

PREA Facility Audit Report: Final

Name of Facility: Juvenile Correctional Center Nampa

Facility Type: Juvenile

Date Interim Report Submitted: 06/28/2024

Date Final Report Submitted: 01/26/2025

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Robert Burns Latham	Date of Signature: 01/26/2025

AUDITOR INFORMATION	
Auditor name:	Latham, Robert
Email:	robertblatham@icloud.com
Start Date of On-Site Audit:	05/06/2024
End Date of On-Site Audit:	05/08/2024

FACILITY INFORMATION	
Facility name:	Juvenile Correctional Center Nampa
Facility physical address:	1650 11th Avenue North, Nampa, Idaho - 83687
Facility mailing address:	954 West Jefferson,

Primary Contact

Name:	Joe Blume
Email Address:	joe.blume@idjc.idaho.gov
Telephone Number:	██████████

Superintendent/Director/Administrator	
Name:	David Birch
Email Address:	David.Birch@idjc.idaho.gov
Telephone Number:	208-465-8443 x2102

Facility PREA Compliance Manager	
Name:	Jennifer Anderson
Email Address:	jennifer.anderson@idjc.idaho.gov
Telephone Number:	(208) 465-8443 x2157

Facility Health Service Administrator On-Site	
Name:	Jennifer Pinion
Email Address:	Jennifer.Pinon@idjc.idaho.gov
Telephone Number:	(208)-465-8443 x2156

Facility Characteristics	
Designed facility capacity:	84
Current population of facility:	42
Average daily population for the past 12 months:	39
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Both womens/girls and mens/boys

<p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
Age range of population:	13-19
Facility security levels/resident custody levels:	1-5
Number of staff currently employed at the facility who may have contact with residents:	130
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	20
Number of volunteers who have contact with residents, currently authorized to enter the facility:	35

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

Agency Chief Executive Officer Information:	
Name:	Monty Prow
Email Address:	Monty.Prow@idjc.idaho.gov

Telephone Number:	1-208-334-5100
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Agency-Wide PREA Coordinator Information			
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Name:	Joe Blume	Email Address:	joe.blume@idjc.idaho.gov
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:	
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1	<ul style="list-style-type: none"> • 115.334 - Specialized training: Investigations
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Number of standards met:	
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42	
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Number of standards not met:	
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0	
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POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-06
2. End date of the onsite portion of the audit:	2024-05-08

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	84
15. Average daily population for the past 12 months:	39
16. Number of inmate/resident/detainee housing units:	8
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	41
19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
20. 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:	20
21. 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:	1
22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
23. 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:	1
24. 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:	6

<p>25. 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:</p>	<p>2</p>
<p>26. 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:</p>	<p>5</p>
<p>27. 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:</p>	<p>12</p>
<p>28. 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:</p>	<p>0</p>
<p>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>No text provided.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>160</p>
<p>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>35</p>

32. 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:	20
33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	7
35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Residents were interviewed from each of the housing units.
37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor was provided with a roster of residents confined on the first day of the onsite audit. The auditor selected residents from each housing unit with consideration given to age, race, ethnicity, gender, and length of time in the facility. Additionally, the auditor was provided with lists of residents for selecting targeted interviews.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>7</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>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>40. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration methods included interviewing staff and residents.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration methods included interviewing staff and residents.</p>

44. 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:	1
45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	2
46. 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:	1
47. 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:	1
48. 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:	1
49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0

<p>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Corroboration methods included interviewing staff and residents. The facility does not use isolation or segregated housing.</p>
<p>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>51. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>If "Other," describe:</p>	<p>Gender, race, ethnicity, and languages spoken were considered.</p>

<p>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>The auditor was provided a roster on the first day of the onsite audit. Staff were selected from all housing units and from each shift. To enable a cross section of staff interviewed, the auditor considered, length of tenure in the facility, rank, work assignments, gender, race, ethnicity, and languages spoken.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</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>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>11</p>
<p>56. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>58. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

59. Were you able to interview the PREA Compliance Manager?

Yes

No

NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

60. 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
61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
61. Enter the total number of VOLUNTEERS who were interviewed:	2
61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
62. Enter the total number of CONTRACTORS who were interviewed:	2
62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input checked="" type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
63. Provide any additional comments regarding selecting or interviewing specialized staff.	The auditor was provided a roster for staff and contractors and a list of volunteers.

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.

64. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
65. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
66. 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)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
68. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No

<p>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>The auditor had access to all areas of the facility. During the site review the auditor had informal, conversations with residents and staff. The auditor tested the following critical functions:</p> <ul style="list-style-type: none"> • The facility’s process for securing interpretation services on-demand (Language Link) • Internal reporting methods for confined persons (grievance) • External reporting methods for confined persons (Idaho Child Protective Services) • Access to outside emotional support services (Nampa Family Justice Center) • Third-Party Reporting
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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.

<p>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>The auditor selected documents for staff interviewed, including personnel records and training records. The auditor reviewed documents for residents interviewed, including intake records, comprehensive education, initial risk screens, reassessments, use of screening information, retaliation monitoring, investigation outcome notification to resident, and sexual abuse incident/ investigation report.</p>
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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.

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	15	2	15	2
Staff-on-inmate sexual abuse	1	0	1	0
Total	16	2	16	2

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	11	0	11	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	13	0	13	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.

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

2

<p>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</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>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</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>Sexual Harassment Investigation Files Selected for Review</p>	
<p>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	No text provided.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
95. 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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

96. 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

97. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.311	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms revised November 29, 2023 3. Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Organization Chart dated July 2023 4. Idaho Department of Juvenile Corrections JCC-Nampa Division (Region 2, Districts 4 & 5) Organization Chart dated December 2023 5. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. PREA Coordinator

2. PREA Compliance Manager

Findings (By Provision):

115.311 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page, 1, states it is therefore the policy of the IDJC that all facilities and contract providers will adhere to a zero-tolerance standard for incidences of sexual abuse or misconduct. Furthermore, it is the policy of the IDJC that all allegations of sexual abuse, sexual harassment, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation within IDJC facilities will be reported, investigated and responded to accordingly. The IDJC will provide a coordinated response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership.

Idaho Department of Juvenile Corrections has a comprehensive PREA policy. The IDJC Glossary of Terms and Acronyms, revised November 29, 2023, pages 1-27, includes definitions of prohibited behaviors regarding sexual misconduct, sexual abuse and sexual harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. The policy addresses prevention of sexual abuse and sexual harassment through the designations of a PREA Coordinator and PREA Compliance Manager, supervision and monitoring, criminal background checks, staff training, resident education, PREA posters and educational materials. The policy addresses detection of sexual abuse and sexual harassment through resident education, staff training, and intake screening for risk of sexual victimization and abusiveness. The policy addresses responding to sexual abuse and sexual harassment through the various ways of reporting, investigations, disciplinary sanctions for residents and staff, victim advocacy, access to emergency medical treatment and crisis intervention services, sexual abuse incident reviews, data collection, and data review for corrective action.

115.311 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards at the facility. The position of the PREA Coordinator in the agency's organizational structure is Correctional Program Coordinator.

	<p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 2, section II.A, states the IDJC will identify an agency PREA coordinator. The agency PREA coordinator will be responsible for: Facilitating and advising IDJC leadership in the development and implementation of agency efforts to comply with PREA standards in all of its facilities and will oversee the application of those efforts.</p> <p>The PREA Coordinator confirmed he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of the Idaho Department of Juvenile Corrections facilities. He stated he is directly responsible for three 3 facility PREA Compliance Managers and interacts with them through meetings and discussions of the PREA standards.</p> <p>115.311 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility has designated a PREA Compliance Manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The position of the PREA Compliance Manager in the agency's organizational structure is Regional Quality Improvement Specialist. The PREA Compliance Manager reports to the Director of Quality Improvement.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 3, section III, states each of the state facilities will identify a facility PREA Compliance Manager.</p> <p>The PREA Compliance Manager confirmed she has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.</p>
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115.312	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Juvenile Corrections Act 20-535, Review of Programs for Juvenile Offenders - Certification 2. Idaho Juvenile Corrections Act 20-536, Contracts with Private Providers of Services for Juvenile Offenders - Certification Required

3. State of Idaho Department of Juvenile Corrections, Interagency Agreement for Juvenile Staging, Washington County Jail, page 8
4. State of Idaho Department of Juvenile Corrections, Contract for Residential Treatment
5. Services, Southwest Idaho Juvenile Detention Center, page 4
6. Memorandum of Understanding between the State of Idaho Department of Juvenile Corrections and ADA County, page 1
7. State of Idaho Department of Juvenile Corrections, Contract for Residential Treatment
8. Services, Region II Juvenile Detention Center, page 5
9. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interview:

1. Agency Contract Administrator Designee (PREA Coordinator)

Findings (by provision):

115.312 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has entered into or renewed a contract for the confinement of residents since the last PREA audit. All of the above contracts require contractors to adopt and comply with PREA Standards.

Since the last PREA audit:

1. The number of contracts for the confinement of residents that the agency entered into or renewed with private entities or other government agencies: 73
2. The number of above contracts that DID NOT require contractors to adopt and comply with PREA standards: 0

The auditor reviewed the contracts for confinement of residents with private agencies or other entities, including other government agencies and observed the contracts include the obligation to adopt and comply with the PREA standards.

115.312 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: All of the above contracts require the agency to monitor the contractor's compliance with PREA Standards. Since the last PREA audit the number of the contracts referenced in 115.312 (a) that DO NOT require the agency to monitor contractor's compliance with PREA Standards: 0

The Idaho Juvenile Corrections Act 20-535, Review of Programs for Juvenile Offenders -Certification states the department shall annually review all state operated or state contracted programs which provide services to juvenile offenders and certify compliance with standards provided by the department. Written reviews shall be provided to the managers of those programs. Based upon policies established by the department, those programs which are unable or unwilling to comply with approved standards may not be certified. Any person owning or operating a private facility who willfully fails to comply with the standards established by the department shall be guilty of a misdemeanor.

Section 20-536 sates nothing in this chapter shall prohibit the department from

	<p>contracting with private providers or other entities for the provision of care, treatment and supervision of juvenile offenders committed to the custody of the department, if these programs are certified as in compliance with department standards within six (6) months after commencing operation.</p> <p>The PREA Coordinator confirmed contracts require monitoring to determine if the contractor complies with required PREA practices. Additionally, the auditor reviewed the contracts and observed the contracts provide for agency contract monitoring to ensure that the contractors are complying with the PREA standards.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency is fully compliant with this standard regarding contracting with other entities for the confinement of residents. No corrective action is required.</p>
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115.313	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 608: Juvenile Supervision revised February 8, 2021 2. Idaho Department of Juvenile Corrections Policy/Procedure 608: Duty Officer Responsibilities revised April 12, 2021 3. Idaho Department of Juvenile Corrections Policy/Procedure 608: Ethics and Standards of Conduct revised October 17, 2022 4. 2019 Juvenile Corrections Center - Nampa Staffing Plan 5. 2021 Juvenile Corrections Center - Nampa Staffing Plan 6. 2022 Juvenile Corrections Center - Nampa Staffing Plan 7. 2023 Juvenile Corrections Center - Nampa Staffing Plan 8. Staffing Plan Deviation Logs 9. Unannounced Supervisor Rounds 10. Juvenile Corrections Center - Nampa Duty Officer Reports 11. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Documents (Corrective Action):</p> <p>Documentation of Staffing Plan Deviation Log (October 15, 2024 - December 30, 2024)</p> <p>Choices Unit Staff Schedule (October 15, 2024 - December 30, 2024)</p> <p>Pathways Unit Staff Schedule (October 15, 2024 - December 30, 2024)</p> <p>Solutions Unit Staff Schedule (October 15, 2024 - December 30, 2024)</p>

Overnight Staff Schedule (October 15, 2024 - December 30, 2024)

Interviews:

1. Superintendent
2. PREA Coordinator
3. PREA Compliance Manager
4. Intermediate or Higher-Level Facility Staff

Site Review Observations:

Observations during onsite review of facility

115.313 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Since the 2020 PREA audit:

1. The average daily number of residents: 39
2. The average daily number of residents on which the staffing plan was predicated: 84

The auditor reviewed the 2023 Juvenile Corrections Center - Nampa Staffing Plan and observed the plan is fully inclusive of the standard provision requirements.

The Superintendent and PREA Compliance Manager confirmed the facility regularly develops a staffing plan, maintains adequate staffing levels to protect residents against sexual abuse, considers video monitoring as part of the plan, and documents the plan. When assessing staffing levels and the need for video monitoring, the staffing plan considers: generally accepted juvenile detention and correctional/secure residential practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant (including "blind spots" or areas where staff or residents may be isolated); the composition of the resident population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.

115.313 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan.

Idaho Department of Juvenile Corrections Policy/Procedure 608: Juvenile Supervision revised February 8, 2021, pages 1-2, section I.C, states in alignment with national best practices, IDJC facilities shall maintain a staff to juvenile ratio of a minimum of 1:8 per group during waking hours. Any deviation from this planned staffing ratio should be limited, involve exigent circumstances, and shall be fully documented. Only staff who have completed the training necessary for sole supervision may be counted in this ratio.

Idaho Department of Juvenile Corrections Policy/Procedure 608: Juvenile Supervision revised February 8, 2021, page 3, section V.D, states staff shall maintain a staff to juvenile ratio of a minimum of 1:16 per group during sleeping hours. Any deviation

from this planned staffing ratio should be limited, involve exigent circumstances, and shall be fully documented. Only staff who have completed the training necessary for sole supervision may be counted in this ratio.

The Superintendent stated the facility maintains appropriate staffing ratios by reviewing staff postings daily to ensure that there are enough staff on duty to meet the required staff to resident ratios. Schedules are developed with the ratios in mind. Additionally, the facility uses overtime and requires staff to stay over to maintain ratios. All deviations from the staffing plan would be documented. The documentation would include explanations for non-compliance.

115.313 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours. The facility maintains staff ratios of a minimum of 1:8 during resident waking hours. The facility maintains staff ratios of a minimum of 1:16 during resident sleeping hours.

In the past 12 months:

1. The number of times the facility deviated from the staffing ratios of 1:8 security staff during resident waking hours: 26
2. The number of times the facility deviated from the staffing ratios of 1:16 security staff during resident sleeping hours: 53

Idaho Department of Juvenile Corrections Policy/Procedure 608: Juvenile Supervision revised February 8, 2021, pages 1-2, section I.C, states in alignment with national best practices, IDJC facilities shall maintain a staff to juvenile ratio of a minimum of 1:8 per group during waking hours.

Idaho Department of Juvenile Corrections Policy/Procedure 608: Juvenile Supervision revised February 8, 2021, page 3, section V.D, states staff shall maintain a staff to juvenile ratio of a minimum of 1:16 per group during sleeping hours.

The Superintendent confirmed the ratios are 1:8 and 1:16.

PREA Site Review: During the site review of the facility, the auditor observed all areas where residents were present were compliant with required staffing ratios during waking hours.

Corrective action was required. For the period of October 1, 2024, to December 30, 2024, the facility maintained staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, with the exception of one deviation, which was documented with the Documentation of Staffing Plan Deviation Log. The auditor reviewed staff work schedules and observed compliance with the staffing ratios.

115.313 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: At least once every year the agency or facility, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether

adjustments are needed to:

1. The staffing plan;
2. Prevailing staffing patterns;
3. The deployment of monitoring technology; or
4. The allocation of agency or facility resources to commit to the staffing plan to ensure compliance with the staffing plan.

Idaho Department of Juvenile Corrections Policy/Procedure 608: Juvenile Supervision revised February 8, 2021, page 4, section VI.A.1-4, states whenever necessary, but no less frequently than once each year, for each facility IDJC operates, in consultation with the Agency PREA Coordinator, the facility shall assess, determine, and document whether adjustments are needed to: the facility staffing plan; prevailing staffing patterns; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan.

The PREA Coordinator confirmed he is consulted regarding any assessments of, or adjustments to, the staffing plan. He confirmed the assessment occurs annually and are documented through the Facility Staffing Plan Assessment.

The auditor reviewed the 2023 Facility Annual Staffing Assessment and observed it is inclusive of the standard provision requirements.

115.313 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents unannounced rounds. The unannounced rounds cover all shifts. The facility prohibits staff from alerting other staff of the conduct of such rounds.

Idaho Department of Juvenile Corrections Policy/Procedure 608: Duty Officer Responsibilities revised April 12, 2021, page 3, section I.B.4, states the DO conducts and documents (in the DJC-275) unannounced rounds for purposes including but not limited to, ensuring the safety and security of juveniles and staff and helping to identify and deter staff sexual abuse and sexual harassment in all areas of the facility, both during day as well as night shifts. The frequency of the rounds is determined by each facility Superintendent, but not less than twice per rotation.

Idaho Department of Juvenile Corrections Policy/Procedure 608: Ethics and Standards of Conduct revised October 17, 2022, page 5, section II.O.1.a, states during unannounced supervisor rounds, an employee is prohibited from alerting other staff members that supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility.

The auditor reviewed Unannounced Supervisor Rounds and Duty Officer Reports for the 12 month audit period and observed the unannounced rounds are conducted on night shifts as well as day shifts.

An interview with the Youth Program Manager confirmed she conducts unannounced rounds. They are conducted on all shifts, and she stated she uses her

	<p>radio to monitor communications to ensure staff are not alerting other staff that the unannounced rounds are being conducted. She confirmed the unannounced rounds are documented.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding supervision and monitoring. Corrective action is completed.</p> <p>115.313 (c) For the period of October 1, 2024, to December 30, 2024, the facility maintained staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours, with the exception of one deviation, which was documented with the Documentation of Staffing Plan Deviation Log.</p>
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115.315	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 608: Juvenile Supervision revised February 8, 2021 2. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 3. Idaho Department of Juvenile Corrections Policy/Procedure 620: Contraband Detection and Disposition/Searches revised January 25, 2022 4. Idaho Department of Juvenile Corrections Policy/Procedure 672: Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender, Intersex, and Questioning Juveniles revised July 26, 2023 5. Mechanical Restraints Pat Down Searches Lesson Plan 6. Idaho Peace Officer Standards and Training Mechanical Restraints and Pat Down Searches PowerPoint 7. Training Course Progress Report for Mechanical Restraints and Pat Down Searches 8. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Sample of Staff 2. Random sample of Residents 3. Transgender or Intersex Residents <p>Site Review Observations: Observations during onsite review of facility</p> <p>Findings (By Provision):</p>

115.315 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility does not conduct cross-gender strip or cross-gender visual body cavity searches of residents.

In the past 12 months:

1. The number of cross-gender strip or cross-gender visual body cavity searches of residents: 0
2. The number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff: 0

Idaho Department of Juvenile Corrections Policy/Procedure 620: Contraband Detection and Disposition/Searches revised January 25, 2022, page 3, section III.C.2, states pat-down searches of individual juveniles must be conducted only by staff of the same sex as the juvenile and must be witnessed by another staff or done in view of a camera.

The auditor reviewed the search rooms and observed they are not under video surveillance and don't allow for cross-gender viewing. Staff explained the searches process and confirmed that searches are completed by staff of the same gender as the resident being searched.

115.315 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility does not permit cross-gender pat-down searches of residents, absent exigent circumstances.

In the past 12 months:

1. The number of cross-gender pat-down searches of residents: 0
2. The number of cross-gender pat-down searches of residents that did not involve exigent circumstance(s): 0

Idaho Department of Juvenile Corrections Policy/Procedure 620: Contraband Detection and Disposition/Searches revised January 25, 2022, page 3, section III.C.2, states pat-down searches of individual juveniles must be conducted only by staff of the same sex as the juvenile and must be witnessed by another staff or done in view of a camera.

Residents interviewed confirmed no staff of the opposite gender have performed a pat-down search of their body. Staff interviewed confirmed they are restricted from conducting cross-gender pat-down searches. No staff interviewed provided an example of a circumstance that would warrant such a search other than searches of transgender or intersex residents.

115.315 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Facility policy requires that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified.

Idaho Department of Juvenile Corrections Policy/Procedure 620: Contraband

Detection and Disposition/Searches revised January 25, 2022, page 3, section III.C.4, states an incident report fully detailing the incident is completed by staff involved in the search.

115.315 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing unit or area where residents are likely to be showering, performing bodily functions, or changing clothing.

Idaho Department of Juvenile Corrections Policy/Procedure 608: Juvenile Supervision revised February 8, 2021, page 2, section I.I, states staff will not enter shower/toilet areas or observe juveniles of the opposite sex in shower/toilet areas except in emergencies or when deemed necessary. In situations in which intensive staff supervision in toilet/shower areas is needed to reduce safety and security threats, there must be Unit Manager/designee approval. All staff must provide a reasonable accommodation for privacy for all toilet/shower areas and areas where juveniles change their clothing. Each living area will use a sign that will indicate if juveniles are showering or changing. Staff entering the living area during times juveniles are changing or showering, must announce their presence.

Staff interviews confirmed staff of the opposite gender announce their presence when entering a housing unit that houses residents of the opposite gender. Interviews also confirmed residents are able to dress, shower and performing bodily functions without being viewed by staff of the opposite gender. Interviews with residents corroborated that staff announce their presence when entering a housing unit that houses residents of the opposite gender. All residents stated they are never fully naked in full view of staff of the opposite gender.

PREA Site Review: Residents are able to shower and change clothing in the privacy of an individual shower with a door that allows staff to see a resident's head and feet for safety and security precautions. Residents have sinks and toilets in their individual cells. Lastly, the auditor observed cross-gender announcements when entering housing units.

115.315 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Zero (0) such searches occurred in the past 12 months.

Idaho Department of Juvenile Corrections Policy/Procedure 672: Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender, Intersex, and Questioning Juveniles revised July 26, 2023, page 4, section IV.F.1, states the facility shall not search or physically examine any juvenile for the sole purpose of determining the juvenile's genital

	<p>status.</p> <p>Interviews with staff confirmed they are aware of the policy prohibiting them from searching or physically examining a transgender or intersex juvenile for the purpose of determining the juvenile’s genital status.</p> <p>One resident who identified as transgender was interviewed. The resident stated they do not believe full searches have been conducted to determine their gender. The resident stated a preference for male staff conducting searches.</p> <p>115.315 (f) The percent of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs: 100%</p> <p>Staff interviewed confirmed they have received training on how to conduct cross-gender pat down searches and searches of transgender residents in a professional and respectful manner, consistent with security needs. Training is accomplished using the Transgender and Intersex Search Procedure Training Curriculum. After being trained on the search procedures, staff take a posttest.</p> <p>The auditor reviewed the Mechanical Restraints Pat Down Searches Lesson Plan and the Idaho Peace Officer Standards and Training Mechanical Restraints and Pat Down Searches PowerPoint and observed the training curriculum for searches of transgender and intersex residents. The auditor reviewed the Training Course Progress Report for Mechanical Restraints and Pat Down Searches and observed 82 staff completed the training in 2022, 2023, and 2024.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.</p>
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115.316	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections Policy/Procedure 640: Observation and Assessment/Intake revised December 18, 2023 3. Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act (PREA) (English and Spanish)

4. Idaho Department of Juvenile Corrections Juvenile Grievance Filing Form (English and Spanish)
5. Language Link Access
6. Language Link Access Test Call
7. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. Agency Head (Director of Idaho Department of Juvenile Corrections)
2. Random Sample of Staff
3. Residents (with disabilities or who are limited English proficient)

Site Review Observations:

Observations during onsite review of facility

Findings (By Provision):

115.316 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has established procedures to provide disabled residents 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.

Idaho Department of Juvenile Corrections Policy/Procedure 640: Observation and Assessment/Intake revised December 18, 2023, page 3, section II.B.7.d.v, states during the intake process the juvenile is provided the necessary information and documents, including explanation and clarification by staff as needed, and is asked to sign related forms. The Juvenile Understanding of Prison Rape Elimination Act (PREA) (DJC-162) form goes directly to the file manager for filing in the case management file. A copy is not placed in the intake working file.

The PAQ indicates the Juvenile Understanding of PREA form is provided to the resident at intake. It is written at a 3rd grade comprehension level to ensure understanding. If a youth is unable, or unwilling to read it, staff will read it out loud to the youth. It is also available in Spanish. The juvenile grievance form, a primary method of reporting, is also available in English or Spanish.

The auditor reviewed the Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act (PREA) and observed the form is available in English and Spanish.

The Idaho Department of Juvenile Corrections Director confirmed the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor interviewed one resident who was identified as having low vision. The resident stated she did not require any assistance or specialized written materials when provided PREA intake and educational information.

115.316 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The auditor observed the Idaho Department of Juvenile Corrections has access to Language Link. Language Link connects the facility with a professional phone interpreter within seconds. The service is available 24/7/365, and the interpreters are fluent in 240 languages. Language Link professional interpreters are experienced and knowledgeable in a wide range of specialized subjects.

The auditor successfully tested access to Language Link with the assistance of the Juvenile Services Coordinator.

The auditor reviewed the Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act (PREA) Form and Idaho Department of Juvenile Corrections Juvenile Grievance Filing Form. The auditor observed the forms are available in English and Spanish.

The auditor interviewed one resident who was identified as being limited English proficient. The resident stated he did not require information translated in Spanish when provided PREA intake and educational information.

115.316 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations. The agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used.

In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations: 0

Idaho Department of Juvenile Corrections Policy/Procedure 640: Observation and Assessment/Intake revised December 18, 2023, page 1, policy section, states the IDJC shall not rely on juvenile interpreters, juvenile readers, or other types of juvenile assistants to facilitate the intake process except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the safety of the juvenile(s) and staff.

Staff interviews confirmed the agency would use a Spanish speaking staff member or a language service for interpretation. No staff interviewed had any knowledge of resident interpreters, resident readers, or any other types of resident assistants

being used in relation to allegations of sexual abuse or sexual harassment.

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

115.317 Hiring and promotion decisions

Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023
2. Idaho Department of Juvenile Corrections PREA Pre-Employment Candidate Questionnaire dated July 26, 2023
3. Idaho State Police Civil Applicant Response
4. Idaho Department of Health and Welfare Child Protection Registry Check
5. Idaho Department of Juvenile Corrections Reference Checking Form
6. Idaho Department of Juvenile Corrections Volunteer/Intern/Contractor (VIC) Pre-utilization Screening
7. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interview:

1. Administrative (Human Resources) Staff

Document (Corrective Action):

1. Attestation Regarding PREA Pre-Employment Candidate Questionnaire

Findings (By Provision):

115.317 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.

Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 1, policy section, states the IDJC does not hire or promote anyone who may have contact with juveniles and does not enlist the services of any volunteers, interns, and contractors who may have contact with juveniles, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, if the victim did not consent or was unable to consent or refuse; or
3. Has been civilly or administratively adjudicated to have engaged in the activity described in (2) above.

The auditor reviewed PREA Pre-Employment Candidate Questionnaire for persons hired in the 12 months preceding the audit and observed the three (3) questions regarding past conduct were asked and answered. The auditor observed the document were available for 2 of the 22 staff selected. Through corrective action, the facility provided a statement that the documents were not maintained due to a data management system change. The statement also assured that all potential new hires will be screened with the criteria according to Idaho Department of Juvenile Corrections policy.

The auditor reviewed Idaho Department of Juvenile Corrections Volunteer/Intern/Contractor (VIC) Pre-utilization Screening for 2 contracted staff interviewed and observed the 3 questions were asked and answered.

The HR staff interview supported the documented evidence. The facility asks all applicants and employees about previous misconduct in written applications for hiring and promotions and in written self-evaluations conducted as part of reviews for current employees.

115.317 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy requires the consideration of 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.

Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 1, policy section, states the IDJC considers any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any volunteers, interns, contractors, or subcontractors who may have contact with juveniles in custody.

The auditor reviewed PREA Pre-Employment Candidate Questionnaire and observed consideration of any incidents of sexual harassment is included.

The HR staff confirmed the department considers prior 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 the residents.

115.317 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

During the past 12 months:

1. The number of persons hired who may have contact with residents who have had criminal background record checks: 32
2. The percent of persons hired who may have contact with residents who have had criminal background record checks: 100%

Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 3, section II.A, states an offer of employment is contingent on a prospective employee passing the required history and background check process designated for their position. These checks include, but are not limited to:

1. Pre-hire drug screening (all POST-certified and safety sensitive positions)
2. Background check (Idaho Law Enforcement Tracking System-ILETS) includes driver's license record check, sex offender registry check (POST-certified positions)
3. I-Court Record check (POST Certified, safety sensitive and security sensitive positions)
4. Driver's License Record Check (positions where driving is a requirement)
5. National Sex Offender Registry Check (all agency positions)
6. Child Abuse Registry Check (POST-certified and safety sensitive positions) Consult any child abuse registry maintained by Idaho as well as the state(s) or localities in which the employee has resided within the past ten years, as disclosed on the Criminal History Check Authorization and Self-Declaration (DJC-058) form.
7. Fingerprint Background Check (all positions).
8. Reference Checks

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with the residents and all employees, who may have contact with residents who are being considered for promotions. The HR staff also confirmed the department consults the Child Abuse Registry.

The auditor reviewed 17 Idaho State Police Civil Applicant Responses, criminal background record checks, for staff interviewed, including personnel hired in the past 12 months, and observed they are conducted in compliance with the standard provision.

The auditor reviewed Idaho Department of Health and Welfare Child Protection Registry Checks for 17 staff and observed they are conducted according to the

standard provision requirements.

The auditor reviewed the Idaho Department of Juvenile Corrections Reference Checking Form and observed it is used to contact prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The auditor reviewed examples for 5 staff members.

115.317 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.

During the past 12 months:

1. The number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 20
2. The percent of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents: 100%

Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 2, section I.A.1-4, states the appointed IDJC contact for volunteers, interns and contractors follows this policy regarding background checks and oversees the process. All volunteers, interns, and contractors are required to complete the following:

1. Criminal History Check Authorization and Self-Declaration (DJC-058) form,
2. PREA Pre-Employment Candidate Questionnaire (DJC-060)
3. Criminal history fingerprint background check
4. State child abuse registry check

The HR staff confirmed the department performs criminal background record checks and considers pertinent civil or administrative adjudications for all contractors who may have contact with the residents and all contractors, who may have contact with residents who are being considered for promotions. The HR staff also confirmed the department consults with Trails.

The auditor reviewed Idaho State Police Civil Applicant Responses and Idaho Department of Health and Welfare Child Protection Registry Checks for 2 contracted staff interviewed and observed criminal background records checks were conducted, and child abuse registry checks were performed.

115.317 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 3, section III.A, states all current employees have a fingerprint background check conducted at least every five years, which is processed and reviewed and must meet the same requirements as all other background checks conducted pursuant to this policy.

Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 3, section I.C, states all current volunteers, interns, contractors, and sub-contractors have a fingerprint background check conducted at least every five years, which is processed and reviewed and must meet the same requirements as all other background checks conducted pursuant to this policy.

The auditor reviewed 5 examples of five-year criminal background records checks and observed they are conducted according to the standard provision requirements.

The interview with the HR staff confirmed criminal background records checks be conducted at least every five years.

115.317 (f) Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 3, section IX, states in alignment with federal PREA requirements, the IDJC asks employees about previous misconduct, as outlined in the Policy section, above, paragraph three, 1.-3. Employees record their answers to these questions on the Employee Performance Review form, as part of ongoing reviews of current employees. An affirmative answer to any of these three questions could result in dismissal.

The auditor reviewed PREA Pre-Employment Candidate Questionnaire conducted annually and observed the three (3) questions regarding past conduct were asked and answered.

115.317 (g) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 5, section IV.C, states any material omissions or false information provided on the DJC-058 form could be grounds for termination, rescinding an offer of employment, or disqualification for consideration to be a volunteer, intern, or contractor.

115.317 (h) Idaho Department of Juvenile Corrections Policy/Procedure 340: Background Checks revised October 16, 2023, page 8, section XI, states unless prohibited by law, the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

The HR staff confirmed the facility would provide information on substantiated

	<p>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.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding hiring and promotion decisions. Corrective action is complete.</p> <p>115.315 (a) Initial Idaho Department of Juvenile Corrections PREA Pre-Employment Candidate Questionnaires were available for 2 of the 22 staff selected. The facility provided a statement that the documents were not maintained due to a data management system change. The statement also assured that all potential new hires will be screened with the criteria according to Idaho Department of Juvenile Corrections policy.</p>
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115.318	Upgrades to facilities and technologies
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Juvenile Corrections Center Nampa Standard Operating Procedure (SOP), New Construction or Modification updated June 20, 2023 2. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director of Idaho Department of Juvenile Corrections) 2. Superintendent <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.318 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>Juvenile Corrections Center Nampa Standard Operating Procedure (SOP), New Construction or Modification updated June 20, 2023, page 1, Background and Expectation section A, states when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon</p>

the agency's ability to protect residents from sexual abuse.

The facility provided a summary of the modifications since the last PREA audit. The facility had a modification on an existing unit that entailed the construction of a wall where there used to be a curtain separating a male and a female treatment group. Additionally, an expansion occurred in which a large gym was constructed, as well as 2 classrooms which are dedicated to vocational instruction.

The Idaho Department of Juvenile Corrections Director and the Superintendent both confirmed the facility would consider the ability to protect residents from sexual abuse when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities. Also, the agency would consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse.

115.318 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency or facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.

Juvenile Corrections Center Nampa Standard Operating Procedure (SOP), New Construction or Modification updated June 20, 2023, page 1, Background and Expectation section B, states when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

The facility provided a summary of the updates to the video monitoring system since the last PREA audit. The facility updated the system to equip the expansion with cameras to provide adequate video surveillance. Additionally, video retention was upgraded from 30 days to 60 days, through the use of additional servers and enhanced data storage techniques.

The Idaho Department of Juvenile Corrections Director and the Superintendent both confirmed when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect residents from sexual abuse.

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding upgrades to facilities and technologies. No corrective action is required.

115.321	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Idaho Department of Juvenile Corrections Administrative Policy/Procedure 910: Investigations – Administrative revised May 18, 2020
2. Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations – PREA revised September 10, 2018
3. Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022
4. Idaho Sexual Assault Response Guidelines, Revision III dated November 2021
5. Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse
6. Memorandum of Understanding Between Idaho Department of Juvenile Corrections and The Nampa Family Justice Center dated September 20, 2023
7. PREA for Medical and Mental Health Care Professionals PowerPoint
8. Training Course Progress Report
9. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. PREA Compliance Manager
2. Random Sample of Staff
3. SAFEs/SANEs
4. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.321 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Nampa Police Department is responsible for conducting criminal sexual abuse investigations. When conducting a sexual abuse investigation, the investigators follow a uniform evidence protocol.

The auditor reviewed the agency investigation policies, Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations – PREA revised September 10, 2018, and Idaho Department of Juvenile Corrections Administrative Policy/ Procedure 910: Investigations – Administrative revised May 18, 2020. The auditor reviewed the Idaho Sexual Assault Response Guidelines, Revision 3 dated November 2021 and observed the document provides a uniform evidence protocol for conducting a sexual abuse investigation. The PAQ indicates the Idaho Sexual Assault Response Guidelines, Revision III dated November 2021 is the document used to train law enforcement in the state of Idaho.

Staff interviews confirmed they are knowledgeable of the agency’s protocol for obtaining usable physical evidence if a resident alleges sexual abuse. They were also knowledgeable that designated agency and facility staff and local law enforcement are responsible for conducting sexual abuse investigations.

115.321 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The protocol is developmentally appropriate for youth. The protocol was adapted from or otherwise based on the National Standard Protocol for Medical Forensic Examinations, 2nd ed., April 2013.

The auditor reviewed the Idaho Sexual Assault Response Guidelines, Revision 3 dated November 2021 and observed the protocol is developmentally appropriate for youth.

115.321 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations.

During the past 12 months:

1. The number of forensic medical exams conducted: 0
2. The number of exams performed by SANEs/SAFEs: 0
3. The number of exams performed by a qualified medical practitioner: 0

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 1, section I.D, states forensic examination is not provided on site by IDJC staff. The alleged victim is referred to a community provider for treatment and gathering of evidence.

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 1, section III.A, states juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge, as medically indicated.

The PAQ indicates The Nampa Family Justice Center, as a part of its victim advocacy services, provides forensic medical examinations through utilization of SAFE/SANE staff and SAFE/SANE staff are always made available for forensic medical examinations.

115.321 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility makes a victim advocate from a rape crisis center available to the victim, in person or by other means. These efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 1, section I.D, states an IDJC staff member accompanies and supports the juvenile through the forensic medical examination process.

	<p>The auditor reviewed the Memorandum of Understanding between Idaho Department of Juvenile Corrections and The Nampa Family Justice Center dated September 20, 2023, and observed a victim advocate would be available to a victim.</p> <p>115.321 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.</p> <p>The auditor reviewed the PREA for Medical and Mental Health Care Professionals PowerPoint and observed the specialized training topics are included. The auditor reviewed the Training Course Progress Report and observed the training was completed by 15 medical and mental health practitioners in 2023.</p> <p>115.321 (f) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: If the agency is not responsible for administrative or criminal investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards.</p> <p>The PAQ indicates the Idaho Department of Juvenile Corrections contributed to the creation of the Idaho Sexual Assault Response Guidelines. The auditor reviewed the guidelines and observed the document provides a multidisciplinary response to sexual assault, including the responsibilities of law enforcement.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.</p>
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115.322	<p>Policies to ensure referrals of allegations for investigations</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Administrative Policy/Procedure 910: Investigations – Administrative revised May 18, 2020 2. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 3. Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations –
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PREA revised September 10, 2018

4. PREA Incident Reviews

5. Nampa Police Investigation Reports

6. PREA Response Flow Charts

7. PREA PowerPoint for Direct Care Staff

8. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interview:

1. Agency Head (Director of Idaho Department of Juvenile Corrections)

2. Investigative Staff (Administrative Investigations)

Findings (By Provision):

115.322 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

In the past 12 months:

1. The number of allegations of sexual abuse and sexual harassment that were received: 29

2. The number of allegations resulting in an administrative investigation: 29

3. The number of allegations referred for criminal investigation: 2

The auditor reviewed the agency investigation policies, Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, and Idaho Department of Juvenile Corrections Administrative Policy/Procedure 910: Investigations - Administrative revised May 18, 2020. The auditor observed the policies provide for administrative or criminal investigations for allegations of sexual abuse and sexual harassment.

The Idaho Department of Juvenile Corrections Director confirmed the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment.

The auditor reviewed 3 PREA Incident Reviews, 2 Nampa Police Investigation Reports, and observed administrative and criminal investigations were completed for the allegations of sexual abuse and sexual harassment. There was 1 unfounded allegation of resident-on-resident sexual abuse, 1 substantiated allegation of resident-on-resident sexual harassment, and 1 unfounded allegation of resident-on-resident sexual harassment.

The PAQ indicates 29 allegations were received. After investigation, 26 allegations were determined not to meet the definition of a PREA incident according to the DOJ's definition. Eight allegations did involve inappropriate contact, although they were determined not to be considered abusive contact according to the DOJ's definitions.

115.322 (b) The agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal

	<p>authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 1, section I, states allegations involving clearly-criminal actions, or those where an initial investigation reveals evidence supporting criminal prosecution, are referred to the appropriate law enforcement agency for criminal investigation.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, section I.A-B, states the IDJC will aggressively respond to, investigate, and support the prosecution of sexual abuse and sexual harassment, both internally and externally, in partnership with law enforcement and prosecutors.</p> <p>The IDJC will comply with all mandatory reporting laws. The IDJC will contact law enforcement and any relevant licensing bodies when staff, volunteers, interns or contractors violate IDJC sexual abuse or sexual harassment policy, unless the activity was clearly not criminal.</p> <p>The Investigative Staff (Youth Program Manager) confirmed agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.</p> <p>The auditor reviewed the Idaho Department of Juvenile Corrections website and observed Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance and Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA are published.</p> <p>115.322 (c) The auditor reviewed the agency criminal investigations policy, the Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, and observed the policy includes responsibilities of both the Idaho Department of Juvenile Corrections and the investigating entity.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.</p>
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115.331	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance

determination:

Documents:

1. Idaho Department of Juvenile Corrections Policy/Procedure 665: Training Requirements revised November 20, 2023
2. PREA PowerPoint for Direct Care Staff
3. Training Course Progress Report
4. PREA Course Survey
5. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. Random Sample of Staff

Findings (By Provision):

115.331 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency trains all employees who may have contact with residents on the eleven required topics.

Idaho Department of Juvenile Corrections Policy/Procedure 665: Training Requirements revised November 20, 2023, page 1, policy section, states all IDJC employees will meet the minimum training requirements for their position and will maintain compliance with training requirements for initial and refresher training, as outlined in the operating procedure below.

The auditor reviewed the PREA PowerPoint for Direct Care Staff and observed the training curriculum includes the eleven required topics.

115.331 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Training is tailored to the unique needs and attributes and gender of the residents at the facility. Employees who are reassigned from facilities housing the opposite gender are given additional training.

The PAQ indicates Idaho Department of Juvenile Corrections Center - Nampa treats both male and female residents. Staff working within the facility may work with either gender youth. No staff is assigned to only work with one gender of resident. Consideration of both genders is given in scenario exploration when PREA training occurs.

115.331 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements: Annually; after the initial in person training, staff participate in annual online PREA training in which information related to current policies related to sexual abuse and harassment is contained.

The auditor reviewed 2023 and 2024 staff training records documented with the Training Course Progress Report and observed 118 staff completed the training.

	<p>115.331 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.</p> <p>The auditor observed staff complete a course survey upon completion of training. Staff are required to acknowledge they understand the PREA training received.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding employee training. No corrective action is required.</p>
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115.332	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination: Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 631: Volunteers, Interns, and Contracted Service Providers (VICs) revised March 14, 2022 2. Volunteer/Intern/Contractor PREA PowerPoint revised January 2024 3. Idaho Department of Juvenile Corrections Volunteer/Intern/Contractor PREA Zero Tolerance Acknowledgement 4. Idaho Department of Juvenile Corrections Volunteer/Intern/Contractor (VIC) Orientation Checklist 5. Volunteer/Intern/Contractor PREA Training Test 6. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Volunteers or Contractors who have Contact with Residents <p>Findings (By Provision):</p> <p>115.332 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The number of volunteers and contractors, who have contact with residents, who have been trained in agency’s policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response: 55</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 631: Volunteers, Interns, and Contracted Service Providers (VICs) revised March 14, 2022, page 2, section</p>

I.C.1, states all VICs must attend a new VIC training prior to performing any VIC activities and must attend annual refresher training. Interns must complete all training videos in section two on the Volunteer/Intern/Contractor Orientation Checklist (DJC-213) form. Volunteers and contractors will be required to complete any or all of the training videos listed in section two at the discretion of the Division Administrator. The Superintendent, or designee, must approve all training schedules, locations, trainers, and curriculums.

The auditor reviewed the Volunteer/Intern/Contractor PREA PowerPoint revised January 2024 and observed the curriculum includes the training topics required by the standard provision. The auditor reviewed Volunteer/Intern/Contractor PREA Training Tests and observed 47 volunteers and contractors received training in 2020 to 2023.

The auditor interviewed 2 volunteers and 2 contracted staff. The volunteers and contracted staff confirmed they have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

115.332 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: 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, but all volunteers and contractors who have contact with residents shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Idaho Department of Juvenile Corrections Policy/Procedure 631: Volunteers, Interns, and Contracted Service Providers (VICs) revised March 14, 2022, page 2, section I.C.1, states VICs will attend orientation and training for specific area assignment.

115.332 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

Idaho Department of Juvenile Corrections Policy/Procedure 631: Volunteers, Interns, and Contracted Service Providers (VICs) revised March 14, 2022, page 2, section I.C.1, states orientation and training will be documented on the DJC-213 form. The DJC-213 form will be signed by staff presenting the orientation session as well as the VIC. The completed DJC-213 form will be given to the site supervisor.

The auditor reviewed Volunteer/Intern/Contractor PREA Training Tests and observed 47 volunteers and contractors received training in 2020 to 2023. The PREA Training Test requires volunteers, interns, and contractors to sign that they have been informed and are aware of the Idaho Department of Juvenile Corrections policy on PREA. The auditor observed other documentation would include the Idaho Department of Juvenile Corrections Volunteer/Intern/Contractor PREA Zero Tolerance Acknowledgement and the Idaho Department of Juvenile Corrections Volunteer/Intern/Contractor (VIC) Orientation Checklist.

Conclusion: Based upon the review and analysis of the available evidence, the

	auditor has determined the facility is fully compliant with this standard regarding volunteer and contractor training. No corrective action is required.
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115.333	Resident education
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections Policy/Procedure 640: Observation and Assessment/Intake revised December 18, 2023 3. Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act (PREA) (English and Spanish) 4. Comprehensive Education Roster 5. Language Link Access 6. Language Link Access Test Call 7. How to Enter a PREA class-Tutorial 8. Idaho Department of Juvenile Corrections Center- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised July 7, 2022 (English and Spanish) 9. Idaho Department of Juvenile Corrections Center- Nampa Solutions Juvenile and Parent Handbook revised July 7, 2022 (English and Spanish) 10. Idaho Department of Juvenile Corrections Center- Nampa Choices Pathways Juvenile and Parent Handbook revised February 9, 2024 (English and Spanish) 11. PREA Educational Videos 12. Zero Tolerance Poster (English and Spanish) 13. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Intake Staff 2. Random Sample of Residents <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (By Provision):</p> <p>115.333 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in an age-appropriate fashion.</p> <p>Of residents admitted during the past 12 months, the number who were given this</p>

information at intake: 125

Idaho Department of Juvenile Corrections Policy/Procedure 640: Observation and Assessment/Intake revised December 18, 2023, page 3, section II.B.7.d.i-v, states the juvenile is provided the necessary information and documents, including explanation and clarification by staff as needed, and is asked to sign related forms. The following forms go directly to the file manager for filing in the case management file. A copy is not placed in the intake working file.

- i. Agreement of Understanding of Juvenile Handbook (DJC-164)
- ii. Juvenile Grievance Policy Memorandum of Understanding (DJC-165)
- iii. Juvenile Notice of Limited Confidentiality (DJC-206)
- iv. Juvenile Rights, Policy and Complaint Procedure Acknowledgement (DJC-166)
- v. Juvenile Understanding of Prison Rape Elimination Act (PREA) (DJC-162)

The Intake Staff (Residential Therapist) demonstrated the intake process. Youth sign an acknowledgment, the Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act (PREA), of having received PREA information about the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment during the intake process. A copy of the acknowledgment is maintained in the youth's case file. The PAQ indicates the document is written at a 3rd grade reading level. If a resident does not read it, the staff will read it to the resident.

Residents interviewed confirmed they were told about their right not to be sexually abused and sexually harassed, how to report sexual abuse or sexual harassment, and their right not to be punished for reporting sexual abuse or sexual harassment. They stated they received PREA education during intake.

The auditor reviewed the acknowledgement forms to verify residents have been provided the PREA intake information. For all 15 residents interviewed the acknowledgement forms were completed during intake. The auditor reviewed historical documentation for the 12-month audit period. For all 12 residents the acknowledgement forms were completed during intake.

115.333 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Of residents admitted during the past 12 months, the number who received such education within 10 days of intake: 63

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 5, section X.A, states within ten days of intake, juveniles shall be educated regarding the following:

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

2. Their right to be free from retaliation for reporting such incidents, and
3. IDJC policies and procedures for responding to such incidents.

The PREA Compliance Manager demonstrated the comprehensive education process with a new female intake in the Choices pod. She showed the PREA video on a laptop and the resident completed a quiz afterward. Additionally, she pointed out the location of the PREA posters and grievance box and described the process for submitting an anonymous report through the grievance process. The auditor observed the PREA video is available in English and Spanish and includes captions for deaf or hard of hearing residents.

The auditor reviewed a comprehensive education roster for the 12-month audit period and observed 75 residents received comprehensive education within 10 days of intake, 21 residents moved to another facility within 10 days of intake and 2 residents did not receive the comprehensive education within 10 days of intake. The PAQ indicates the facility failed to document PREA training for the 2 residents, so it was re-administered to them. The auditor reviewed comprehensive education screenshots for the 15 residents interviewed and observed 14 residents received comprehensive education within 10 days of intake.

115.333 (c) Idaho Department of Juvenile Corrections- Nampa Pre-Audit Questionnaire response: Of those who were NOT educated (as stated in 115.333 (b)-1) during 10 days of intake, all residents have been educated subsequently. Yes

- If YES, the date they were subsequently educated: February 13, 2023
- If NO, the number who were not educated: N/A

The PAQ indicates any resident transferred between facilities will be immersed in a zero-tolerance environment with no substantive differences between the policies and procedure of the new facility and their last.

115.333 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 5, section X.A, states PREA education provided to juveniles shall be age-appropriate and accessible to juveniles who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as juveniles who have limited reading skills.

The PAQ indicates the Idaho school for the deaf and the blind has provided Idaho Department of Juvenile Corrections with video relay systems to enable qualified American Sign Language representatives to communicate effectively with residents. For residents who are visually impaired, staff can read resident educational material to them. Staff ensure that residents understand the PREA education by making whatever accommodations are necessary, occur. This may include staff reading the resident PREA education material to the resident if there is an indication or concern

about a resident's ability to read or comprehend the material. The PAQ indicates the Juvenile Understanding of PREA form is provided to the resident at intake. It is written at a 3rd grade comprehension level to ensure understanding. If a youth is unable, or unwilling to read it, staff will read it out loud to the youth. It is also available in Spanish. The juvenile grievance form, a primary method of reporting, is also available in English or Spanish.

The auditor reviewed the Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act (PREA) and observed the form is available in English and Spanish. Additionally, the auditor observed the parent and juvenile handbooks and PREA posters are also available in English and Spanish.

The auditor interviewed 1 resident who was identified as having low vision. The resident stated she did not require any assistance or specialized written materials when provided PREA intake and educational information.

The auditor interviewed one resident who was identified as being limited English proficient. The resident stated he did not require information translated in Spanish when provided PREA information.

115.333 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency maintains documentation of resident participation in PREA education sessions.

The auditor reviewed the staff tutorial on how to enter completion of PREA education into the Idaho Juvenile Offender System (IJOS) and observed comprehensive education rosters and Idaho Department of Juvenile Corrections Juvenile Understanding of Prison Rape Elimination Act acknowledgement forms document resident participation in PREA education sessions.

115.333 (f) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

The auditor observed the PREA posters (English and Spanish) are readable and accessible, consistent, and posted throughout the facility. The posters contain information about PREA, including how to report sexual abuse and sexual harassment. Also, the auditor observed residents are provided a parent and juvenile handbook (English and Spanish).

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident education. No corrective action is required.

115.334	Specialized training: Investigations
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	Auditor Overall Determination: Exceeds Standard
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Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Idaho Department of Juvenile Corrections Policy/Procedure 665: Training Requirements revised November 20, 2023
2. Training Course Progress Report
3. NIC Training Certificate - Investigating Sexual Abuse in a Confinement Setting
4. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. Investigative Staff (Administrative Investigations)

Findings (By Provision):

115.334 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

Idaho Department of Juvenile Corrections Policy/Procedure 665: Training Requirements revised November 20, 2023, page 6, section VI.B, states requirements for special PREA training (as outlined in PREA Standards for specific positions): Investigating Sexual Abuse in a Confinement Setting (National Institute of Corrections - online) as determined by Division Administrators.

The auditor reviewed 2023 annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The auditor observed the training was completed by 16 staff.

An interview with Investigative Staff (Youth Program Manager) confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She confirmed she received the training required by §115.331 and completed NIC specialized training topics.

115.334 (b) Specialized training includes techniques for interviewing juvenile sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The auditor reviewed NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The auditor observed the training was completed by 16 staff.

An interview with Investigative Staff (Youth Program Manager) confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She confirmed she completed the NIC specialized training topics.

115.334 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency maintains documentation showing that

	<p>investigators have completed the required training. The number of investigators currently employed who have completed the required training: 19</p> <p>The auditor reviewed 2023 annual training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The auditor observed the training was completed by 16 staff.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for investigations. No corrective action is required.</p>
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115.335	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 665: Training Requirements revised November 20, 2023 2. Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse dated October 17, 2022 3. PREA for Medical and Mental Health Care Professionals PowerPoint 4. Training Course Progress Report 5. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical Staff and Mental Health Staff <p>Findings (By Provision):</p> <p>115.335 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.</p> <ol style="list-style-type: none"> 1. The number of all medical and mental health care practitioners who work regularly at this facility who received the training: 15 2. The percent of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy: 100% <p>Idaho Department of Juvenile Corrections Policy/Procedure 665: Training Requirements revised November 20, 2023, page 6, section VI.B, states requirements for special PREA training (as outlined in PREA Standards for specific positions): Specialized class for Mental Health and Medical First Response for PREA (online and annual online refresher).</p>

Interviews with the Facility Clinical Supervisor and RN Manager confirmed they have received the specialized training topics regarding sexual abuse and sexual harassment. The auditor reviewed the PREA for Medical and Mental Health Care Professionals PowerPoint and observed the specialized training topics are included. The auditor reviewed the Training Course Progress Report and observed the training was completed by 15 medical and mental health practitioners in 2023.

115.335 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Idaho Department of Juvenile Corrections Center - Nampa does not employ medical staff that conduct forensic exams. Forensic medical examinations are performed offsite.

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse dated October 17, 2022, page 1, section 1.D, states forensic examination is not provided on site by IDJC staff. The alleged victim is referred to a community provider for treatment and gathering of evidence. An IDJC staff member accompanies and supports the juvenile through the forensic medical examination process.

Interviews with the Facility Clinical Supervisor and RN Manager confirmed forensic medical examinations are conducted off-site. Forensic examinations would be conducted at the Nampa Family Justice Center and St. Luke's Hospital.

115.335 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency maintains documentation showing that medical and mental health practitioners have completed the required training.

The auditor observed training is documented with the Training Course Progress Report.

115.335 (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.331 or for contractors and volunteers under § 115.332, depending upon the practitioner's status at the agency.

The auditor reviewed 2023 staff training records documented with the Training Course Progress Report and observed medical and mental health staff received the training mandated for employees under § 115.331.

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding specialized training for medical and mental health care. No corrective action is required.

115.341	Obtaining information from residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Idaho Department of Juvenile Corrections Policy/Procedure 404: Observation and Assessment Evaluations revised September 18, 2023
2. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021
3. Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener
4. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager
3. Staff Responsible for Risk Screening
4. Random Sample of Residents

Findings (By Provision):

115.341 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

The policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake.

In the past 12 months:

1. The number of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 63
2. The percent of residents entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility: 59.4%

The policy requires that a resident's risk level be reassessed periodically throughout their confinement.

Idaho Department of Juvenile Corrections Policy/Procedure 404: Observation and Assessment Evaluations revised September 18, 2023, page 2, section II.D.1, states every juvenile admitted to O&A is administered a Risk of Sexual Victimization/Perpetration Screener (DJC-269) by a Clinician within three calendar days of the juvenile's entry into O&A.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 2, section I.H, states juveniles shall be screened for risk of sexual victimization/perpetration using

the Risk of Sexual Victimization/Perpetration Screener (RSVP) (DJC-269) form by a mental health professional within 72 hours of O&A intake. In order to guide placement and management strategies the RSVP shall also be administered at least every six months after the date of placement.

The auditor reviewed completed Risk of Sexual Victimization/Perpetration Screeners for verification they are completed within 72 hours of entry into the facility. Twelve assessments were reviewed for the 12-month audit period. All 12 assessments were completed within 72 hours of intake. Thirteen assessments were reviewed for residents interviewed. All 13 assessments were completed within 72 hours of intake. The auditor reviewed risk reassessments and observed they are conducted at 6-month intervals.

The auditor observed the PREA Risk screening process. The Clinical Supervisor completed the Risk of Sexual Victimization/Perpetration Screener for a new intake. The screening occurred in the intake room, ensuring as much privacy as possible.

The auditor interviewed the Staff that Performs Screening for Risk of Victimization and Abusiveness (Residential Therapist). She confirmed she screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. She stated she screens residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The information is ascertained through conversations with residents during intake, medical and mental health screenings, and reviewing any relevant court records. She confirmed resident's risk levels are reassessed every six months.

Fifteen residents were interviewed. They confirmed they were asked questions like the following examples at intake:

1. Have you have ever been sexually abused?
2. Do you identify with being gay, bisexual, or transgender?
3. Do you have any disabilities?
4. Do you think you might be in danger of sexual abuse at the facility?

115.341 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Risk assessment is conducted using an objective screening instrument.

The auditor observed the objective screening instrument, examples for residents interviewed, and additional documentation for the 12-month audit period.

115.341 (c) At a minimum, the agency shall attempt to ascertain information about:

- a. Prior sexual victimization or abusiveness;
- b. 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;
- c. Current charges and offense history;
- d. Age;

- e. Level of emotional and cognitive development;
- f. Physical size and stature;
- g. Mental illness or mental disabilities;
- h. Intellectual or developmental disabilities;
- i. Physical disabilities;
- j. The resident’s own perception of vulnerability; and
- k. Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents.

The auditor reviewed the Risk of Sexual Victimization/Perpetration Screener and found it to be inclusive of the required information. Additionally, the Residential Therapist confirmed the initial risk screening considers all aspects required by the standard.

115.341 (d) The interview with the Residential Therapist confirmed the information is ascertained through conversations with the residents using the Risk of Sexual Victimization/Perpetration Screener. Other assessments and records are referred to as available.

115.341 (e) The PREA Coordinator, PREA Compliance Manager and Residential Therapist confirmed the agency has outlined who can have access to a resident’s risk assessment within the facility, to protect sensitive information from exploitation. The information is entered into the Idaho Juvenile Offender System (IJOS) and is available on a need-to-know basis for safety and security decisions.

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility fully meets this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

115.342	Placement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021 2. Idaho Department of Juvenile Corrections Policy/Procedure 672: Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender, Intersex, And Questioning Juveniles revised July 26, 2023 3. Idaho Department of Juvenile Corrections Placement Considerations and Population Management 4. Due Process for Idaho Department of Juvenile Corrections Juveniles dated

February 18, 2014

5. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. Superintendent
2. PREA Coordinator
3. PREA Compliance Manager
4. Staff Responsible for Risk Screening
5. Staff who Supervise Residents in Isolation (N/A)
6. Medical Staff
7. Mental Health Staff
8. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - none
9. Transgendered/Intersex/Gay/Lesbian/Bisexual Residents

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.342 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency/facility uses information from the risk screening required by §115.341 to inform housing, bed, work, education, and program assignments with the goal of keeping all residents safe and free from sexual abuse.

The auditor reviewed the Idaho Department of Juvenile Corrections Placement Considerations and Population Management Forms and observed the form is used to document the standard provision requirements. The PAQ indicates a multi-disciplinary team is involved in the decision-making process. The auditor reviewed 15 Placement Considerations and Population Management Forms for residents interviewed and observed the form documents placement, education, and program needs and recommendations.

115.342 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged. The facility policy requires that residents at risk of sexual victimization who are placed in isolation have access to legally required educational programming, special education services, and daily large-muscle exercise.

In the past 12 months:

1. The number of residents at risk of sexual victimization who were placed in isolation: 0
2. The number of residents at risk of sexual victimization who were placed in isolation who have been denied daily access to large muscle exercise, and/or legally required education, or special education services: 0

3. The average period of time residents at risk of sexual victimization who were held in isolation to protect them from sexual victimization: N/A

Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021, page 1, policy section, states it is the policy of the Idaho Department of Juvenile Corrections (IDJC) that use of an intervention which results in room confinement, isolation, or segregation from their current treatment program is to be used solely as an adjunct to the treatment process when a juvenile's behavior seriously endangers the safety and security of others or the facility. There will be documentation that all other lesser restrictive means to control behaviors and maintain safety and security have been exhausted. Use of juvenile room confinement, isolation, or segregation for behavioral management as a means of arbitrary imposition of punishment will not be tolerated.

Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021, pages 4-5, section V.D.4 and 10, states the juvenile has the right to have daily recreation/exercise of at least one hour outside the individual room. A juvenile with medical or physical limitations as documented by the medical staff has appropriate recreation/exercise activities developed according to needs. The juvenile has the right to education and materials during scheduled school hours. Per Individual Disabilities Education Act (IDEA), the education manager, or designee, is notified of the juvenile's room confinement. If confinement exceeds ten school days, a Manifest Determination meeting is required to determine if the juvenile's behaviors are due to a disability.

The Facility Director confirmed Idaho Department of Juvenile Corrections Center - Nampa has not uses isolation for residents at risk of sexual victimization.

115.342 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status. The facility prohibits considering lesbian, gay, bisexual, transgender, or intersex identification or status as an indicator of likelihood of being sexually abusive.

Idaho Department of Juvenile Corrections Policy/Procedure 672: Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender, Intersex, And Questioning Juveniles revised July 26, 2023, page 3, section IV.A.1-2, states LGBTIQ+ juveniles are not placed in a particular housing unit, bed or other placement based solely on the juvenile's LGBTIQ+ status, or perceived status. The IDJC shall not consider a juvenile's LGBTIQ+ status, or perceived status, as an indicator or likelihood of being sexually abusive.

The PREA Coordinator and PREA Compliance Manager both confirmed the facility does not have a special housing unit for lesbian, gay, bisexual, transgender, or intersex residents.

One resident identified as bi-sexual, one resident identified as non-binary, and one

resident identified as transgender. The residents confirmed they were not placed in a housing unit only for lesbian, gay, bisexual, transgender, or intersex residents.

Site review: The auditor observed the housing units. There was no particular housing, bed, or other assignments of lesbian, gay, bisexual, transgender, or intersex residents solely on the basis of such identification or status.

115.342 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency or facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Idaho Department of Juvenile Corrections Policy/Procedure 672: Non-Discrimination of Lesbian, Gay, Bi-Sexual, Transgender, Intersex, And Questioning Juveniles revised July 26, 2023, page 3, section IV.A.3.a-b, states placement and programming assignments for transgender or intersex juveniles are reassessed at least every six months to review any threats to safety experienced by the juvenile.

When making a placement decision, placement staff consider whether a transgender or intersex juvenile would prefer to be placed with males or females and the reason for that preference, with the final decision for placement being made by the Clinical Supervisor and/or Program Manager.

The PREA Compliance Manager confirmed housing and programming assignments for transgender or intersex residents are made on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.

115.342 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Placement and programming assignments for each transgender or intersex resident shall be reassessed at least twice each year to review any threats to safety experienced by the resident.

The PREA Compliance Manager and Residential Therapist confirmed placement and programming assignments are reassessed at least twice each year to review any threats to safety experienced by the resident.

115.342 (f) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

The PREA Compliance Manager confirmed the agency considers whether placement will ensure a resident's health and safety and the intake staff responsible for risk screening confirmed transgender or intersex residents' views of their safety are given serious consideration in placement and programming assignments.

115.342 (g) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

	<p>The PREA Compliance Manger and Residential Therapist confirmed transgender and intersex residents are given the opportunity to shower separately from other residents. All residents shower individually.</p> <p>One resident identified as transgender. The resident confirmed they are able to shower separately from other residents.</p> <p>Site Review: The auditor observed all resident showers are single showers that provide privacy behind a door.</p> <p>115.342 (h) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: From a review of case files of residents at risk of sexual victimization who were held in isolation in the past 12 months, the number of case files that include BOTH:</p> <ol style="list-style-type: none"> 1. A statement of the basis for facility’s concern for the resident’s safety, and 2. The reason or reasons why alternative means of separation cannot be arranged: <p>N/A</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. The PAQ indicates Idaho Department of Juvenile Corrections does not place residents at risk of sexual victimization in isolation.</p> <p>115.342 (i) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>No residents at risk of sexual victimization were held in isolation in the past 12 months. The PAQ indicates Idaho Department of Juvenile Corrections does not place residents at risk of sexual victimization in isolation.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding use of screening information. No corrective action is required.</p>
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115.351	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections Center- Nampa Choices Therapeutic

- Community Juvenile and Parent Handbook revised July 7, 2022 (English and Spanish)
3. Idaho Department of Juvenile Corrections Center- Nampa Solutions Juvenile and Parent Handbook revised July 7, 2022 (English and Spanish)
 4. Idaho Department of Juvenile Corrections Center- Nampa Choices Pathways Juvenile and Parent Handbook revised February 9, 2024 (English and Spanish)
 5. PREA Educational Videos
 6. External Reporting Agreement
 7. Zero Tolerance Poster (English and Spanish)
 8. PREA PowerPoint for Direct Care Staff
 9. External Test Report to Child Protection
 10. Idaho Department of Health and Welfare Children and Family Services Intake Worksheet
 11. Test Grievance and Response
 12. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. PREA Compliance Manager
2. Random Sample of Staff
3. Random Sample of Residents
4. Residents who Reported a Sexual Abuse

Site Review Observations:

Observations during on-site review of physical plant

Findings (By Provision):

115.351 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND Staff neglect or violation of responsibilities that may have contributed to such incidents.

The auditor reviewed resident PREA educational videos, juvenile and parent handbooks, and PREA posters and observed multiple internal ways for residents to report privately to agency officials about sexual abuse or sexual harassment. Internal reporting methods include reporting to staff; submitting a grievance; reporting to the PREA Compliance Manager; and reporting to family members or professionals.

Staff interviews confirmed residents can privately report sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by calling the hotline number or writing a grievance. Residents stated they would report sexual abuse or sexual harassment that happened to them or someone else by telling staff, calling the hotline, or writing a grievance.

The auditor observed signage is readable and accessible, consistent, and placed

throughout the facility. Signage is provided in English and Spanish. The auditor tested internal reporting by submitting a test grievance. The grievance was received the same day and the auditor received email confirmation the following day.

115.351 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. The agency does not detain youth solely for civil immigration purposes.

The auditor reviewed juvenile and parent handbooks and PREA posters and observed contact information for a public or private entity or office that is not part of the agency is identified as the Child Protection FACS Central Intake. A telephone number and an address are provided. Residents can remain anonymous by mailing a grievance in a sealed envelope.

The auditor tested external reporting by calling the Child Protection Hotline. The test report was forwarded to the PREA Coordinator in an amended version through email correspondence. Due to the report being a “test report” and not involving actual child abuse, the full report was not able to be forwarded. The agency provided an example from another facility to demonstrate the process in its entirety.

115.351 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports. The time frame that staff are required to document verbal reports: promptly

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 2, section I.F, states staff shall accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties, and shall promptly document any verbal reports. The appropriate designated staff shall contact law enforcement if requested by the alleged victim.

Staff interviewed confirmed verbal reports would be documented immediately or by the end of shift.

115.351 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility provides residents with access to tools to make written reports of sexual abuse or sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The PREA Compliance Manager confirmed pencils would be provided to residents to make written reports of sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse or sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.

The auditor observed locked grievance boxes in the housing units and other areas of

	<p>the facility. There are grievance forms available in the living units.</p> <p>115.351 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: PREA training</p> <p>The auditor reviewed the PREA PowerPoint for Direct Care Staff and observed private reporting methods are included. Additionally, the PAQ indicates staff are made aware that they may use the "Contact Us" feature on the public website to make a report if they wish to stay anonymous, or report privately.</p> <p>Staff interviews revealed they would privately report sexual abuse and sexual harassment of residents by calling the hotline or a private office meeting.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.</p>
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115.352	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections Policy/Procedure 671: Juvenile Grievance revised April 12, 2021 3. Zero Tolerance Poster (English and Spanish) 4. Idaho Department of Juvenile Corrections Juvenile Rights and Grievance Process Acknowledgement of Understanding Form 5. Idaho Department of Juvenile Corrections Juvenile Grievance Filing Form 6. Grievance Envelope 7. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Residents who Reported a Sexual Abuse <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p>

Findings (By Provision):

115.352 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Idaho Department of Juvenile Corrections Policy/Procedure 671: Juvenile Grievance revised April 12, 2021, page 1, policy section, states it is the policy of the Idaho Department of Juvenile Corrections (IDJC) to provide an administrative means for handling complaints from juveniles related to their care and confinement as well as a means for juveniles to report incidents relating to the Prison Rape Elimination Act (PREA). The juvenile grievance process is available to all juveniles placed at an IDJC facility without reprisal. All complaints receive a written, signed response within a reasonable timeframe. This policy requires problem solving without intimidation. Staff that uses acts of intimidation with juveniles in regard to this problem-solving process will be subject to disciplinary action.

The auditor reviewed the Idaho Department of Juvenile Corrections Juvenile Rights and Grievance Process Acknowledgement of Understanding Form and observed residents sign the form acknowledging they have been informed of the grievance procedures.

115.352 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency policy does not require a resident to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

Idaho Department of Juvenile Corrections Policy/Procedure 671: Juvenile Grievance revised April 12, 2021, page 2, section IV.A.2.b-c, states any grievance envelope marked "Sexual Abuse/Sexual Harassment" is immediately delivered to the facility PREA Compliance Manager and is processed according to the emergency grievance procedures in section IV.B. Any other grievance will be routed according to the local operating procedures. If a grievance is not marked "Sexual Abuse/Sexual Harassment" on the envelope but is discovered to be marked on the grievance form, it will be routed as an emergency grievance at that point.

There is no time limit on when a juvenile may submit a grievance for allegations of sexual abuse.

115.352 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.

Idaho Department of Juvenile Corrections Policy/Procedure 671: Juvenile Grievance revised April 12, 2021, page 2, section IV.A.2.b, states no grievance, including those marked "Sexual Abuse/Sexual Harassment", will be referred to a staff member who is the subject of the grievance.

The auditor observed locked grievance boxes in the housing units and other areas of the facility. There are grievance forms available in the living units as well as grievance envelopes that enable resident to check a box if the grievance is PREA related.

115.352 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The total time between the discovery of the grievance and the disposition cannot exceed 25 days.

In the past 12 months:

1. The number of grievances that were filed that alleged sexual abuse: 0
2. The number of grievances alleging sexual abuse that reached final decision within 90 days after being filed: 0
3. The number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days: 0

Idaho Department of Juvenile Corrections Policy/Procedure 671: Juvenile Grievance revised April 12, 2021, page 3, section IV.A.5-8, states the supervisor, or designee, talks with the juvenile and others involved in the grievance situation. The supervisor, or designee, completes the review and discusses the findings/resolution with the juvenile within three working days of receipt of the DJC-126 form. If the grievance involves a staff from another administrative unit, the supervisor or designee involves the supervisor of the staff in question in the interview process. If the grievance is resolved, the supervisor signs and dates the grievance form along with the juvenile and forwards the resolved grievance to the Superintendent for review.

If the grievance remains unresolved, this is indicated on the form and it is forwarded to the Superintendent, or designee, for resolution. The Superintendent, or designee, reviews the facts presented in the material forwarded by the Unit Manager/supervisor and may undertake further investigation as indicated. The juvenile is advised of the Superintendent's decision within five working days of receipt of the grievance.

115.352 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.

Agency policy allows parents or legal guardians of residents to file a grievance alleging sexual abuse, including appeals, on behalf of such resident, regardless of whether or not the resident agrees to having the grievance filed on their behalf.

The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline.

The number of the grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident's decision to decline: 0

Idaho Department of Juvenile Corrections Policy/Procedure 671: Juvenile Grievance revised April 12, 2021, page 2, section III.C, states the grievances may be filed by any juvenile or by a third party on behalf of the juvenile. If a grievance is filed by a third party on behalf of the juvenile, the grievance will not be handled unless the juvenile agrees to have the grievance filed on their behalf. If a grievance is filed by a parent or legal guardian of a juvenile on the juvenile's behalf, it will be handled regardless of whether or not the juvenile agrees to have the grievance filed on their behalf.

115.352 (f) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.

The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months: 0

Idaho Department of Juvenile Corrections Policy/Procedure 671: Juvenile Grievance revised April 12, 2021, page 2, section IV.B.1-2, states any grievance envelope that is marked "Sexual Abuse/Sexual Harassment" or alleges any substantial risk of imminent sexual abuse will be treated as an emergency grievance. If the envelope or form is marked "Sexual Abuse/Sexual Harassment," the staff member picking up the grievance notifies the facility PREA Compliance Manager by e-mail prior to the end of their shift. If the facility PREA Compliance Manager is unavailable, the Duty Officer is contacted. An initial response, including immediate corrective action that may be necessary, is provided within 48 hours.

115.352 (g) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.

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: 0

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, pages 5-6, section X.F, states for the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

	<p>Idaho Department of Juvenile Corrections Policy/Procedure 671: Juvenile Grievance revised April 12, 2021, page 2, section IV.B.5, states if it is found that a juvenile intentionally filed an emergency grievance where no emergency exists, an appropriate program response may be initiated.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding exhaustion of administrative remedies. No corrective action is required.</p>
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<p>115.353</p>	<p>Resident access to outside confidential support services and legal representation</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 675: Privileged Communications revised May 10, 2021 2. Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated September 13, 2023 3. Idaho Department of Juvenile Corrections Center- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised July 7, 2022 4. Idaho Department of Juvenile Corrections Center- Nampa Solutions Juvenile and Parent Handbook revised July 7, 2022 5. Idaho Department of Juvenile Corrections Center- Nampa Choices Pathways Juvenile and Parent Handbook revised February 9, 2024 6. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Documents (Corrective Action):</p> <ol style="list-style-type: none"> 1. Email Correspondence and Completed Work Order dated May 7-13, 2024 2. Idaho Department of Juvenile Corrections Center- Nampa Choices Therapeutic Community Juvenile and Parent Handbook revised April 8, 2024 3. Idaho Department of Juvenile Corrections Center- Nampa Solutions Juvenile and Parent Handbook revised April 8, 2024 4. Idaho Department of Juvenile Corrections Center- Nampa Choices Pathways Juvenile and Parent Handbook revised April 8, 2024 5. Resident Refresher dated May 16, 2024 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Compliance Manager 3. Random Sample of Residents

4. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.353 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility provides residents access to outside victim advocates for emotional support services related to sexual abuse by:

1. Giving residents (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.
2. Enabling reasonable communication between residents and these organizations, in as confidential a manner as possible.

Idaho Department of Juvenile Corrections policy does not include procedures for residents detained solely for civil immigration purposes. The PAQ and the PREA Coordinator confirmed the agency does not accept residents detained solely for civil immigration purposes.

The auditor reviewed the juvenile and parent handbooks and observed the handbooks include a telephone number and mailing address for the Nampa Family Justice Center for outside victim advocates for emotional support services related to sexual abuse.

The auditor reviewed the Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated September 13, 2023, and observed the agreement provides residents with emotional support services related to sexual abuse.

The auditor contacted the Nampa Family Justice Center and confirmed victim advocacy is available to the youth at the facility. Additionally, the auditor called the Nampa Family Justice Center from a facility telephone and confirmed calls could be made. Initially the auditor was unable to call the Nampa Family Justice Center due to the telephones not permitting the call. The facility initiated a work order May 7, 2024, and on May 13, 2024, the auditor received an email indicating the telephone issue was addressed and calls to the Center can be made.

If a resident wanted to mail a letter to the Nampa Family Justice Center they are provided paper, envelopes and stamps. Letters are given to staff to mail.

Resident interviews revealed differing levels of knowledge of services available outside of the facility for dealing with sexual abuse if they ever need it. Through corrective action, the facility provided refresher education to the residents and provided the auditor a sign-in sheet as verification on May 16, 2024.

115.353 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored. The facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to

outside victim advocates, including any limits to confidentiality under relevant Federal, State, or local law.

Idaho Department of Juvenile Corrections Policy/Procedure 675: Privileged Communications revised May 10, 2021, page 3, section IV.1-3, states in the event a juvenile who is the victim of an incident of sexual abuse/sexual harassment desires to access victim advocacy services outside of the IDJC, they are allowed to do so and the communication is considered privileged.

If a juvenile wishes to report by phone, staff follow the same procedures and afford the juvenile the same level of privacy as described in Section I.A.

Juveniles may submit sealed mail which is addressed to the Victim Advocacy service provider in their region. Juveniles may remain anonymous when using this method of reporting and are not required to include a return address.

The IDJC has identified the outside providers to receive these calls and letters in order to facilitate the appropriate services. The names, telephone numbers, and address are visibly available to all juveniles. Memorandum of Understanding's are on file with the IDJC PREA Coordinator and Facility PREA Compliance Managers.

Idaho Department of Juvenile Corrections Policy/Procedure 675: Privileged Communications revised May 10, 2021, page 1, section I.A, states incoming or outgoing telephone contacts with attorneys are not limited or declined unless the juvenile is demonstrating an immediate threat to the safety of themselves or others. A call is returned as soon as the immediate threat is no longer present. Staff must verify that incoming calls are from the said attorney by recalling the number if necessary. An area is made available for the juvenile to converse with the attorney in private.

The auditor reviewed the juvenile and parent handbooks did not inform residents about the extent to which communications with the Nampa Family Justice Center will be monitored and the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates.

Through corrective action, the facility updated the juvenile and parent handbooks April 8, 2024, to indicate staff will not monitor calls to the Nampa Family Justice Center and the Center victim advocates are mandatory reporters.

115.353 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency or facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

The auditor reviewed the Memorandum of Understanding between Idaho Department of Juvenile Corrections and the Nampa Family Justice Center dated September 13, 2023, and observed the agreement provides residents with

	<p>emotional support services related to sexual abuse. The auditor contacted the Nampa Family Justice Center and confirmed victim advocacy is available to the youth at the facility.</p> <p>115.353 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility provides residents with reasonable and confidential access to their attorneys or other legal representation. The facility provides residents with reasonable access to parents or legal guardians.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 675: Privileged Communications revised May 10, 2021, pages 1-2, Communications and Correspondence section, details telephone, mail, visitation procedures, and access to legal counsel.</p> <p>Conclusion and Corrective Action: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding resident access to outside confidential support services and legal representation. Corrective action is complete.</p> <p>115.353 (a) Facility telephones did not permit calls to the Nampa Family Justice Center. The facility initiated a work order May 7, 2024, and on May 13, 2024, the auditor received an email indicating the telephone issue was addressed and calls to the Center can be made.</p> <p>The facility provided refresher education to the residents and provided the auditor a sign-in sheet as verification on May 16, 2024.</p> <p>115.353 (b) The facility updated the juvenile and parent handbooks April 8, 2024, to indicate staff will not monitor calls to the Nampa Family Justice Center and the Center victim advocates are mandatory reporters.</p>
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115.354	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Website 2. Zero Tolerance posters 3. Third-party Test Reports and Correspondence 4. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>§115.354 Idaho Department of Juvenile Corrections- Nampa Pre-Audit Questionnaire</p>

response: The agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

The auditor reviewed the Idaho Department of Juvenile Corrections Website at <http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea/>. The Reporting Abuse section states, "If you suspect that a juvenile committed to the custody of IDJC has been subject to sexual abuse or harassment that has occurred at an IDJC facility or a provider contracted by IDJC, you may contact IDJC, contact Child Protection at 1.855.522.5437, or contact law enforcement in the area where the facility is located. All reports are taken seriously and investigated as outlined in the PREA standards. Any knowingly false accusations may be prosecuted."

The auditor selected the Contact Us section and observed reports could be made by emailing contactus@idjc.idaho.gov. Additionally, the agency address, telephone numbers, and a fax number are provided.

The auditor submitted a third-party test report on March 8, 2024, to the email address provided. After not receiving a response to the test report, the auditor contacted the PREA Coordinator April 21, 2024, to report not having received a response. The agency was unable to locate the test report and the PREA Coordinator suggested resubmitting the test report to assist with diagnosing the issue. The auditor resubmitted the test report April 23, 2024, and the test report was responded to 28 minutes afterward.

The original failed test report alerted the agency to a systems problem which occurred when the agency transitioned to Microsoft Teams email and the auto-forward response was broken. The agency provided email correspondence May 8, 2024, detailing the issue identified and the steps taken to correct the problem.

During the site review the auditor observed the Zero Tolerance posters include information for making third-party test reports of sexual abuse or sexual harassment. The posters are readable and accessible, consistent, accurate, and placed throughout the facility, including areas accessed by visitors. Lastly, the posters are available in English and Spanish.

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds this standard regarding third-party reporting by providing multiple ways for third-party reporting. No corrective action is required.

115.361	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The following evidence was analyzed in making the compliance

determination:

Documents:

1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021
2. Idaho Department of Juvenile Corrections Policy/Procedure 307: Harassment and Discrimination revised September 30, 2019
3. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. Superintendent
2. PREA Compliance Manager
3. Random Sample of Staff
4. Medical and Mental Health Staff

Findings (By Provision):

115.361 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency requires all staff to report immediately and according to agency policy:

1. 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.
2. Any retaliation against residents or staff who reported such an incident.
3. Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 3, section IV.D, states upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center, staff will immediately contact their supervisor or if not available, the designee or duty officer.

Idaho Department of Juvenile Corrections Policy/Procedure 307: Harassment and Discrimination revised September 30, 2019, page 4, section VI.B, states acts of retaliation should be reported immediately.

Interviews with staff confirmed the requirement to report 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; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

115.361 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency requires all staff to comply with any applicable mandatory child abuse reporting laws.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, section I.B,

states the IDJC will comply with all mandatory reporting laws.

Staff interviews confirmed they are aware of Idaho laws related to mandatory reporting of sexual abuse.

115.361 (c) Idaho Department of Juvenile Corrections- Nampa Pre-Audit Questionnaire response: Apart from reporting to designated supervisors or officials and designated State or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 2, section 1.G, states staff shall not reveal information related to an allegation of sexual abuse to anyone, including other staff, except for purposes of reporting as outlined below or to the extent necessary to assist in an investigation, to provide medical or mental health treatment, or for other security purposes.

Staff interviewed were knowledgeable that policy prohibits them 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.

115.361 (d) Interviews with the Facility Clinical Supervisor and RN Manager confirmed they disclose the limitations of confidentiality and their duty to report, at the initiation of services to a resident. They confirmed they are required to report any knowledge , suspicion, or information regarding an incident of sexual abuse or sexual harassment. The Facility Clinical Supervisor stated she has not become aware of such incidents. The RN Manager stated she became aware of 1 incident years ago and reported it.

115.361 (e) The Superintendent confirmed when the facility receives an allegation of sexual abuse, the allegation is reported to the Nampa Police Department and to the victim's parents. If the victim is under the guardianship of the child welfare system, he stated the allegation would be reported to the victim's caseworker. Notification would be made immediately or within 24 hours or less. Lastly, he stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the juvenile's probation officer within 24 hours or less.

The PREA Compliance Manager stated when the facility receives an allegation of sexual abuse, the allegation is reported to the PREA Coordinator, Superintendent, Youth Program Manager, Group Leader and clinician. If the victim is under the guardianship of the child welfare system, she stated the Group Leader would report the allegation to the victim's caseworker within 24 hours. Lastly, she stated if a juvenile court retains jurisdiction over a victim, the allegation would be reported to the legal representative of record within 24 hours.

115.361 (f) The Superintendent confirmed allegations of sexual abuse and sexual

	<p>harassment, including third-party and anonymous reports, are reported to designated facility investigators.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff and agency reporting duties. No corrective action is required.</p>
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115.362	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director of Idaho Department of Juvenile Corrections) 2. Superintendent 3. Random Sample of Staff <p>Findings: Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).</p> <p>In the past 12 months: The number of times the agency or facility determined that a resident was subject to substantial risk of imminent sexual abuse: 0</p> <p>If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action: immediately</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, section I.A, states the IDJC will aggressively respond to, investigate, and support the prosecution of sexual abuse and sexual harassment, both internally and externally, in partnership with law enforcement and prosecutors.</p> <p>The Director of Idaho Department of Juvenile Corrections confirmed immediate actions will be taken to protect a resident who is subject to a substantial risk of imminent sexual abuse. Protective measures would include moving the resident to</p>

	<p>prevent the abuse.</p> <p>The Superintendent stated if a resident is subject to a substantial risk of imminent sexual abuse, the facility would take immediate protective actions. The alleged perpetrator would be moved to a different area.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection duties. No corrective action is required.</p>
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115.363	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections Notification of Disclosure and/or PREA Incident 3. Idaho Department of Juvenile Corrections PREA Incident Review 4. Nampa Police Incident Report 5. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director of Idaho Department of Juvenile Corrections) 2. Superintendent <p>Findings (By Provision):</p> <p>115.363 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The agency's policy also requires that the head of the facility notify the appropriate investigative agency.</p> <p>In the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility: 1</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 5, section IX.A, states upon suspicion of and/or becoming aware of a possible sexual abuse incident that is reported to have occurred at another facility the Superintendent of the</p>

facility where the juvenile is located, or the IDJC Director, shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred, and shall also notify the appropriate investigative agency.

The auditor reviewed an Idaho Department of Juvenile Corrections Notification of Disclosure and/or PREA Incident for an allegation of sexual abuse that was reported at Idaho Department of Juvenile Corrections - St. Anthony and alleged to have occurred at Idaho Department of Juvenile Corrections - Nampa. The auditor observed the superintendent was notified.

115.363 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy requires that the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 5, section IX.B, states such notification shall be provided as soon as possible, but no later than 24 hours after receiving the allegation.

The auditor reviewed the Idaho Department of Juvenile Corrections Notification of Disclosure and/or PREA Incident and observed the notification was made within 2 hours after receiving the allegation.

115.363 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 5, section IX.C, states the PREA coordinator shall document that such notification has been made.

The auditor reviewed the Idaho Department of Juvenile Corrections Notification of Disclosure and/or PREA Incident and observed the notification was documented.

115.363 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency/facility policy requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities: 1

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, states it is the policy of the IDJC that all allegations of sexual abuse, sexual harassment, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation within IDJC facilities will be reported, investigated and responded to

	<p>accordingly.</p> <p>The auditor reviewed a Nampa Police Incident Report for an allegation of sexual abuse that was reported at Idaho Department of Juvenile Corrections Center - St. Anthony, and observed the allegation was investigated in accordance with these standards.</p> <p>The Idaho Department of Juvenile Corrections Director stated if another agency or a facility refers allegations of sexual abuse or sexual harassment that occurred within one of the facilities, the designated point of contact is published on the agency’s website. When the agency (or a facility within the agency) receives allegations the head of the facility would be contacted. He confirmed there is an example of such an allegation being reported from another facility or agency.</p> <p>The Superintendent stated when the facility receives an allegation from another facility, the facility collaborates with other facilities. He stated one allegations of sexual abuse has been received from another facility during the 12-month audit period.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to other confinement facilities. No corrective action is required.</p>
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115.364	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections- Nampa 12 Month Allegations Summary from January 1, 2023, to January 1, 2024 3. Idaho Department of Juvenile Corrections Law Enforcement Request Form 4. Idaho Department of Juvenile Corrections PREA Incident Review 5. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Staff First Responders 2. Random Sample of Staff 3. Residents who Reported a Sexual Abuse <p>Findings (By Provision):</p>

115.364 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report 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. The policy requires that, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, the number of allegations that a resident was sexually abused: 1

Of these allegations:

1. The number of times the first security staff member to respond to the report separated the alleged victim and abuser: 0
2. The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 1
3. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence: 0
4. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report requested that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0
5. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, the number of times the first security staff member to respond to the report ensured that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating: 0

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 3, section IV. A-D, states upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center, staff will:

- A. Ensure the safety of the alleged victim and take steps to separate the alleged

	<p>offender, alleged victim and any witnesses. Separation does not mean isolation, unless other less restrictive measures to ensure the safety of those involved have failed.</p> <p>B. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.</p> <p>C. If the abuse occurred within a time frame that still allows for evidence collection from the alleged victim or abuser, staff shall request that the alleged victim or abuser not take any action that could destroy physical evidence.</p> <p>D. Immediately contact their supervisor or if not available, the designee or duty officer.</p> <p>Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p> <p>115.364 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agencies policy requires that if the first staff responder is not a security staff member, that responder shall be required to:</p> <ol style="list-style-type: none"> 1. Request that the alleged victim not take any actions that could destroy physical evidence. 2. Notify security staff. <p>Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder: 0</p> <p>The PAQ indicates all direct care staff are considered security staff and are trained on their first responder security protocols, all non-direct care staff who may receive a disclosure are trained to immediately inform a security staff of the PREA allegation.</p> <p>Interviews with staff confirmed they are knowledgeable of their first responder duties if they are the first person to be alerted that a resident has allegedly been the victim of sexual abuse.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding staff first responder duties. No corrective action is required.</p>
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115.365	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p>

	<p>1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021</p> <p>2. Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse</p> <p>3. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</p> <p>Interview:</p> <p>1. Superintendent</p> <p>Findings: Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, states the IDJC will provide a coordinated response to incidents of sexual abuse among staff first responders, medical and mental health staff, investigators, and facility leadership.</p> <p>The auditor reviewed the Idaho Department of Juvenile Corrections- Nampa Coordinated Response Plan to Reports of Sexual Abuse and observed the plan is inclusive of the standard requirements.</p> <p>The Superintendent confirmed the facility follows the plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.</p>
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<p>115.366</p>	<p>Preservation of ability to protect residents from contact with abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>1. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)</p>

	<p>Interview:</p> <p>1. Agency Head (Director of Idaho Department of Juvenile Corrections)</p> <p>Findings (By Provision):</p> <p>115.366 (a) This standard provision is nonapplicable to the Idaho Department of Juvenile Corrections.</p> <p>Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into a collective bargaining agreement since the last PREA audit.</p> <p>The Idaho Department of Juvenile Corrections Director confirmed neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed 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>115.366 (b) This standard provision is nonapplicable to the Idaho Department of Juvenile Corrections.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.</p>
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115.367	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 2. Idaho Department of Juvenile Corrections Policy/Procedure 307: Harassment and Discrimination revised September 30, 2019 3. Quality Improvement Services Bureau Handbook dated February 16, 2023 4. Idaho Department of Juvenile Corrections Sexual Abuse/Harassment Retaliation Monitoring 5. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p>

1. Agency Head (Director of Idaho Department of Juvenile Corrections)
2. Superintendent
3. Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager)
4. Residents who Reported a Sexual Abuse - none present

Findings (By Provision):

115.367 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

The Agency designates Jennifer Anderson, PREA Compliance Manager, with monitoring for possible retaliation.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, states it is the policy of the IDJC that all allegations of sexual abuse, sexual harassment, retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation within IDJC facilities will be reported, investigated and responded to accordingly.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 3, section III.B, states Each of the state facilities will identify a facility PCM. The facility PCM (or their designee) will be responsible for monitoring the conduct and treatment of all juveniles and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations, in an effort to protect juveniles and staff from retaliation.

115.367 (b) The agency shall employ multiple protection measures, 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 for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Idaho Department of Juvenile Corrections Director confirmed the agency protects residents and staff from retaliation for sexual abuse or sexual harassment allegations. Monitoring would be for 90 days. Residents would be separated, and the potential offender would be moved. Staff would be removed from the facility or assigned to work at another site.

The Superintendent confirmed the different measures that would be taken to protect residents and staff from retaliation would include communicating with staff and programmatic sanctions for retaliation.

The Designated Staff Member Charged with Monitoring Retaliation (PREA Compliance Manager) confirmed the role she plays in preventing retaliation against

residents and staff who report sexual abuse or sexual harassment, or against those who cooperate with sexual abuse or sexual harassment investigations includes monitoring and helping to prevent further retaliation. The different measures she would take to protect residents and staff from retaliation include monitoring, status checks, and moving an aggressor to another pod. She confirmed she initiates contact with residents who have reported sexual abuse and status checks occur weekly.

There were no residents in isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) or residents who reported a sexual abuse.

115.367 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency and/or facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff.

- The length of time that the agency and/or facility monitors the conduct or treatment: 90 days
- The agency/facility acts promptly to remedy any such retaliation.
- The agency/facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
- The number of times an incident of retaliation occurred in the past 12 months: 0

The Quality Improvement Services Bureau Handbook dated February 16, 2023, page 17, monitoring for retaliation section, states for at least 90 days following a report of sexual abuse or sexual harassment, the Facility PCMs shall monitor the conduct or treatment of juveniles or staff who reported sexual abuse. If someone other than the alleged victim reported abuse, the Facility PCMs shall monitor the juveniles who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by juveniles or staff and shall act promptly to remedy any such retaliation. If retaliation against staff by other staff is suspected, the Facility PCM shall communicate findings to the Agency PREA Coordinator and DAG. The Agency PREA Coordinator and DAG shall elevate the report to the correct personnel in order to respond to the findings of the Facility PCM, and any incidents of retaliation. In order to monitor retaliation related to the case of juveniles, such monitoring shall include:

- Periodic status checks with the staff and/or juvenile
- A review of any incident reports accumulated by the juvenile
- A review of any sanctions against the juvenile
- Any housing, or program changes, or negative performance reviews or reassignments of staff.

Monitoring efforts shall be documented by the facility PCM's. The Facility PCMs shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. If any other individual who cooperates with an investigation expresses a fear of retaliation, IDJC shall take appropriate measures to protect that individual against retaliation.

The Superintendent stated the measures he would take when he suspects retaliation would be to interview youth suspected of retaliation and addressing retaliation in group.

The PREA Compliance Manager stated things she looks for possible retaliation by reading staff reports and attending team meetings. She monitors the conduct and treatment of residents and staff who report the sexual abuse of a resident or were reported to have suffered sexual abuse for 90 days. If there is concern that potential retaliation might occur monitoring would be initiated for another 90 days.

The auditor reviewed Idaho Department of Juvenile Corrections Sexual Abuse/ Harassment Retaliation Monitoring Forms for 3 allegations of sexual abuse and sexual harassment and observed monitoring occurs weekly for 90 days unless a resident is released.

115.367 (d) The Quality Improvement Services Bureau Handbook dated February 16, 2023, page 17, monitoring for retaliation section, states monitoring efforts shall be documented by the facility PCM's.

The PREA Compliance Manager confirmed status checks occur weekly.

The auditor reviewed Idaho Department of Juvenile Corrections Sexual Abuse/ Harassment Retaliation Monitoring Forms for 3 allegations of sexual abuse and sexual harassment and observed retaliation monitoring is documented according to the standard requirements.

115.367 (e) The Quality Improvement Services Bureau Handbook dated February 16, 2023, page 17, monitoring for retaliation section, states if any other individual who cooperates with an investigation expresses a fear of retaliation, IDJC shall take appropriate measures to protect that individual against retaliation.

The Idaho Department of Juvenile Corrections Director confirmed if an individual who cooperates with an investigation expresses a fear of retaliation monitoring would be for 90 days. Residents would be separated, and the potential offender would be moved. Staff would be removed from the facility or assigned to work at another site.

The Superintendent confirmed if an individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. He would communicate with staff and there would be programmatic sanctions for retaliation. Youth suspected of retaliation would be interviewed and the retaliation would be addressed in group.

115.367 (f) N/A

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding agency protection against retaliation. No corrective action is required.

115.368	Post-allegation protective custody
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021 2. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. Staff who Supervise Residents in Isolation 3. Medical and Mental Health Staff 4. Residents in Isolation (for risk of sexual victimization/who allege to have suffered sexual abuse) - N/A <p>Findings: Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.</p> <p>The number of residents who allege to have suffered sexual abuse who were placed in isolation in the past 12 months: 0</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021, page 1, states it is the policy of the Idaho Department of Juvenile Corrections (IDJC) that use of an intervention which results in room confinement, isolation, or segregation from their current treatment program is to be used solely as an adjunct to the treatment process when a juvenile's behavior seriously endangers the safety and security of others or the facility. There will be documentation that all other lesser restrictive means to control behaviors and maintain safety and security have been exhausted. Use of juvenile room confinement, isolation, or segregation for behavioral management as a means of arbitrary imposition of punishment will not be tolerated.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021, pages 4-5, section V.D.1-10, states during room confinement or isolation the juvenile's basic rights are maintained and the following criteria are followed (unless it presents a safety and security risk, such as increased risk to a juvenile on suicide precautions and/or the juvenile's behavior warrants a restriction):</p> <ol style="list-style-type: none"> A. A juveniles' room has adequate lighting (natural and artificial), heating, and ventilation to allow temperatures appropriate for the season.

B. Access to shower and toilet facilities.

C. Bed with bedding, including sheets, blankets, and pillow with linen changes on the same schedule as the living unit.

D. The juvenile:

1. Is clothed in appropriate program clothing from their living unit unless other clothing is specially justified.

2. Has access to reading and writing materials as requested and as available at the facility.

3. Has access to grievance and other methods of communicating concerns. Grievance forms are available at the juvenile's request.

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

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

6. Has the right to mail as provided to other juveniles on the living unit.

7. Has the right to legal counsel.

8. Has the right to have hygiene materials and to shower on a daily basis. Hygiene materials include toothbrush, toothpaste, comb, and soap as well as feminine hygiene material, if needed.

9. Has the right to the same quality and quantity of food offered to all juveniles on the living unit/facility.

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

Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021, page 3, Page 3, section IV.A, states any juvenile placed in room confinement or isolation for cause is provided a due process hearing within 24 hours of placement.

1. If the juvenile remains in any type of room confinement or isolation for a period of time exceeding 24 hours, additional due process hearings are provided. Hearings may be conducted as frequently as necessary but no period of room confinement or isolation will exceed a 24 hour period without an additional hearing.

2. Failure to provide adequate due process hearings is a violation of the Civil Rights of Institutionalized Persons Act (CRIPA) and potentially a juvenile's constitutional rights.

The Superintendent confirmed there have been no circumstances in which isolation was used to protect a resident who was alleged to have suffered sexual abuse within the last 12 months. Residents would only be isolated from others as a last

	<p>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.</p> <p>The Staff Who Supervises Residents in Isolation (Residential Therapist) confirmed if a resident were to be placed in isolation for protection from sexual abuse or after alleging to have suffered sexual abuse, the resident would still have access to programs; privileges; education/special education; and work opportunities. Residents would not be placed in involuntary isolation until an alternative means of separation from likely abusers could be arranged. A pod change would occur. Residents in isolation would receive daily visits from medical/mental health clinicians.</p> <p>The Facility Clinical Supervisor confirmed all residents placed in isolation would receive visits from medical or mental health care clinicians within 15 minutes to 1 hour. The RN Manager also confirmed all residents placed in isolation would receive daily visits from medical or mental health care clinicians.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding post-allegation protective custody. No corrective action is required.</p>
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115.371	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations – PREA revised September 10, 2018 2. Idaho Department of Juvenile Corrections Policy/Procedure 655: Training Requirements revised November 20, 2023 3. Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Organization Chart dated July 2023 4. Training Course Progress Report 5. NIC Training Certificate - Investigating Sexual Abuse in a Confinement Setting 6. Nampa Police Investigation Reports 7. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. PREA Coordinator 3. PREA Compliance Manager

4. Investigative Staff (Administrative Investigations)

5. Residents who Reported a Sexual Abuse

Findings (By Provision):

115.371 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency/facility has a policy related to criminal and administrative agency investigations.

Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 1, policy section, states upon receiving an allegation of sexual abuse or harassment in an IDJC facility or contract provider, an investigation is conducted according to the procedures below, in an impartial, objective, confidential, and expeditious manner. These procedures ensure compliance with established PREA standards and determine validity of allegations so that a proper response can be implemented.

The Investigative Staff (Youth Program Manager) confirmed an investigation following an allegation of sexual abuse or sexual harassment is initiated within 24 hours, but usually within the same business day. Anonymous or third-party reports of sexual abuse and sexual harassment are investigated in the same manner as all investigations and include video review and interviews. If an allegation is reported anonymously, then video is reviewed to investigate the entire building to determine if there are areas that need to be addressed.

115.371 (b) Idaho Department of Juvenile Corrections Policy/Procedure 665: Training Requirements revised November 20, 2023, page 6, section VI.B, states requirements for special PREA training (as outlined in PREA Standards for specific positions): Investigating Sexual Abuse in a Confinement Setting (National Institute of Corrections - online) as determined by Division Administrators.

The auditor reviewed annual 2023 training required by § 115.331 and NIC certificates for PREA: Investigating Sexual Abuse in a Confinement Setting. The auditor observed the training was completed by 16 staff.

An interview with Investigative Staff (Youth Program Manager) confirmed she received training specific to conducting sexual abuse and sexual harassment investigations in confinement settings. She confirmed she received the training required by §115.331 and completed NIC specialized training topics.

115.371 (c) Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.A, states investigators interview alleged victims, perpetrators, and any other witnesses; gather and preserve any evidence including, but not limited to, video monitoring; and review prior complaints and reports involving the alleged perpetrator.

The Youth Program Manager described the investigation process and stated the first steps in initiating an investigation include staff contacting the PREA Compliance Manager. The report initiates an investigation within 24 to 48 hours. Direct and circumstantial evidence gathered would include interviews, video, etc.

The auditor reviewed 1 incident of substantiated sexual harassment, 1 incident of unfounded sexual harassment, and 1 incident of unfounded sexual abuse. The PAQ indicates there were 29 allegations reported and after investigation, 26 were determined not to meet the definition of a PREA incident according to the DOJ's definitions.

115.371 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency does not terminate an investigation solely because the source of the allegation recants the allegation.

Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.C, states an investigation is not closed solely based on the recanting of an allegation or the departure of the alleged abuser or victim from a facility, IDJC custody, or employment. All allegations are taken seriously and investigated fully.

The Youth Program Manager confirmed an investigation does not terminate if the source of the allegation recants his or her allegation.

115.371 (e) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

The Youth Program Manager confirmed when the quality of evidence appears to support criminal prosecution, an allegation would be referred to local law enforcement and they will work with the prosecutor.

115.371 (f) Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.A.1, states credibility of those interviewed is not determined by their status as a staff or juvenile and is assessed on an individual basis.

The Youth Program Manager confirmed she judges the credibility of an alleged victim, suspect, or witness based on statements correlating with evidence. She confirmed that a resident who alleges sexual abuse is not required to submit to a polygraph examination or truth telling device as a condition for proceeding with an investigation.

115.371 (g) Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.A.1, states allegations involving employees are investigated according to the procedures set forth in Investigations-Administrative (910) policy/procedure and include the involvement of Human Resources (HR).

The Youth Program Manager confirmed efforts made during an administrative investigation to determine whether staff actions or failures to act contributed to the sexual abuse would include reviewing events with regard to program expectations and awareness and events that allowed for abuse to occur. Administrative

investigations would be documented in written reports that include facts gathered, interviews, notes, logs pulled, video, etc.

115.371 (h) Criminal investigations are conducted by the Nampa Police Department.

The auditor reviewed the 2 written criminal investigation reports and observed the investigations were completed by the Nampa Police Department.

115.371 (i) Idaho Department of Juvenile Corrections- Nampa Pre-Audit Questionnaire response: Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit: 0

The PAQ indicates 2 allegations were reported to law enforcement. One allegation involved residents who were underage to consent, and one allegation involved alleged force/threat/coercion. The investigations determined the allegations to be unsubstantiated.

115.371 (j) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Idaho Department of Juvenile Corrections Quality Improvement Services Bureau Organization Chart dated July 2023, page 13, Process Following a Received Report section, states the Agency PREA Coordinator shall retain all written reports related to PREA allegations for as long as the alleged abuser is incarcerated or employed by the agency, plus ten years. All documentation shall be maintained in a secure location.

115.371 (k) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.C, states an investigation is not closed solely based on the recanting of an allegation or the departure of the alleged abuser or victim from a facility, IDJC custody, or employment. All allegations are taken seriously and investigated fully.

The Youth Program Manager confirmed an investigation would proceed when a staff member alleged to have committed sexual abuse or sexual harassment terminates employment prior to a completed investigation into his/her conduct. She also confirmed when a victim alleging sexual abuse or sexual harassment leaves the facility prior to a completed investigation into the allegation she would continue with the investigation.

	<p>115.371 (m) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 1, section I.C, states the IDJC cooperates fully with the law enforcement investigators and maintains contact in order to remain informed about the progress of the investigation.</p> <p>The Superintendent and PREA Coordinator both confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation. The PREA Compliance Manager is designated at the liaison and would maintain communication by email and telephone.</p> <p>The PREA Compliance Manager confirmed if an outside agency investigates allegations of sexual abuse, the facility remains informed of the progress of a sexual abuse investigation through providing all information available.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding criminal and administrative agency investigations. No corrective action is required.</p>
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115.372	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018 Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interview:</p> <ol style="list-style-type: none"> Investigative Staff (Administrative Investigations) <p>115.372 Findings: Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.B, states the investigation is</p>

	<p>closed when the PREA Incident Review Team has reviewed the DJC-276 and supporting information, as applicable, and, based on the preponderance of the evidence provided, makes a determination whether the allegation is substantiated, unsubstantiated, unfounded, considered non-abusive contact, or does not fit the definition of PREA incident.</p> <p>The interview with the Youth Program Manager confirmed this policy. Findings are determined in coordination with PREA Coordinator and Deputy Attorney General.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.</p>
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115.373	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018 2. Idaho Department of Juvenile Corrections Juvenile Receipt of Notice of investigation Findings or Status 3. Nampa Police Department Investigation Reports 4. Documented Email Communication with Outside Law Enforcement 5. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Superintendent 2. Investigative Staff (Administrative Investigations) 3. Residents who Reported a Sexual Abuse <p>Findings (by provision):</p> <p>115.373 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a policy requiring that any resident who makes an allegation that he or he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.</p> <p>In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of criminal and/or administrative investigations of alleged resident

sexual abuse that were completed by the agency/facility: 16
2. Of the investigations that were completed of alleged sexual abuse, the number of residents who were notified, verbally or in writing, of the results of the investigation: 1

The PAQ indicates every allegation of sexual abuse is investigated, even when by definition what is reported doesn't meet the criteria to be considered sexual abuse. The investigation is necessary to make that determination.

Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.B.2, states the juvenile making the allegation receives a copy of Section D of the DJC-262 form notifying them of the investigation findings, when the finding is substantiated, unsubstantiated or unfounded.

The Superintendent confirmed the facility notifies a resident who makes an allegation of sexual abuse, that the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

The Investigative Staff (Youth Program Manager) confirmed she is aware that when a resident makes an allegation of sexual abuse, the resident must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The auditor reviewed the Idaho Department of Juvenile Corrections Juvenile Receipt of Notice of investigation Findings or Status and observed the form would inform residents, in writing, as to whether an allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Additionally, the auditor reviewed one notification for an allegation that was determined to be unfounded.

115.373 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

In the past 12 months:

1. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency: 2
2. Of the outside agency investigations of alleged sexual abuse that were completed, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation: 1

The auditor reviewed documented email communication between the PREA Coordinator and the Nampa Police Department and observed the agency requested relevant information needed to inform residents of the outcome of investigations for 2 allegations of sexual abuse.

115.373 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit

Questionnaire response: Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency/facility has determined that the allegation is unfounded) whenever:

1. The staff member is no longer posted within the resident's unit;
2. The staff member is no longer employed at the facility;
3. The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
4. The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

There has not been a substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against a resident in the past 12 months.

The auditor reviewed the Idaho Department of Juvenile Corrections Juvenile Receipt of Notice of investigation Findings or Status and observed the form includes the standard provision requirements.

115.373 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

1. The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
2. The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The auditor reviewed the Idaho Department of Juvenile Corrections Juvenile Receipt of Notice of investigation Findings or Status and observed the form includes the standard provision requirements.

115.373 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency has a policy that all notifications to residents described under this standard are documented.

In the past 12 months:

1. The number of notifications to residents that were made pursuant to this standard: 1
2. The number of those notifications that were documented: 1

Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.B.2, states the juvenile making the allegation receives a copy of Section D of the DJC-262 form notifying them of the investigation findings, when the finding is substantiated, unsubstantiated or unfounded.

The auditor reviewed the Idaho Department of Juvenile Corrections Juvenile Receipt of Notice of investigation Findings or Status and observed the form is used to

	<p>document notifications to residents.</p> <p>Additionally, the auditor reviewed one documented notification to a resident.</p> <p>115.373 (f) An agency’s obligation to report under this standard shall terminate if the resident is released from the agency’s custody.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding reporting to residents. No corrective action is required.</p>
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115.376	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 307: Harassment and Discrimination revised September 30, 2019 2. Idaho Department of Juvenile Corrections Policy/Procedure 606: Abuse, Neglect and/or Exploitation of Juveniles revised May 10, 2021 3. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 4. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Findings (by provision):</p> <p>115.376 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, section 1.D, states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse, subject to Idaho rules and statutes and IDJC policies regarding due process.</p> <p>115.376 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: In the past 12 months:</p> <ol style="list-style-type: none"> 1. The number of staff from the facility that have violated agency sexual abuse or sexual harassment policies: 0 2. The number of those staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies: 0

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, section 1.D, states termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse, subject to Idaho rules and statutes and IDJC policies regarding due process.

115.376 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

In the past 12 months, the number of staff from the facility that have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies: 0

Idaho Department of Juvenile Corrections Policy/Procedure 307: Harassment and Discrimination revised September 30, 2019, page 4, section VII.A-C, states If it is determined that harassment or discriminatory action occurred, management, in accordance with the Corrective and Disciplinary Action for IDJC Employees (325) policy/procedure and the Prison Rape Elimination Act (PREA) Compliance (613) policy/procedure, will take immediate necessary and reasonable action to ensure that the harassment or discrimination is stopped and does not reoccur.

Corrective action may include, but is not limited to, training, referral to counseling, and/or disciplinary action, as appropriate, based on the circumstances. The complainant is informed that action was taken; however, details regarding the action are not shared.

Safeguards, where possible, are put in place to ensure that no further harassment or discrimination against the complainant or victim occurs, whether by managers, co-workers, or non-employees, and no form of retaliation against the complainant or victim is tolerated.

Idaho Department of Juvenile Corrections Policy/Procedure 606: Abuse, Neglect and/or Exploitation of Juveniles revised May 10, 2021, page 5, section V, states if it is determined that abuse, neglect, or exploitation of a juvenile occurred, disciplinary action against the offender, commensurate with the severity of the offense, is recommended to management in accordance with the Corrective and Disciplinary Action for IDJC Employees (325) policy and procedure and, when applicable, 613 policy and procedure. The complainant, if any, is informed that action was taken; however, details regarding the action are not shared.

115.376 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

	<p>In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies: 0</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, section 1.C, states all resignations in lieu of terminations for violations of agency sexual abuse or sexual harassment policies shall be reported to law enforcement agencies and any relevant licensing bodies, unless the activity was clearly not criminal.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding disciplinary sanctions for staff. No corrective action is required.</p>
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115.377 Corrective action for contractors and volunteers	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 324: Ethics and Standards of Conduct revised October 17, 2022 2. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 3. Idaho Department of Juvenile Corrections Policy/Procedure 631: Volunteers, Interns, and Contracted Service Providers (VICs) March 14, 2022 4. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interview:</p> <ol style="list-style-type: none"> 1. Superintendent <p>Findings (by provision):</p> <p>115.377 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.</p> <p>In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents.</p>

	<p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 1, section I.B, states the IDJC will comply with all mandatory reporting laws. The IDJC will contact law enforcement and any relevant licensing bodies when staff, volunteers, interns or contractors violate IDJC sexual abuse or sexual harassment policy, unless the activity was clearly not criminal.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 631: Volunteers, Interns, and Contracted Service Providers (VICs) March 14, 2022, page 3, section I.E, states all VICs are expected to follow all requirements outlined in Ethics and Standards of Conduct (324) policy/procedure as expected of an IDJC employee.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 3, section IV.A, states upon suspicion of and/or becoming aware of a possible sexual abuse incident occurring at an IDJC juvenile corrections center, staff will ensure the safety of the alleged victim and take steps to separate the alleged offender, alleged victim and any witnesses. Separation does not mean isolation, unless other less restrictive measures to ensure the safety of those involved have failed.</p> <p>115.377 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The Superintendent confirmed in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the facility would take remedial measures and prohibit further contact with residents. Remedial measures the facility could enforce would be removing an alleged abuser from the facility pending investigation.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding corrective action for contractors and volunteers. No corrective action is required.</p>
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115.378	Interventions and disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <p>1. Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021</p>

2. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021
3. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interview:

1. Superintendent

Findings (by provision):

115.378 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse.

In the past 12 months:

1. The number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility: 0
2. The number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility: 0

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 5, section X.B, states the IDJC prohibits all sexual activity between residents. Following an administrative finding that a juvenile(s) engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the IDJC will provide appropriate discipline.

115.378 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, the facility policy requires that residents in isolation have daily access to large muscle exercise, legally required educational programming, and special education services. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation receive daily visits from a medical or mental health care clinician. In the event a disciplinary sanction for resident-on resident sexual abuse results in the isolation of a resident, residents in isolation have access to other programs and work opportunities to the extent possible.

In the past 12 months:

1. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse: 0
2. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied daily access to large muscle exercise, and/or legally required educational programming, or special education services: N/A
3. The number of residents placed in isolation as a disciplinary sanction for resident-on resident sexual abuse, who were denied access to other programs and work

opportunities: N/A

Idaho Department of Juvenile Corrections Policy/Procedure 604: Special Management Interventions revised April 12, 2021, pages 4-5, section V.D.4-10, states a juvenile has the right to have daily recreation/exercise of at least one hour outside the individual room. A juvenile with medical or physical limitations as documented by the medical staff has appropriate recreation/exercise activities developed according to needs. A juvenile has the right to daily visits by licensed medical staff to express medical complaints and concerns. These visits are documented on the Special Management Close/Observation Activity Log (DJC-133) or through the use of the Guard Tour System. A juvenile has the right to education and materials during scheduled school hours. Per Individual Disabilities Education Act (IDEA), the education manager, or designee, is notified of the juvenile's room confinement. If confinement exceeds ten school days, a Manifest Determination meeting is required to determine if the juvenile's behaviors are due to a disability.

The Superintendent confirmed disciplinary sanctions residents are subject to following an administrative or criminal finding the resident engaged in resident-on-resident sexual abuse would include court sanctions for criminal findings and program changes, enhancement, or restorative justice for administrative findings. The sanctions would be proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Isolation is not used as a disciplinary sanction.

115.378 (c) When determining sanctions, a resident's mental disabilities or mental illness is considered when determining what type of sanction, if any, should be imposed.

The Superintendent confirmed mental disability or mental illness is considered when determining sanctions.

115.378 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. If the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers whether to require the offending resident to participate in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives. Access to general programming or education is not conditional on participation in such interventions.

The PAQ indicates Idaho Department of Juvenile Corrections- Nampa is staffed with at least 7 clinicians who assist with providing individual and group counseling as part of treatment.

115.378 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency disciplines residents for sexual contact with staff only upon finding that the staff member did not consent to such contact.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 5, section X.E, states the IDJC will only discipline a juvenile for sexual contact with staff upon a finding that the staff member did not consent to such contact.

115.378 (f) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, pages 5-6, section X.F, states for the purpose of disciplinary action, a report of sexual abuse made in good faith, based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.378 (g) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency prohibits all sexual activity between residents. The agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 5, section X.B, states the IDJC prohibits all sexual activity between residents. Following an administrative finding that a juvenile(s) engaged in juvenile-on-juvenile sexual abuse or following a criminal finding of guilt for juvenile-on-juvenile sexual abuse, the IDJC will provide appropriate discipline.

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

115.381	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021 Idaho Department of Juvenile Corrections Juvenile Notice of Limited

Confidentiality

3. Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener with Follow-up Meetings

4. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Documents (Corrective Action):

1. Email Correspondence dated May 1, 2024

2. Clinician Meeting Agenda/Minutes dated November 6, 2023

Interviews:

1. Staff Responsible for Risk Screening

2. Medical and Mental Health Staff

3. Residents who Disclose Sexual Victimization at Risk Screening

Findings (by provision):

115.381 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the number of residents who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner: no entry

The auditor reviewed the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener and observed the risk screen inquiries about prior sexual victimization and documents whether follow-up mental health services were accepted or declined.

The auditor reviewed email correspondence dated May 1, 2024, and Clinician Meeting Agenda/Minutes dated November 6, 2023, and observed the facility self-identified the need to improve documenting the follow-up meetings required by the standard provision. Through corrective action the facility provided 4 examples of documented follow-up meetings. The auditor reviewed the risk screens and observed 2 residents accepted the follow-up meeting and 2 residents declined. The meetings occurred within 14 days of the intake screening.

The intake staff responsible for risk screening (Residential Therapist) confirmed if a screening indicates that a resident has experienced prior sexual victimization, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

Two residents were identified as reporting prior sexual victimization during risk screening. The residents confirmed they were offered a meeting with a mental health care practitioner within 14 days. Both residents stated they accepted the

meeting.

115.381 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: All residents who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.341, are offered a follow-up meeting with a mental health practitioner. The follow-up meeting was offered within 14 days of the intake screening. Mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

In the past 12 months, the percent of residents who previously perpetrated sexual abuse, as indicated during screening, who were offered a follow up meeting with a mental health practitioner: 100%

The PAQ indicates that any youth committed to the Idaho Department of Juvenile Corrections for adjudicated sex offenses, enters the program for treatment of sexual behavior problems and treatment is facilitated by a licensed clinician.

The auditor reviewed the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener and observed the risk screen inquiries about previously perpetrated sexual abuse and documents whether follow-up mental health services were accepted or declined.

The Residential Therapist confirmed if a screening indicates that a resident has previously perpetrated sexual abuse, whether in an institutional setting, or in the community, they are offered a follow-up meeting with a medical/and or mental health practitioner within 14 days.

115.381 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021. Page 2, section I.E-H, states all staff will respect the dignity and privacy of those involved in an allegation of sexual abuse, including the alleged offender, alleged victim, and any witness. Incidents of sexual abuse are not topics for casual conversation with staff or juveniles.

Staff shall not reveal information related to an allegation of sexual abuse to anyone, including other staff, except for purposes of reporting as outlined below or to the extent necessary to assist in an investigation, to provide medical or mental health treatment, or for other security purposes.

Auditor observations and the interview with the Residential Therapist revealed information is securely maintained electronically in the Idaho Juvenile Offender System (IJOS) and is available as needed.

Interviews with the Facility Clinical Supervisor and RN Manager confirmed the

	<p>information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments.</p> <p>115.381 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: 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.</p> <p>The PAQ indicates an Idaho Department of Juvenile Corrections Juvenile Notice of Limited Confidentiality is on file for every resident. The interviews with the Facility Clinical Supervisor and RN Manager confirmed they obtain informed consent from residents before reporting about prior sexual victimization that did not occur in an institutional setting. They confirmed informed consent is required for all residents, including those who are 18 and older.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding medical and mental health screenings; history of sexual abuse. Corrective action is complete.</p> <p>115.381 (a) The auditor reviewed email correspondence dated May 1, 2024, and Clinician Meeting Agenda/Minutes dated November 6, 2023, and observed the facility self-identified the need to improve documenting the follow-up meetings required by the standard.</p>
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115.382	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022 2. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse 3. Security Staff and Non-Security Staff First Responders <p>Site Review Observations:</p>

Observations during on-site review of physical plant

Findings (By Provision):

115.382 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 1, section I.E, states medical and mental health treatment by appropriate licensed health care professionals is provided while the juvenile is in IDJC custody for crisis intervention, counseling, and follow-up.

Interviews with the Facility Clinical Supervisor and RN Manager confirmed resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services would be determined according to their professional judgement.

115.382 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim pursuant to § 115.362 and shall immediately notify the appropriate medical and mental health practitioners.

115.382 (c) Idaho Department of Juvenile Corrections- Nampa Pre-Audit Questionnaire response: Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 2, section II.B, states if pregnancy results from sexual abuse while incarcerated, the juvenile receives timely and comprehensive information about and access to all pregnancy-related medical services and treatment, consistent with state law and the regulations of the jurisdiction. Refer to

	<p>Prenatal Care (834) policy/procedure for direction.</p> <p>The interview with the RN Manager confirmed victims of sexual abuse would be offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>115.382 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 2, section II.B, states juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge, as medically indicated.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding access to emergency medical and mental health services. No corrective action is required.</p>
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115.383	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022 2. Idaho Department of Juvenile Corrections Risk of Sexual Victimization/ Perpetration Screener 3. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Medical and Mental Health Staff 2. Residents who Reported a Sexual Abuse <p>Site Review Observations:</p> <p>Observations during on-site review of physical plant</p> <p>Findings (by provision):</p> <p>115.383 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit</p>

Questionnaire response: The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The auditor reviewed the Idaho Department of Juvenile Corrections Risk of Sexual Victimization/Perpetration Screener and observed the residents and observed the screener asks residents if they have ever been the victim of sexual abuse. If they answer yes the screener states follow-up mental health services related to sexual victimization and/or perpetration are to be offered.

The auditor observed medical facilities during the site review and the Facility Clinical Supervisor confirmed that behavioral health care would be offered at the facility.

115.383 (b) Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 2, section II.A-B, states juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge, as medically indicated.

Prophylactic treatment and follow-up care for sexually transmitted infections or other communicable diseases (e.g., HIV, Hepatitis B) are offered, as appropriate.

The Facility Clinical Supervisor and RN Manager confirmed interviewed confirmed evaluation and treatment of residents who have been victimized would include follow-up medical and mental health services and referrals when needed. The RN Manager confirmed victims are given timely information and access to all lawful pregnancy-related services if pregnancy results from sexual abuse while incarcerated. Evaluation and treatment of residents who have been victimized would involve STD testing, pregnancy care if applicable, and follow-up mental health services with counseling and psychiatric services.

115.383 (c) Interviews with the Facility Clinical Supervisor and RN Manager confirmed medical and mental health services are consistent with the community level of care.

115.383 (d) Resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

The RN Manager confirmed resident victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

115.383 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: If pregnancy results from conduct specified in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 2, section II.B, states if pregnancy results from sexual abuse while incarcerated, the juvenile receives timely and comprehensive information about and access to all pregnancy-related medical services and

treatment, consistent with state law and the regulations of the jurisdiction. Refer to Prenatal Care (834) policy/procedure for direction.

The RN Manager confirmed victims of sexual abuse would be offered timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

115.383 (f) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 2, section III.A, states juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge, as medically indicated.

The RN Manager confirmed victims of sexual abuse shall be offered tests for sexually transmitted infections as medically appropriate.

115.383 (g) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Idaho Department of Juvenile Corrections Policy/Procedure 835: Sexual Abuse revised October 17, 2022, page 2, section III.A, states juvenile victims of sexual abuse while incarcerated are offered and provided testing, treatment, and follow up care for sexually transmitted infections free of charge, as medically indicated.

115.383 (h) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

The Facility Clinical Supervisor confirmed a mental health evaluation of all known resident-on-resident abusers would be conducted and they would be offered treatment if appropriate.

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.

115.386	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021
2. Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018
3. PREA Incident Review
4. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Interviews:

1. Superintendent
2. PREA Compliance Manager
3. Incident Review Team

Findings (by provision):

115.386 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility conducts a sexual abuse incident review at the conclusion of every sexual abuse criminal or administrative investigation unless the allegation has been determined to be unfounded.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents: 0

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 2, section I.K, states the IDJC will conduct incident reviews following an allegation of sexual abuse or harassment in order to identify opportunities to protect potential victims from sexually aggressive juvenile offenders in an effort to reduce the incidence of sexual abuse.

Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations - PREA revised September 10, 2018, page 2, section III.B, states the investigation is closed when the PREA Incident Review Team has reviewed the DJC-276 and supporting information, as applicable, and, based on the preponderance of the evidence provided, makes a determination whether the allegation is substantiated, unsubstantiated, unfounded, considered non-abusive contact, or does not fit the definition of PREA incident.

The auditor reviewed 3 PREA Incident Reviews for 1 unfounded allegation of resident-on-resident sexual abuse, 1 substantiated allegation of resident-on-resident sexual harassment, and 1 unfounded allegation of resident-on-resident sexual harassment. There were no unsubstantiated or substantiated allegations of sexual abuse that would have required a sexual abuse incident review.

115.386 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation.

In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents: 0

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 3, section II.D, states within 30 days of concluding the PREA investigation, conducting a PREA incident review with appropriate staff. This is documented on the PREA Incident Review (DJC-262) form.

115.386 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Idaho Department of Juvenile Corrections Glossary of Terms and Acronyms revised November 29, 2023, page 15, PREA Incident Review Team section, describes the team involved in the review of investigations concerning allegations of sexual abuse or sexual harassment. It includes the Agency PREA Coordinator, the Deputy Attorney General, the Facility Superintendent, the Facility PREA Compliance Manager, and other facility staff with a need to know or with a high level of involvement in the specific incident being investigated.

The Superintendent confirmed the facility has a sexual abuse incident review team; the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

115.386 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA compliance manager.

Idaho Department of Juvenile Corrections Policy/Procedure 614: Investigations – PREA revised September 10, 2018, page 2, section III.B.1.a-e, states the PREA Incident Review Team documents their determination in the DJC-262 form to include:

- a. An assessment of whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse or harassment as a result of this incident.
- b. An assessment of whether the incident or allegation was determined to have

been motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility.

c. Whether, as a result of the incident, it is determined that the area in the facility where the incident allegedly occurred contained physical barriers to supervision, enabling the abuse or harassment to occur.

d. An assessment of the adequacy of staffing levels in the area of the alleged harassment or abuse as a result of this incident.

e. Whether monitoring technology should be deployed or augmented to supplement supervision by staff as a result of this incident.

The PREA Compliance Manager confirmed she is a part of the sexual abuse incident review team, and the facility prepares a report of its findings from the review, including any determinations. The Superintendent confirmed the team considers 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 was motivated or otherwise caused by other group dynamics at the facility. The area in the facility where the incident allegedly occurred is examined to assess whether physical barriers in the area may enable abuse. Adequacy of staffing levels in the area is assessed for different shifts. He confirmed the team assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff. He stated one of the ways the team would use the information is to improve staff performance.

115.386 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The facility implements the recommendations for improvement or documents its reasons for not doing so.

Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, page 4, section V.E, states the Superintendent shall ensure recommendations for improvement(s) are implemented or request the facility PCM to document any reasons for not implementing the recommendations.

Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding sexual abuse incident reviews. No corrective action is required.

115.387	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

The following evidence was analyzed in making the compliance determination:

Documents:

1. Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021
2. 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report
3. PREA Incident Review
4. Nampa Police Investigation Reports
5. Idaho Juvenile Corrections Act and Rules dated July 2023
6. Survey of Sexual Victimization, State Juvenile Systems Summary Reports (2019-2022)
7. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities)

Findings (by provision):

115.387 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

The auditor reviewed the PREA Incident Review and verified the agency uses a standardized instrument and set of definitions.

115.387 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency aggregates the incident-based sexual abuse data at least annually.

The auditor reviewed the 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report and observed aggregated data for 2022 and 2023.

115.387 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

The auditor reviewed the 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report and observed the report includes the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice.

115.387 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

	<p>Idaho Department of Juvenile Corrections Policy/Procedure 613: Prison Rape Elimination Act (PREA) Compliance revised November 8, 2021, pages 2-3, section II.B-C, states the agency PREA coordinator will be responsible for:</p> <p>B. Establishing sexual abuse incident data collection systems, tracking this data, and compiling the data.</p> <p>C. Tracking sexual abuse investigation activities, reviewing sexual abuse incident responses, and maintaining records related to sexual abuse incidents and responses.</p> <p>115.387 (e) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents. The data from private facilities complies with SSV reporting regarding content.</p> <p>115.387 (f) The agency provided the Department of Justice (DOJ) with data from the previous calendar year upon request.</p> <p>The PAQ indicates the Idaho Department of Juvenile Corrections has reported to the U.S. Department of Justice Bureau of Justice Statistics since 2004. The auditor reviewed Survey of Sexual Victimization, State Juvenile Systems Summary Reports and observed they were completed for 2019-2022.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data collection. No corrective action is required.</p>
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115.388	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination: Documents:</p> <ol style="list-style-type: none"> 1. 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report 2. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Interviews:</p> <ol style="list-style-type: none"> 1. Agency Head (Director of Idaho Department of Juvenile Corrections) 2. PREA Coordinator 3. PREA Compliance Manager <p>Findings (by provision):</p>

115.388 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency reviews data collected and aggregated pursuant to §115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

The auditor reviewed the 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report and observed the report is inclusive of annual data comparison and statistical analysis, corrective actions, and policy updates and/or training needs. The Director of Idaho Department of Juvenile Corrections, PREA Coordinator, and PREA Compliance Manager confirmed the agency reviews data collected and aggregated pursuant to § 115.387 in order to assess, and improve the effectiveness, of its sexual abuse and prevention, detection, and response policies, and training.

The PREA Compliance Manager confirmed the facility data is included in the annual agency report. The auditor reviewed the published annual report at <http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea/> and found the report to be inclusive of the requirements of the standard provision requirements.

115.388 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor reviewed the 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report and determined the report is inclusive of the standard provision requirements. The report includes a comparison of data and corrective actions from 2023 and 2024. Additionally, the auditor observed the annual report provides an assessment of the agency's progress in addressing sexual abuse.

115.388 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor observed the published annual reports at: <http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea/>. The PAQ indicates reports are approved by the Director of Idaho Department of Juvenile Corrections. This was corroborated by interviewing the Director and reviewing the published annual report.

115.388 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: When the agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.

	<p>The agency indicates the nature of material redacted.</p> <p>The auditor reviewed the 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report and observed no identifying information.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data review for corrective action. No corrective action is required.</p>
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115.389	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <p>Documents:</p> <ol style="list-style-type: none"> 1. 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report 2. Quality Improvement Services Bureau Handbook dated February 16, 2023 3. Data Storage - PREA Retention Schedule 4. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) <p>Findings (by provision):</p> <p>115.389 (a) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency ensures that incident-based and aggregate data are securely retained.</p> <p>The Quality Improvement Services Bureau Handbook dated February 16, 2023, page 14, process following a received report section, number 8, states all documentation shall be maintained in a secure location.</p> <p>The PREA Coordinator confirmed the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The agency ensures that data collected is securely retained.</p> <p>115.389 (b) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>The auditor observed aggregated sexual abuse data is readily available to the public through the Idaho Department of Juvenile Corrections website at: http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea/. The auditor</p>

	<p>observed the 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report is published.</p> <p>115.389 (c) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>The auditor reviewed the 2024 Annual Idaho Department of Juvenile Corrections Prison Rape Elimination Act Report and observed personal identifiers were not included in the report.</p> <p>115.389 (d) Idaho Department of Juvenile Corrections Center - Nampa Pre-Audit Questionnaire response: The agency maintains sexual abuse data sexual abuse data collected pursuant to §115.387 for at least 10 years after the date of initial collection, unless Federal, State, or local law requires otherwise.</p> <p>The Quality Improvement Services Bureau Handbook dated February 16, 2023, page 14, process following a received report section, number 8, states the Agency PREA Coordinator shall retain all written reports related to PREA allegations for as long as the alleged abuser is incarcerated or employed by the agency, plus ten years.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the facility is fully compliant with this standard regarding data storage, publication, and destruction. No corrective action is required.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Interviews 3. Research 4. Policy Review 5. Document Review 6. Observations during onsite review of facility <p>Findings: During the three-year period starting on August 20, 2013, and the current audit cycle, the Idaho Department of Juvenile Corrections ensured that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Also, one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited.</p>

	<p>The auditor was given access to, and the ability to observe, all areas of Idaho Department of Juvenile Corrections - Nampa. The auditor was permitted to conduct private interviews with residents at the facility. The auditor sent an audit notice to the facility six weeks prior to the on-site audit. The facility confirmed the audit notice was posted by emailing pictures of the posted audit notices. The audit notice contained contact information for the auditor. The residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. No confidential information or correspondence was received.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding frequency and scope of audits. No corrective action is required.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The following evidence was analyzed in making the compliance determination:</p> <ol style="list-style-type: none"> 1. Idaho Department of Juvenile Corrections Center - Nampa PREA Audit: Pre-Audit Questionnaire (Juvenile Facilities) 2. Policy Review 3. Documentation Review 4. Interviews 5. Observations during onsite review of facility <p>Findings: All final Idaho Department of Juvenile Corrections audit reports are published on the agency's website at: http://www.idjc.idaho.gov/about/prison-rape-elimination-act-prea/.</p> <p>Conclusion: Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is fully compliant with this standard regarding audit contents and findings. No corrective action is required.</p>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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