the Center. Several residents indicated their awareness of the Advocates Against Family Violence. However, of the residents interviewed, no one indicated they had taken advantage of these services.

The facility's Mental Health Clinician will facilitate access to outside victim advocates for emotional support services related to sexual abuse. Residents have access to community-based victim advocate services. Advocates Against Family Violence provides resources, support, and crisis intervention for adults and children affected by domestic and sexual violence, stalking, and human trafficking.

Programs include 24-hour crisis line services, an emergency shelter, legal advocacy, counseling, sexual assault intervention services, prevention education, bystander intervention training, family advocacy and support for children affected by violence. Advocates Against Family Violence services are completely free and strictly confidential.

In addition to providing advocacy services, Advocates Against Family Violence staff provide classes at the facility twice a month. This outreach program offers presentations based on No Means No, a statewide curriculum that covers topics like Healthy Relationships, Gender Norms and Media, Dating Violence and Technology Safety in Dating Relationships.

Residents are provided access to Legal representation. Legal visits are not audibly monitored unless requested by the visiting party. The facility informs residents of the extent to which communications will be monitored. Finally, the Immigration Service's contact information is provided for youth detained solely for civil immigration purposes (the Auditor notes that The Southwest Idaho Juvenile Detention Center does not provide housing for the Department of Homeland Security).

All residents interviewed indicated they had confidential access to their attorneys before any hearings. Additionally, all residents interviewed stated they are allowed to visit with family.

Policy 7.05 PREA page 9, VII, C, Policy 6.18 Abuse Reporting page 2, #6 a-k, various signage throughout the facility, MOU with Advocates Against Family Violence and

	<p>Random Resident interviews address 115.353 (a).</p> <p>Policy 7.05 PREA page 10 C, 3 and Random Resident interviews address 115.353 (b).</p> <p>Policy 7.05 PREA page 9, VII, C, 1, and the MOU with Advocates Against Family Violence address 115.353 (c).</p> <p>Policy 8.01 Telephone Admissions, Policy 8.02 Telephone General, Policy 8.04 Visitation General and Special, Policy 8.05 Visitation Privileged, Policy 8.07 Mail General, Policy 8.08 Mail Privileged and interviews with the PREA Coordinator, Facility Director and Random Residents address 115.353 (d).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.353: Resident access to outside confidential support services.</p>
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<b>115.354</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. 6.18 Abuse Reporting</li> <li>3. SWIJDF Site Review</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> </ol> <p>The Southwest Idaho Juvenile Detention Center has established a method to receive third-party reports of sexual abuse. This information is available on the Canyon County website <a href="https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/">https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/</a>. Information is available to the Public on how to report resident sexual abuse or sexual harassment on behalf of the residents. Resident interviews indicated a clear understanding of how to make a third-party report. Most residents indicated they could inform their attorney, family member, or probation officer and those individuals could contact either a staff member or the Director and report an incident.</p> <p>The Southwest Idaho Juvenile Detention Center Web Site addresses the requirements of this standard. Third parties are informed of reporting procedures on the website. Resident interviews confirm awareness of the third-party reporting</p>

	<p>capabilities.</p> <p>Policy 6.18 Abuse Reporting, pages 4-5, F, SWIJDF Site Review interviews with Random Residents and the Canyon County website address 115.354 (a).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.354: Third-party reporting.</p>
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<b>115.361</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6.18 Abuse Reporting</li> <li>3. Idaho State Code 16-1605</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility Director</li> <li>3. Medical RN</li> <li>4. Mental Health staff</li> <li>5. Random Staff</li> </ol> <p>The Southwest Idaho Juvenile Detention Center requires all Staff to immediately report any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment in the facility. Staff members are also required to report any retaliation against residents or Staff who have reported an incident of sexual assault or sexual harassment. Regardless of its source, Southwest Idaho Juvenile Detention Center employees, contractors, and volunteers who receive information concerning resident-on-resident sexual misconduct at The Southwest Idaho Juvenile Detention Center, or who observe an incident of resident-on-resident sexual misconduct or have reasonable cause to suspect a resident is a victim of sexual misconduct, must: Immediately report the information or incident directly to their immediate Supervisor. If necessary (alleged criminal behavior), Law Enforcement will be notified by the Director or PREA Coordinator. Supervisory Staff, Mental Health staff or Medical Staff will report any incident of suspected child abuse or neglect to Child Protective Services.</p> <p>Any Southwest Idaho Juvenile Detention Center employee, contractor, or volunteer who fails to report an allegation or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information with the intent to alter a report</p>

may face disciplinary action up to and including termination of employment. All Southwest Idaho Juvenile Detention Center staff, contractors, and volunteers must report any allegation of sexual abuse as required by mandatory reporting laws (Idaho State Code 16-1605). Residents are informed of the limitations of confidentiality between residents and Staff.

Aside from reporting to the designated supervisors or officials and designated State or local service agencies, The Southwest Idaho Juvenile Detention Center prohibits Staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Medical and Mental Health practitioners must report sexual abuse to designated Supervisors and state or local agencies.

Although no complaints have been received from a member of the Public, a procedure has been established for third-party reports to be sent to the Director. If an allegation is received, the Director will inform the PREA Coordinator, and steps will be taken to initiate an investigation. Staff members are required to report any violation of responsibility that may have contributed to an incident or retaliation.

The Facility Director must promptly report any allegation of sexual abuse to the alleged victim's parents or legal guardians unless there is official documentation indicating that the parents/legal guardians should not be notified and if the alleged victim is under the guardianship of the child welfare system, report any allegation of sexual abuse to the alleged victim's caseworker instead of the parents or legal guardians.

Policy 6.18 Abuse Reporting, page 4, E, 1-4, and interviews with Random Staff Interviews address 115.361 (a).

Policy 6.18 Abuse Reporting, page 4, E, 1-4, and Idaho State Code 16-1605 address 115.361 (b).

Policy 6.18 Abuse Reporting, pages 5-6, H, 1, and Random Staff Interviews address 115.361 (c).

Policy 6.18 Abuse Reporting, pages 5-6, H, 2, and interviews with Medical and Mental Health Staff addresses 115.361 (d).

Policy 6.18 Abuse Reporting, page 6, I, 1-3, and interviews with the PREA Coordinator and Facility Director address 115.361 (e).

Policy 6.18 Abuse Reporting, page 6, J-L, and the Facility Director interview address 115.361 (f).

The Southwest Idaho Juvenile Detention Center complies with Standard 115.361: Staff and Agency reporting duties.

<b>115.362</b>	<b>Agency protection duties</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 7.03 Grievances</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility Director</li> <li>3. Random Staff</li> </ol> <p>The Southwest Idaho Juvenile Detention Center Policy requires immediate action to protect residents from sexual abuse. The staff interviewed are aware of their reporting requirements and the steps that need to be taken to ensure the residents' safety. All Staff, volunteers and contractors who receive an initial report of sexual misconduct are required to promptly intervene on the alleged victim's behalf to ensure the victim receives prompt medical and mental health, as appropriate to their needs and the circumstances of the alleged offense.</p> <p>Staff interviews revealed that Staff members were formally trained on and understand how to ensure residents are kept safe if they are at risk for imminent sexual abuse. Upon receipt of information that a resident is subject to a substantial risk of imminent sexual abuse, the Southwest Idaho Juvenile Detention Center staff indicated immediate action would be taken. Specifically, at a minimum, housing or programming changes would be initiated to separate or limit a threat between residents. All the random staff interviews indicated a similar answer. In his interview, the Facility Director stated that facility staff would follow a plan of action that immediately eliminates the risk. Facility staff would protect the alleged victim first, and decisions concerning housing assignments or education assignments would be incident based.</p> <p>Policies 7.05 PREA and Policy 7.03 Grievances page 2 C, 2, a, and interviews with the Facility Director, Agency Head and Random Staff address 115.362 (a).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.362: Agency protection duties.</p>

<b>115.363</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>

Documents

1. Policy 7.05 PREA
2. Policy 6.18 Abuse Reporting

Interviews

1. Agency Head
2. PREA Coordinator
3. Facility Director

Upon receiving an allegation that a resident was sexually abused while confined at another facility, The Southwest Idaho Juvenile Detention Center policy requires notification to the head of the facility and appropriate Law Enforcement authorities within 72 hours. This notification is documented. If an allegation is received that a resident was sexually abused before admission while confined at any other facility, the Supervisor on duty or the Director shall notify the head of the facility or the appropriate office of the Agency where the alleged abuse occurred and notify the appropriate investigative Agency for that facility. Such notification shall be provided as soon as possible but no later than 72 hours after receiving the allegation. Staff shall document the information, which includes but is not limited to the date and time of calls to the Agency and the investigative Agency; the name of persons spoken to regarding the allegation; the type of details related to the Agency and investigative Agency and finally facilitate a follow-up meeting for the juvenile with a medical or mental health practitioner.

In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility is zero. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities is zero.

Policy 6.18 Abuse Reporting page 3, 2, a and b and interviews with the Agency Head, PREA Coordinator and Facility Director address 115.363 (a).

Policy 6.18 Abuse Reporting page 3, 2, c, and interviews with the Agency Head, PREA Coordinator and Facility Director address 115.363 (b).

Policy 6.18 Abuse Reporting page 3, 2, d, and interviews with the Agency Head PREA Coordinator and Facility Director address 115.363 (c).

Policy 6.18 Abuse Reporting page 4, 4, and interviews with the Agency Head, PREA Coordinator and Facility Director address 115.363 (d).

The Southwest Idaho Juvenile Detention Center complies with Standard 115.363: Reporting to other confinement facilities.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents

1. Policy 7.05 PREA

Interviews

1. Random Staff

The Southwest Idaho Juvenile Detention Center staff members were interviewed concerning first responder responsibilities. Staff members are aware of their responsibility in this area. The staff members interviewed indicated a need to separate the victim from the abuser, preserve and protect the crime scene, advise the victim not to take any action that would compromise the evidence, and, if possible, ensure the alleged abuser did not take any action that would compromise any evidence. In addition, staff members were aware that they needed to contact their Supervisor, who would contact the Facility Director.

The Staff interviewed indicated they had received training that included the duties of a first responder. Medical Staff and Mental Health staff members were also aware of their responsibilities as first responders and the need to notify security staff.

A first responder is required to: Separate the alleged victim and abuser, Preserve and protect the crime scene, request the alleged victim not to destroy evidence and ensure the alleged abuser does not destroy evidence. A non-security staff responder must first request the victim not to destroy evidence and then notify a detention staff member.

Interviews with Staff indicate they understand the duties of a first responder.

Additionally, Policy 7.05 clearly describes the steps to be taken in response to an allegation of sexual abuse, assault or harassment. Those steps include separating the parties, cell reassignment, securing the scene, following evidentiary practices, medical evaluation, notification of Mental Health for follow-up and the need to monitor those who reported the incident for a minimum of 90 days to ensure no retaliation has occurred due to reporting or cooperation.

The PRE-Audit Questionnaire indicates two allegations in the past 12 months that a resident was sexually abused were reported. The Auditor reviewed both of these incidents and concluded, as did the Investigator, that neither incident was PREA Related. However, during a review of all investigations in the past 12 months, one investigation for sexual abuse was substantiated and was criminally prosecuted as a simple assault, not a sexual assault. A review of this case indicates staff acted according to the procedures outlined in Policy 7.05. Although the victim reported the event six days after it had occurred, the victim was referred to Medical and Mental Health and separated from the perpetrator (housing and program change).

	<p>The Caldwell Police Department investigated the incident and was provided a copy of the video surveillance. The investigation resulted in a prosecution for simple assault, not a sexual assault.</p> <p>Policy 7.05 PREA page 10, VIII, B, 1, a-d and interviews with Random Staff members address 115.364 (a)</p> <p>Policy 7.05 PREA page 10, VIII, B, 2 and interviews with Random Staff members address 115.364 (b).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.364: Staff first responder duties.</p>
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<b>115.365</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. PREA Training 2022 PowerPoint Presentation</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility Director</li> <li>3. Random Staff</li> </ol> <p>The Southwest Idaho Juvenile Detention Center has a written plan that includes immediate notification to the Facility Director, the PREA Coordinator, the Caldwell Police Department and sexual assault advocates. The Facility Director stated during his interview that Staff is trained to follow the procedure outlined in Policy 7.05. The Southwest Idaho Juvenile Detention Center response includes but is not limited to separating the involved individuals, contacting law enforcement, maintaining evidence integrity, contacting the PREA Coordinator and Community Partners, and assisting in transport if necessary.</p> <p>The plan includes providing mental health and medical assistance for the alleged victim as soon as possible. Separating the alleged victim from the alleged perpetrator. Taking reasonable measures to identify, isolate, and separate witnesses. Securing the incident scene so items cannot be removed or introduced and allowing only assigned investigators to assess the scene.</p> <p>First responder training includes the following information: Separate the alleged</p>

	<p>victim and abuser, preserve and protect the crime scene until steps can be taken to collect evidence, and request that the alleged victim and abuser do not take any actions that could destroy physical evidence to include: brushing teeth, washing, urinating, defecating, drinking or eating. Isolate witnesses notify law enforcement, refer the victim for appropriate medical/mental health care, treat all victims with dignity and respect, and allow the victim to have an advocate present. A first responder should prepare a report regardless of its source. Reports should include observations at the time of the response, the incident's date and time, and the report's date and time. The report should also include who initially reported the allegation.</p> <p>The Southwest Idaho Juvenile Detention Center has developed a written institutional plan to coordinate actions in response to an incident of sexual abuse among Staff first responders, medical and mental health practitioners, investigators and facility leadership.</p> <p>Policy 7.05 PREA, page 10, VIII, C, 1, a-e, 2022 PREA Training PowerPoint Presentation and interviews with the Facility Director and PREA Coordinator address 115.365 (a).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.365: Coordinated response.</p>
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<b>115.366</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. 7.05 PREA</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> </ol> <p>The Southwest Idaho Juvenile Detention Center has no limit on its ability to remove alleged sexual abusers from contact with any residents pending the outcome of an investigation. No collective bargaining agreement would prohibit immediate action from protecting residents. The Agency Head confirms there is no prohibition against removing alleged staff sexual abusers from contact with residents.</p> <p>Policy 7.05 PREA indicates neither the Southwest Idaho Juvenile Detention Center nor any other governmental entity responsible for collective bargaining on the</p>

	<p>Southwest Idaho Juvenile Detention Center’s behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>Policy 7.05 PREA, page 11, D and the interview with the Agency Head address 115.366 (a).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.366: Preservation of ability to protect residents from contact with abusers.</p>
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<b>115.367</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Facility Director</li> <li>3. PREA Coordinator</li> <li>4. Staff who monitor retaliation</li> </ol> <p>The Southwest Idaho Juvenile Detention Center prohibits retaliation against residents and Staff who report sexual abuse or sexual harassment or cooperate with investigations. The Facility Director and the PREA Coordinator are the designated staff members who monitor retaliation. Multiple measures are available, including removal of alleged Staff and alleged resident abusers, housing changes and advocate support. Monitoring can last for at least 90 days and includes periodic status checks. The Facility Director and the PREA Coordinator are aware of their requirements for monitoring. The Southwest Idaho Juvenile Detention Center employs several protection measures, such as housing changes for resident victims or abusers, removal of alleged Staff or resident abusers from contact with victims, and seeking emotional support services for residents or Staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>For at least 90 days following a report of sexual abuse, the Southwest Idaho Juvenile Detention Center monitors the conduct or treatment of residents or Staff who reported the sexual abuse and of residents who were reported to have suffered</p>

	<p>sexual abuse to see if there are any changes that may suggest possible retaliation by Residents or Staff. The Southwest Idaho Juvenile Detention Center will promptly remedy such retaliation. The PREA Coordinator and the Facility Director indicated they would monitor resident disciplinary reports, housing or program change requests, negative performance reviews or reassignments of Staff to determine if monitoring was necessary.</p> <p>There have been no incidents in which monitoring for retaliation has occurred at The Southwest Idaho Juvenile Detention Center in the past 12 months.</p> <p>Policy 7.05 PREA page 11 E, 1, a, and interviews with the Agency Head, Facility Director, PREA Coordinator and Staff who monitor retaliation address 115.367 (a)</p> <p>Policy 7.05 PREA pages 11-12 E and interviews with the Agency Head, Facility Director, PREA Coordinator and Staff who monitor retaliation address 115.367 (b).</p> <p>Policy 7.05 PREA page 11-12, E and interviews with the Facility Director, PREA Coordinator and Staff who monitor retaliation address 115.367 (c).</p> <p>Policy 7.05 PREA page 11-12, E and an interview with the Staff who monitor retaliation address 115.367 (d).</p> <p>Policy 7.05 PREA page 11-12, E and interviews with the Agency Head and Facility Director address 115.367 (e).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.367: Agency protection against retaliation.</p>
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<b>115.368</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 9.07 Classification and Housing</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> <li>2. Medical RN</li> <li>3. Mental Health</li> <li>4. PREA Coordinator</li> </ol>

The PREA Coordinator asserts there were no circumstances within the last 12 months wherein isolation was used to protect a resident alleged to have suffered sexual abuse. The PREA Coordinator further asserts that residents at high risk for sexual victimization shall not be placed in isolation unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers.

Residents who allege to have suffered sexual abuse may not be placed in isolation unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. To the extent possible, access to programs, privileges, and education opportunities is not limited for residents. The facility would document the reasons for restricting access and the length of time the restrictions would last. The residents' safety is always the highest priority. All attempts are made to maintain continuous access to programming, education and daily exercise.

The Auditor notes that all residents participate in general population activities, and there are no isolation or segregation cells at the Southwest Idaho Juvenile Detention Center. All residents are housed in single-bed cells.

Policy 9.07 Classification and Housing, page 2, B, 3, a-c and interviews with the Facility Director, Medical RN, Mental Health and PREA Coordinator address 115.368 (a).

The Southwest Idaho Juvenile Detention Center complies with Standard 115.368: Post-allegation protective custody.

115.371	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6.18 Abuse Investigations</li> <li>3. Investigator PREA Coordinator Training Certificates</li> <li>4. Investigation Record review</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigator</li> </ol>

2. Facility Director
3. PREA Coordinator

Where sexual abuse is alleged and possible criminal activity has occurred, the Southwest Idaho Juvenile Detention Center will contact the Caldwell Police Department. The Caldwell Police Department Investigators would gather and preserve direct and circumstantial evidence, including physical and DNA evidence and electronic monitoring data. The Investigator would interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator. The Investigator and the Facility Director would assist the Police Department by providing electronic monitoring data, coordinating interviews and providing background information on the suspect and the victim. The Southwest Idaho Juvenile Detention Center would not terminate an investigation solely because the source of the allegation recants the allegation. The Southwest Idaho Juvenile Detention Center staff would not conduct compelled interviews; the Police Department would conduct those interviews. During his interviews, the Investigator stated that the credibility of an alleged victim, suspect, or witness would be assessed individually and not determined by the person's status as a resident or Staff. The Investigator stated that he would not require a resident to submit to a polygraph examination as a condition for proceeding with the investigation. Finally, the Investigator indicated all administrative investigations: would include an effort to determine whether staff actions or failures to act contributed to the abuse; and would be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Criminal investigations would be documented according to the Caldwell Police Department guidelines, and substantiated allegations of conduct that appear to be criminal would be referred for prosecution.

The Southwest Idaho Juvenile Detention Center retains all written reports of any criminal or administrative investigation completed for seven years past the juvenile's 18th birthday. Reports of investigations involving sexual abuse by staff shall be turned over to the Canyon County Human Resources Department for inclusion in the staff member's file and maintained for ten years past the termination date. The departure of the alleged abuser or victim from the employment or control of the facility would not provide a basis for terminating an investigation.

The Auditor requested and was provided access to seven PREA investigations conducted by the Investigator. Two investigations were initially considered potential violations of the Prison Rape Elimination Act and ultimately determined to be unrelated to the Prison Rape Elimination Act. One case involved an accidental phone call to the PREA hotline (the resident was new to the facility and dialed nine on the phone to access an outside line). The second case involved two residents touching each other in a jousting manner. The residents were held accountable for inappropriate behavior, but the case did not involve a violation of the Prison Rape Elimination Act.

Three of the remaining five cases involved Resident-on-Resident sexual harassment and were unfounded. One case involved Staff-on-Resident, and that case was unfounded. The final case involved Resident-on-Resident sexual abuse and was substantiated. This case was referred to the Caldwell Police Department and was investigated and prosecuted. The perpetrator was charged with simple assault (not sexual assault) and convicted.

A review of the investigative files indicates each file contained the allegation date, the date of investigation initiation, whether it involved staff, residents, or both, the classification of sexual abuse or sexual harassment, the case disposition, who the investigating officer was, and the date of notification to the resident.

Policy 7.05 PREA, pages 12-13, IX, A and B, 6.18 Abuse Investigations page 1 II, C and the interview with the Investigator addresses 115.371 (a)

Investigator PREA Coordinator Training Certificates and the interview with the Investigator address 115.371 (b).

Policy 7.05 PREA, pages 12-13, IX, A and B, 6.18 Abuse Investigations page 1 II, C and the interview with the Investigator addresses 115.371 (c).

Policy 7.05 PREA, page 14, E, 1 and the interview with the Investigator addresses 115.371 (d).

Policy 7.05 PREA, pages 12, IX, A, 3 and the interview with the Investigator addresses 115.371 (e).

Policy 7.05 PREA, pages 12, IX, A, 2, e and the interview with the Investigator addresses 115.371 (f).

Policy 7.05 PREA, pages 13, IX, B, 1-4 and the interview with the Investigator addresses 115.371 (g).

Policy 7.05 PREA, pages 12, IX, A, 4 and the interview with the Investigator addresses 115.371 (h).

Policy 7.05 PREA, pages 13, IX, B, 3 and the interview with the Investigator addresses 115.371 (i).

Policy 7.05 PREA, pages 13, IX, C, 1-2, and the interview with the Investigator addresses 115.371 (j).

Policy 7.05 PREA, pages 14, IX, E, 1-2, and the interview with the Investigator addresses 115.371 (k)

Interviews with the Facility Director, PREA Coordinator and Investigator address 115.371 (m).

The Southwest Idaho Juvenile Detention Center complies with Standard 115.371: Criminal and administrative agency investigations.

115.372	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Investigator</li> </ol> <p>The Southwest Idaho Juvenile Detention Center has two Investigative Officers. One Investigator was interviewed during the audit. The Investigator indicated the evidential standard for an administrative investigation was a preponderance of the evidence. The Investigative Officer received specialized training relevant to PREA, specifically "Investigating Sexual Abuse in a Confinement Setting". Additionally, the Investigative Officer was interviewed and explained to the Auditor in detail the steps to be taken during a PREA-related investigation.</p> <p>Policy 7.05 PREA, pages 13, IX, B, 4 and the interview with the Investigator addresses 115.372 (a).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.372: Evidentiary standard for administrative investigations.</p>

115.373	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. PREA Reporting to residents</li> <li>3. Resident G Report to Resident</li> <li>4. Police Report Resident G</li> <li>5. Investigation 20220728A</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> <li>2. Investigator</li> </ol>

	<p>Residents are informed of the results of the investigation. That information includes whether the staff member is working in the resident's unit, the staff member's employment status with the Agency, whether the staff member has been indicted, or the staff member has been convicted. In addition, if the alleged abuser is a resident, the resident victim would be informed if the alleged abuser was indicted or convicted. All notifications are documented.</p> <p>The Auditor notes Policy 7.05, pages 13-14. IX, D 1-4 indicates that the victim would be notified of the results of an investigation. The victim will be informed whether the allegation has been substantiated, unsubstantiated, or unfounded. The Southwest Idaho Juvenile Detention Center will collect relevant information from the investigating Agency to inform the youth if necessary. After an allegation of sexual abuse has been made between a resident and staff member, the Southwest Idaho Juvenile Detention Center will inform the resident whenever: the staff member is no longer employed at the facility, the Agency learns that the staff member has been indicted or convicted on a charge of sexual abuse within the facility.</p> <p>After an allegation of sexual abuse between a resident and another resident, the Southwest Idaho Juvenile Detention Center will inform the resident whenever the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility. All attempts to notify will be documented.</p> <p>The number of criminal or administrative investigations of alleged resident sexual abuse that the facility completed in the past 12 months is one. The resident was appropriately notified, and the notification was documented.</p> <p>Policy 7.05, pages 13-14. IX, D 1-4 and interviews with the Facility Director and the Investigator address 115.373 (a).</p> <p>Policy 7.05, page 13, IX, D 1, a, address 115.373 (b).</p> <p>Policy 7.05, pages 13-14. IX, D 1-4, addresses 115.373 (c).</p> <p>Policy 7.05, pages 13-14. IX, D 1-4, addresses 115.373 (d).</p> <p>Policy 7.05, pages 13-14. IX, D 1-4, addresses 115.373 (e).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.373: Reporting to residents.</p>
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<b>115.376</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents

	<p>1. Policy 7.05 PREA</p> <p>The Southwest Idaho Juvenile Detention Center staff are subject to disciplinary sanctions, including termination for violating Agency sexual abuse or sexual harassment policies. Interviews with the Agency Head and Facility Director confirm that, if necessary, appropriate sanctions are available for violations of the Southwest Idaho Juvenile Detention Center Policy relating to PREA. According to Policy 7.05 PREA page 14, X A, 1-3, termination shall be the presumptive disciplinary sanction for Staff engaged in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other Staff with similar histories. 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 law enforcement agencies, unless the activity was not criminal, and to any relevant licensing bodies.</p> <p>All employees, volunteers and contractors are expected to clearly understand that the department strictly prohibits any sexual relationship with an individual under department supervision to be a serious breach of the standards of employee conduct, and these relationships will not be tolerated.</p> <p>In the past 12 months, no staff members have violated the Agency's sexual harassment policy.</p> <p>Policy 7.05 PREA page 14, X A, 1-3, addresses 115.376 (a).</p> <p>Policy 7.05 PREA page 14, X A, 1-3, addresses 115.376 (b).</p> <p>Policy 7.05 PREA page 14, X A, 2, addresses 115.376 (c).</p> <p>Policy 7.05 PREA page 14, X A, 3, addresses 115.376 (d).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.376: Disciplinary Sanctions for Staff.</p>
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<b>115.377</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents
	1. Policy 7.05 PREA

	<p>Interviews:</p> <p>1. Facility Director</p> <p>The Southwest Idaho Juvenile Detention Center policy requires that contractors or volunteers who engage in sexual abuse or sexual harassment are reported to law enforcement and relevant licensing bodies. In these cases, contractors or volunteers who have been found to have violated the Southwest Idaho Juvenile Detention Center PREA Policies are not allowed contact with residents. According to Policy 7.05, page 14, X, B, any contractor or volunteer who engages in sexual abuse shall be prohibited from accessing the Southwest Idaho Juvenile Detention Center and shall be reported to law enforcement agencies for possible criminal prosecution and to relevant licensing bodies. The Southwest Idaho Juvenile Detention Center shall take appropriate remedial measures, if any exist, and shall consider whether to prohibit further contact with juveniles in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>All employees, volunteers and independent contractors are expected to clearly understand that the department strictly prohibits any sexual relationship with an individual under department supervision to be a serious breach of the standards of employee conduct, and these relationships will not be tolerated. Engaging in a personal or sexual relationship will terminate the contractual or volunteer status.</p> <p>There have been no incidents of contractors or volunteers violating The Southwest Idaho Juvenile Detention Center PREA policies within the past 12 months.</p> <p>Policy 7.05, page 14, X, B, and the interview with the Facility Director addresses 115.377 (a).</p> <p>Policy 7.05, page 14, X, B, and the interview with the Facility Director addresses 115.377 (b).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.377: Corrective action for contractors and volunteers.</p>
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<b>115.378</b>	<b>Interventions and disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>1. Policy 7.05 PREA</p>

## Interviews

1. Mental Health Staff
2. Facility Director
3. PREA Coordinator

Residents are subject to disciplinary sanctions following an administrative finding that the resident engaged in resident-on-resident sexual abuse or a criminal finding of resident-on-resident sexual abuse. The sanctions are commensurate with the circumstances of the abuse committed. Appropriate rights and responsibilities are afforded to the resident during the disciplinary hearing. The residents can work with Mental Health staff to correct underlying reasons or motivations for the abuse.

Residents could be disciplined for sexual contact with Staff if the staff member did not consent to such contact. The Southwest Idaho Juvenile Detention Center prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence enough to substantiate the allegation. The Agency prohibits all sexual activity between residents and disciplines residents for such activity; the Agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Based on a discussion with the PREA Coordinator and the Facility Director, the Auditor was satisfied that there is no use of isolation at the Southwest Idaho Juvenile Detention Center. Specifically, the Southwest Idaho Juvenile Detention Center has three single-cell housing units. Residents can be kept separate and still participate in daily activities without being confined to their cells. The residents are allowed to work with mental health staff to correct underlying reasons or motivations for the abuse. The Mental Health staff member indicated that the facility could not offer therapy to possible perpetrators because the residents had not been adjudicated.

However, once adjudicated, if the resident is housed at this facility, attempts would be made to connect the resident with community programs that address the underlying reasons for sexual abuse.

In the past 12 months, one investigation resulted in an administrative finding of resident-on-resident sexual abuse. The case was referred to the Caldwell Police Department and was investigated and prosecuted. The perpetrator was charged with simple assault (not sexual assault) and convicted.

Policy 7.05 PREA page 14, X, C addresses 115.378 (a).

Policy 7.05 PREA page 15, X, C, b, and the Interview with the Facility Director addresses 115.378 (b).

Policy 7.05 PREA page 15, X, C, a, and the Interview with the Facility Director addresses 115.378 (c).

Policy 7.05 PREA page 15, X, C, 2, and the Interview with the Mental Health Staff addresses 115.378 (d).

	<p>Policy 7.05 PREA page 15, X, C, 3, addresses 115.378 (e).</p> <p>Policy 7.05 PREA page 15, X, C, 4, addresses 115.378 (f).</p> <p>Policy 7.05 PREA page 4, III, A, 1, addresses 115.378 (g).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.378: Interventions and Disciplinary sanctions for residents.</p>
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<b>115.381</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6.02 Health Appraisal</li> <li>3. Policy 6.20 Mental Health</li> <li>4. Initial Health Assessment</li> <li>5. Juvenile Medical Behavioral Health Admission Care Screen</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Mental Health staff</li> <li>2. Medical Staff</li> </ol> <p>The Southwest Idaho Juvenile Detention Center provides a follow-up meeting with a medical and mental health practitioner for residents who disclose any prior sexual victimization during screening. Residents who have previously perpetrated sexual abuse are offered a follow-up meeting with a Mental Health practitioner.</p> <p>During his interview, the Mental Health staff member indicated that sexual predators are offered treatment at the facility, and if necessary, appropriate arrangements are made for assistance in the community. Treatment plans and information related to sexual victimization or abuse are limited to mental health practitioners as necessary. Appropriate rules concerning private medical information are strictly enforced. Residents are made aware of the reporting requirements and what is considered protected information.</p> <p>Medical and Mental Health staff work together to collect and monitor information that indicates prior sexual victimization. In addition, if the resident reports being a predator, that information is appropriately documented. Follow-up by Mental Health staff and re-assessment is provided as needed. This follow-up occurs within 14 days</p>

	<p>of intake. Any information pertaining to victimization or predatory behavior is limited to a need-to-know basis. Interviews with Staff confirm compliance with this standard.</p> <p>During her interview, the Medical staff member indicated that information related to sexual victimization or abusiveness is provided only to Staff who need to know and is shared in a way that allows for good decision-making. Appropriate Child Protective Agencies would be notified about prior sexual victimization. Relevant information informs mental health treatment plans and security decisions, such as housing, education, and program assignments. Medical clinical notes are maintained separately from the resident files.</p> <p>Policy 7.05 PREA page 15 XI, A, 1-2, Policy 6.02 Health Appraisal, page 1, 2, A, Policy 6.20 Mental Health, page 1, II, 3 and the interviews with Medical and Mental Health staff address 115.381 (a).</p> <p>Policy 7.05 PREA page 15 XI, A, 1-2, Policy 6.20 Mental Health, page 1, II, 3 and the interviews with Medical and Mental Health staff address 115.381 (b).</p> <p>Policy 7.05 PREA page 15 XI, A, 3 and the interviews with Medical and Mental Health staff address 115.381 (c).</p> <p>The interviews with Medical and Mental Health staff address 115.381 (d).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.381: Medical and mental health screenings; history of sexual abuse.</p>
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<b>115.382</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 6.18a Abuse Investigations</li> <li>3. Idaho Sexual Assault Examinations No Cost</li> <li>4. Idaho Sexual Assault Response Guidelines</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Mental Health staff</li> <li>2. Medical Staff</li> <li>3. Community Advocate</li> <li>4. Staff who Conduct Risk Assessments</li> </ol>

Medical and Mental Health Staff provide access to emergency treatment as necessary. Upon notification, Medical and Mental Health staff determine a course of action based on their professional judgment. Treatment is timely and in accordance with professionally accepted standards. Treatment is provided without cost, regardless of the cooperation level of the victim. Interviews with Medical Staff confirm adherence to this standard.

The PREA Coordinator reported that residents would be taken or referred to the West Valley Medical Center, St. Luke's Medical Center, or St. Alphonsus Medical Center for unimpeded access to emergency medical treatment and crisis intervention services.

The Southwest Idaho, Juvenile Detention Center, offers all residents who experience sexual abuse access to medical examinations at an outside facility, without financial cost; as noted in the Idaho Sexual Assault Response Guidelines page 31, "Sexual assault examinations will be provided to victims at no cost". Examinations are performed by Sexual Assault Nurse Examiners (SANEs) at St. Luke's.

The Auditor reviewed the St. Luke's Children at Risk Evaluation Services information concerning Sexual Assault crisis intervention. Specifically, St. Luke's provides the following: Patients in whom sexual assault is suspected or reported are to be processed quickly and with special attention to physical needs, privacy, and emotional support. Proper collection and storage of evidence and documentation are of the utmost importance. Victims of sexual assault are provided access to a Sexual Assault Advocate from the Advocates Against Family Violence. Advocates are present during the sexual assault examination. Additionally, an advocate will assist with transportation and interpretation of medical-legal needs and follow up as needed. Access to information about emergency contraception and sexually transmitted infections prophylaxis would be provided by Medical Staff at the hospital and followed up by Medical Staff at the Southwest Idaho Juvenile Detention Center.

Policy 7.05 PREA. Page 15-16, XI, B, 1 and interviews with Medical and Mental Health Staff address 115.382 (a).

Policy 7.05 PREA. Page 15-16, XI, B, 2, addresses 115.382 (b).

Policy 7.05 PREA. Page 15-16, XI, B, 3, and interviews with Medical and Mental Health Staff address 115.382 (c).

Policy 7.05 PREA. Page 15-16, XI, B, 4, Idaho Sexual Assault Examinations No Cost and Idaho Sexual Assault Response Guidelines page 31 address 115.382 (d).

The Southwest Idaho Juvenile Detention Center complies with Standard 115.382: Access to emergency medical and mental health services.

**115.383**

**Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

Documents

1. Policy 7.05 PREA
2. MOU AAFV
3. Idaho Sexual Assault Examinations No Cost
4. Idaho Sexual Assault Response Guidelines

Interviews

1. Mental Health staff
2. Medical Staff
3. Resident who disclosed Sexual Victimization

The Southwest Idaho Juvenile Detention Center provides medical and mental health treatment to all residents who have reported sexual victimization. Upon release, residents treated by Mental Health staff are provided with information and the opportunity to meet with Community Mental Health staff.

Female victims of sexually abusive vaginal penetration would be offered a pregnancy test. There have been zero cases involving vaginal penetration at the Southwest Idaho Juvenile Detention Center in the previous 12 months. Sexual abuse victims are provided the opportunity to undergo tests for sexually transmitted diseases. The testing and treatment of sexually transmitted diseases are provided to all residents. A resident does not need to be a victim of sexual abuse to have access to medical treatment for a sexually transmitted disease. There is no cost to the victim for the services provided by Medical and Mental Health Staff. Interviews conducted with Medical and Mental Health staff confirm compliance with this standard.

The Southwest Idaho Juvenile Detention Center provides ongoing medical and mental health care for sexual abuse victims and abusers. Appropriate follow-up services, treatment plans and continuing care upon release from custody are available. All treatment is provided by facility staff or community providers. If necessary, pregnancy tests and follow-up care would be provided. Appropriate STD tests, as medically indicated, would be provided. There would be no cost to the resident for this care.

The Southwest Idaho Juvenile Detention Center offers a mental health evaluation for abusers and treatment when deemed appropriate by a Mental Health practitioner. Interviews with Medical and Mental Health staff confirm compliance with this standard.

Medical Staff indicated they would offer appropriate treatment services to residents victimized by sexual abuse, including but not limited to tests and education about

	<p>pregnancy and sexually transmitted diseases.</p> <p>Policy 7.05 PREA. Page 16, XI, C, 1 and interviews with Medical and Mental Health Staff address 115.383 (a).</p> <p>Policy 7.05 PREA. Page 16, XI, C, 1 a-d, and interviews with Medical, Mental Health and a Resident who reported Sexual Victimization during screening address 115.383 (b).</p> <p>Interviews with Medical and Mental Health Staff address 115.383 (c).</p> <p>Policy 7.05 PREA. Page 16, XI, C, 1 c, and interviews with Medical, Mental Health and a Resident who reported Sexual Victimization during screening address 115.383 (d).</p> <p>Policy 7.05 PREA. Page 16, XI, C, 1 c, and interviews with Medical staff and a Resident who reported Sexual Victimization during screening address 115.383 (e).</p> <p>Policy 7.05 PREA. Page 16, XI, C, 1 d, and interviews with Medical staff and a Resident who reported Sexual Victimization during screening address 115.383 (f).</p> <p>Policy 7.05 PREA. Page 16, XI, C, 1 e, Idaho Sexual Assault Examinations No Cost and Idaho Sexual Assault Response Guidelines page 31, address 115.383 (g).</p> <p>Policy 7.05 PREA. Page 16, XI, C, 1 f, and interviews with Mental Health staff address 115.383 (h).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers.</p>
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<b>115.386</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. PREA Critical Incident Review Form</li> <li>3. Incident Review 8-3-2022</li> <li>4. Sexual Abuse Incident Review Record</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Incident review team</li> <li>2. Facility Director</li> <li>3. PREA Coordinator</li> </ol>

The Southwest Idaho Juvenile Detention Center staff would review the final investigative report at the end of the investigative process. The review would be scheduled within 30 days of the conclusion of the investigation. The review team consists of the Facility Director, the PREA Coordinator and relevant Staff involved in the investigation. The review team would determine if a change in procedure was necessary and if the event was motivated by any class affiliation, sexual orientation, or other group dynamics. A review of the monitoring technology would be conducted to assess its effectiveness. The physical barriers of the facility and the staffing pattern would also be evaluated. There would be a final report of the incident with appropriate recommendations.

Policy 7.05, pages 16-17, XII A, 1-5. indicates the review shall be conducted at the end of each investigation. The review should include upper management, with input from supervisors, investigators, and medical or mental health staff. The review shall address: if changes are needed to Policy and Procedures; Examine areas of the facility to see if changes can be made to reduce risk; Review safety and monitoring practices; Determine if additional training is needed and determine if the event was motivated by race, ethnicity, gender, or sexual preference.

In the past 12 months, the number of criminal or administrative investigations of alleged sexual abuse completed at the facility, followed by a sexual abuse incident review within 30 days, is one. The Auditor was provided a copy of the Incident Review. The review included upper-level management, the PREA Coordinator, supervisors, and line staff involved in the incident. The review addressed if changes were needed to Policy and Procedures; the Review team examined areas of the facility to see if changes could be made to reduce risk; and determined if the event was motivated by race, ethnicity, gender, or sexual preference.

Policy 7.05, pages 16-17, XII A, 1-5, Interviews with a member of the Incident Review Team and the Facility Director, address 115.386 (a).

Policy 7.05, pages 16-17, XII A, 1, Interviews with a member of the Incident Review Team and the Facility Director, address 115.386 (b).

Policy 7.05, pages 16-17, XII A, 2, Interviews with a member of the Incident Review Team and the Facility Director, address 115.386 (c).

Policy 7.05, pages 16-17, XII A, 3, Interviews with a member of the Incident Review Team, the Facility Director, the PREA Coordinator and the Incident Review 8-3-2022, address 115.386 (d).

Policy 7.05, pages 16-17, XII A, 4, Interviews with a member of the Incident Review Team, the Facility Director, the PREA Coordinator and the Incident Review 8-3-2022, address 115.386 (e).

The Southwest Idaho Juvenile Detention Center complies with Standard 115.386: Sexual abuse incident reviews.

<b>115.387</b>	<b>Data collection</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 443 376">Documents</p> <ol data-bbox="341 443 1203 685" style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 1.19 PREA Data Collection Aggregation and Review</li> <li>3. SSV for website for Year End 2021</li> <li>4. SSV for website for Year end 2022</li> <li>5. 2021-SWIJDC PREA Report</li> <li>6. 2022 SWIJDC PREA Report</li> </ol> <p data-bbox="280 725 1469 1093">Uniform data is collected that accurately tracks allegations of sexual abuse. The data is aggregated annually. The PREA Coordinator is responsible for collecting the data necessary to answer all questions from the U.S. Department of Justice Bureau of Justice Statistics Survey of Sexual Violence. The Auditor reviewed the collected data for 2021 and 2022. The data collected is based on the Survey of Sexual Violence conducted by the Department of Justice. The 2022 annual review is posted online and contains a review of the aggregated data from 2019, 2020 and 2021. (<a href="https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/">https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/</a>).</p> <p data-bbox="280 1133 1477 1249">Policy 7.05 PREA page 17, XII B, Policy 1.19 PREA Data Collection Aggregation and Review (all) and SSV for Year- End 2021 and SSV for Year-end 2022 address 115.387 (a).</p> <p data-bbox="290 1290 1469 1326">Policy 1.19 PREA Data Collection Aggregation and Review (all) address 115.387 (b).</p> <p data-bbox="280 1361 1469 1433">Policy 1.19 PREA Data Collection Aggregation and Review (all) and SSV for Year- End 2021 and SSV for Year-end 2022 address 115.387 (c).</p> <p data-bbox="280 1469 1461 1505">Policy 1.19 PREA Data Collection Aggregation and Review (all) address 115.387 (d).</p> <p data-bbox="280 1541 1461 1657">The Southwest Idaho Juvenile Detention Center is a stand-alone facility; it does not contract with other facilities for the confinement of its residents, 115.387 (e) is not applicable.</p> <p data-bbox="280 1693 1461 1765">Policy 1.19 PREA Data Collection Aggregation and Review (all) and SSV for Year-End 2021 and SSV for Year-End 2022 address 115.387 (f).</p> <p data-bbox="280 1800 1422 1881">The Southwest Idaho Juvenile Detention Center complies with Standard 115.387: Data collection.</p>

<b>115.388</b>	<b>Data review for corrective action</b>
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	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 1.19 PREA Data Collection Aggregation and Review</li> <li>3. SSV for website for Year End 2021</li> <li>4. SSV for website for Year end 2022</li> <li>5. 2021-SWIJDC PREA Report</li> <li>6. 2022 SWIJDC PREA Report</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. PREA Coordinator</li> </ol> <p>The Southwest Idaho Juvenile Detention Center PREA Coordinator and the Facility Director review the reported sexual abuse and harassment incidents to identify problem areas and recommend improvement. Policy changes are implemented to improve the Southwest Idaho Juvenile Detention Center's commitment to the PREA. A copy of the report is made available to the Public online at <a href="https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/">https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/</a>.</p> <p>The 2022 SWIJDC PREA Report 2022 and interviews with the Agency Head and the PREA Coordinator address 115.388 (a).</p> <p>The 2022 SWIJDC PREA Report 2022, the SSV for website for Year End 2021 and SSV for website for Year end 2022 address 115.388 (b).</p> <p>The interview with the Agency Head and the Auditor's review of the website <a href="https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/">https://www.canyoncounty.id.gov/elected-officials/commissioners/juvenile-detention/</a> address 115.388 (c).</p> <p>The interview with the PREA Coordinator addresses 115.388 (d).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.388: Data review for corrective action.</p>
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<b>115.389</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. Policy 7.05 PREA</li> <li>2. Policy 1.19 PREA Data Collection Aggregation and Review</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>The Southwest Idaho Juvenile Detention Center PREA Coordinator strictly controls data. The PREA Coordinator and the Facility Director have the authority to view the files and data. The data provided to the Public does not contain any personal identifiers. The Southwest Idaho Juvenile Detention Center maintains this data for ten years after the initial collection date.</p> <p>Policy 1.19 PREA Data Collection Aggregation and Review (all) and the interview with the PREA Coordinator, address 115.389 (a) - (d).</p> <p>The Southwest Idaho Juvenile Detention Center complies with Standard 115.89: Data storage, publication, and destruction.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>This is The Southwest Idaho Juvenile Detention Center's fourth PREA audit. During the week of September 16, 2013, the Southwest Idaho Juvenile Detention Center became the first juvenile facility in the nation to be audited under the PREA Juvenile Standards. The second PREA audit was conducted during the week of October 17, 2016. The third PREA Audit was in September 2019.</p> <p>The Southwest Idaho Juvenile Detention Center has only one facility.</p> <p>During the three years, starting on August 20, 2013, and every three years after that, the Southwest Idaho Juvenile Detention Center has ensured a PREA Audit was completed.</p> <p>The Auditor reviewed the relevant policies, the Southwest Idaho Juvenile Detention Center procedures, reports, and accreditations. The Auditor was provided with a sampling of relevant documents for the most recent one-year period. The Auditor was permitted access to and observed all the Southwest Idaho Juvenile Detention Center areas. The Auditor was permitted to request and receive copies of all relevant documents. The Auditor interviewed Staff, supervisors, and administrators. The Auditor was permitted to conduct private interviews with residents. Residents were allowed to send confidential information or correspondence to the Auditor in</p>

	the same manner as if they were communicating with legal counsel.
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115.403	Audit contents and findings
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	This is The Southwest Idaho Juvenile Detention Center's fourth PREA audit. The previous audit was conducted September 23-26, 2019. Upon completing the final report in 2019, the Southwest Idaho Juvenile Detention Center published the audit results on its website. This task was completed within 90 days of the completion of the audit.

<b>Appendix: Provision Findings</b>		
<b>115.311 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.311 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes
<b>115.311 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	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.)	na
<b>115.312 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.312 (b)</b>	<b>Contracting with other entities for the confinement of residents</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 residents OR the response to 115.312(a)-1 is "NO".)	na
<b>115.313 (a)</b>	<b>Supervision and monitoring</b>	
	Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has implemented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Generally accepted juvenile detention and correctional/secure residential practices?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any judicial findings of inadequacy?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate staffing levels and determining the need for video monitoring: Any findings of inadequacy from Federal investigative agencies?	yes
	Does the agency ensure that each facility's staffing plan takes into consideration the 11 criteria below in calculating adequate	yes

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

	Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A only until October 1, 2017.)	yes
	Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A only until October 1, 2017.)	yes
	Does the facility ensure only security staff are included when calculating these ratios? (N/A only until October 1, 2017.)	yes
	Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph?	yes
<b>115.313 (d)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
<b>115.313 (e)</b>	<b>Supervision and monitoring</b>	
	Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities )	yes
	Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities )	yes
	Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational	yes

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

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

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

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

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

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

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

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

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

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

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

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

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

<b>115.335 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.335 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na
<b>115.335 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

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

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

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

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

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

	entity or office that is not part of the agency?	
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
	Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment?	yes
<b>115.351 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.351 (d)</b>	<b>Resident reporting</b>	
	Does the facility provide residents with access to tools necessary to make a written report?	yes
<b>115.351 (e)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.352 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.352 (b)</b>	<b>Exhaustion of administrative remedies</b>	

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

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

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

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

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

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

	accordance with these standards?	
<b>115.364 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.364 (b)</b>	<b>Staff first responder duties</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
<b>115.365 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.366 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	

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

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

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

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

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

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

<b>115.376 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.376 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.376 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.377 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.377 (b)</b>	<b>Corrective action for contractors and volunteers</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 residents?	yes

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

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

	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
<b>115.381 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18?	yes
<b>115.382 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.382 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362?	yes
	Do staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.382 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
<b>115.382 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial	yes

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

	cooperates with any investigation arising out of the incident?	
<b>115.383 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.386 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.386 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.386 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.386 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes

	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.386 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.387 (a)</b>	<b>Data collection</b>	
	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
<b>115.387 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.387 (c)</b>	<b>Data collection</b>	
	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
<b>115.387 (d)</b>	<b>Data collection</b>	
	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
<b>115.387 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for	na

	the confinement of its residents.)	
<b>115.387 (f)</b>	<b>Data collection</b>	
	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
<b>115.388 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
<b>115.388 (b)</b>	<b>Data review for corrective action</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
<b>115.388 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.388 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when	yes

	publication would present a clear and specific threat to the safety and security of a facility?	
<b>115.389 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.387 are securely retained?	yes
<b>115.389 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.389 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.389 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na

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