

# PREA Facility Audit Report: Final

**Name of Facility:** Nampa Community Reentry Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 10/30/2025

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"/>
<b>Auditor Full Name as Signed:</b> Joy Catrett-Bell	<b>Date of Signature:</b> 10/30/2025

AUDITOR INFORMATION	
<b>Auditor name:</b>	Catrett-Bell, Joy
<b>Email:</b>	jcbell1111@gmail.com
<b>Start Date of On-Site Audit:</b>	10/01/2025
<b>End Date of On-Site Audit:</b>	10/02/2025

FACILITY INFORMATION	
<b>Facility name:</b>	Nampa Community Reentry Center
<b>Facility physical address:</b>	1640 11th Avenue North, Nampa, Idaho - 83687
<b>Facility mailing address:</b>	1640 11th Avenue East, Nampa, Idaho - 83687

Primary Contact
-----------------

<b>Name:</b>	Erein Saldana
<b>Email Address:</b>	esaldana@idoc.idaho.gov
<b>Telephone Number:</b>	208-465-8490

<b>Facility Director</b>	
<b>Name:</b>	Arturo Lechuga
<b>Email Address:</b>	alechuga@idoc.idaho.gov
<b>Telephone Number:</b>	208-465-8490

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Erein Saldana
<b>Email Address:</b>	esaldana@idoc.idaho.gov
<b>Telephone Number:</b>	2088727375

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	115
<b>Current population of facility:</b>	115
<b>Average daily population for the past 12 months:</b>	114
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	20-71
<b>Facility security levels/resident custody levels:</b>	Minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	15
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	10
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	12

#### AGENCY INFORMATION

<b>Name of agency:</b>	Idaho Department of Correction
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1299 North Orchard , Suite #110, Boise, Idaho - 83706
<b>Mailing Address:</b>	
<b>Telephone number:</b>	2086582000

#### Agency Chief Executive Officer Information:

<b>Name:</b>	Bree Derrick
<b>Email Address:</b>	bderrick@idoc.idaho.gov
<b>Telephone Number:</b>	2086582000

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Teresa Jones	<b>Email Address:</b>	tjones@idoc.idaho.gov
--------------	--------------	-----------------------	-----------------------

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

5	<ul style="list-style-type: none"> <li>115.217 - Hiring and promotion decisions</li> <li>115.221 - Evidence protocol and forensic medical examinations</li> <li>115.231 - Employee training</li> <li>115.241 - Screening for risk of victimization and abusiveness</li> <li>115.288 - Data review for corrective action</li> </ul>
---	--

#### Number of standards met:

36
----

#### Number of standards not met:

0
---

## POST-AUDIT REPORTING INFORMATION

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

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-10-01
2. End date of the onsite portion of the audit:	2025-10-02

#### 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:	AAFV -Advocates Against Family Violence

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	115
15. Average daily population for the past 12 months:	115
16. Number of inmate/resident/detainee housing units:	1
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**

<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	115
<b>25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	1

<p><b>31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>11</p>
<p><b>37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>0</p>

<b>38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	Random staff were selected from all shift assignments. There were no barriers in completing interviews.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	21
<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input 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 type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	The Auditor reviewed the roster and selected inmates based upon the above factors.
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

<b>44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	The Auditor reviewed the roster and selected inmates based upon the above factors.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	3
<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>	
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p><b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p><b>52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>

<p><b>53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p><b>54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>

<p><b>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p><b>56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p><b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>The Auditor began conducting inmate interviews the first day of the on-site portion of the audit. Based upon the inmate population on day one of the audit, the PREA Auditor Handbook required that the auditor interview a minimum of 20 inmates, (10 random and 10 targeted) A total of 27 inmate interviews was conducted. All interviews with inmates occurred in a secure area to ensure privacy. Inmate interviews were conducted using the established DOJ interview protocols. If randomly selected inmate refused to be interviewed, an additional inmate from the same housing area would be selected to provide a cross-section review of the entire general population. There were no instances of refusal of selected inmates for interviews.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>58. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>8</p>
<p><b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Length of tenure in the facility</li> <li><input checked="" type="checkbox"/> Shift assignment</li> <li><input checked="" type="checkbox"/> Work assignment</li> <li><input checked="" type="checkbox"/> Rank (or equivalent)</li> <li><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</li> <li><input type="checkbox"/> None</li> </ul>

<p><b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p><b>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</b></p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p><b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Random staff were selected from all shift assignments. There were no barriers in completing interviews.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>18</p>
<p><b>63. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Other
<b>If "Other," provide additional specialized staff roles interviewed:</b>	AA Staff
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Random staff were selected from all shift assignments. There were no barriers in completing interviews.
<b>SITE REVIEW AND DOCUMENTATION SAMPLING</b>	
<b>Site Review</b>	
<p>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.</p>	
<b>71. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

<b>72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>75. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	Random staff were selected from all shift assignments. There were no barriers in completing interviews.
<b>Documentation Sampling</b>	
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.	
<b>77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No

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

The Auditor conducted a review of employee and inmate files and reviewed documents that were provided to the auditor utilizing the PAQ, including logbooks and other institutional forms. The Auditor reviewed personnel files to determine compliance of standards for hiring, promotion, and background check procedures for officers and contract staff. The Auditor reviewed the annual PREA training rosters maintained by the training staff and cross referenced the staff files with the training rosters to ensure training was verified. The training coordinator explained the process for relaying the mandated PREA information to new employees, as well as the procedure for annual refresher training. Reviewed inmate files to evaluate intake procedures, including screening, housing assignments, and verification of inmate PREA education. The Auditor requested additional supporting documentation that included training records, inmate classification records, volunteer records, contractor records, and staff personnel files including PREA disclosure forms relevant to hiring and promotions.

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

### **Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	00	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

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

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

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	The facility reported there had been no offenses committed to file.

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

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

<p><b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The facility reported there had been no offenses committed to file.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

### Non-certified Support Staff

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

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

AB Management LLC

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

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.211 Zero Tolerance of Sexual Abuse and Sexual Harassment</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01 Sexual Abuse and Sexual Harassment of Inmates</p> <p>IDOC Organizational Chart</p> <p>Position Descriptions</p> <p>Interviews</p> <p>Operating Procedure policy 149.01.01.001, outlines the facility's approach to implementing practices covered by the agency policy and the agency PREA policy. IDOC has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment and provides definitions of prohibited behaviors. In accordance with Standard 115.211, there are sanctions for</p>

	<p>those who have been found to have participated in prohibited behaviors which are consistent and in compliance with PREA definitions.</p> <p>The Agency’s PREA Coordinator oversees and coordinates the efforts of IDOC to comply with Federal PREA Standards including development and implementation of policy, staff training and resident education. The PREA Manager coordinates the collection of data, and the preparation for each three-year cycle of audits required by the standards. The IDOC SOP 149.01.01.001 CRC-EB outlines specific procedures unique to NCRC.</p> <p>In response to the standards, each IDOC facility has assigned a PREA Manager with sufficient time and authority to coordinate the facility’s efforts to comply with the standards. The PREA Coordinator ensures the Agency works to achieve compliance in all areas of the standards. The PM is responsible for monitoring and aiding in areas such as staff training, education, reporting, documentation, and investigation of PREA-related allegations. They may serve as members of the Incident Review team and serve as contact for people outside the agency on issues related to PREA requirements.</p> <p>Conclusion: Based on the Auditor’s review of related policy, memorandums, facility organization charts, and staff interviews, it is determined that Nampa Community Reentry Center(NCRC) meets the mandate for this standard.</p>
--	---

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.212 Contracting with Other Entities for the Confinement of Residents</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC SOP 149.01 Prison Rape Elimination Act (PREA)</p> <p>Interviews</p> <p>Contract management- IDOC SOP 147.06.06.001</p> <p>IDOC PREA policy states that the agency will include in any new contract or contract extension, pertaining to the confinement of residents, the obligation for the contractor to adopt and comply with all PREA standards. The Agency will provide contract monitoring for any new contract or contract extension listed above to ensure the contractor complies with the PREA Standards. The contracted vendor must comply with the Federal Prison Rape Elimination Act (PREA), 28 CFR Part 115 and must immediately refer any allegations of sexual abuse or sexual harassment made by a violator to the State's coordinator. The vendor will ensure compliance with the National Standards to Prevent, Detect and Respond to Prison Rape,</p>

	<p>effective August 20, 2012, as noted in their PREA standards and if the vendor does not abide by these standards, it is considered a breach of contract.</p> <p>The Contract Manager, or designee will serve as the lead for all contract-related issues and will assist in facilitating meetings, determining service level agreements, overseeing the transition, and working with the IDOC program staff to ensure the contractual requirements are being met.</p> <p>Conclusion: Based on staff interviews and document review, the Auditor determined NCRC meets this standard.</p>
--	--

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.213 Supervision and Monitoring</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC Policy 149.01 Prison Rape Elimination Act (PREA)</p> <p>PREA Staffing Plan</p> <p>Interviews</p> <p>Unannounced Rounds</p> <p>Staff Shift Roster</p> <p>Resident Roster</p> <p>In accordance with the provisions of the staffing plan, the PREA Manager and PREA Coordinator review the staffing plan and note adjustments required. During circumstances when the staffing plan is deviated from, the facility will document and justify the deviations. The shift commander reviews the daily staffing rosters to ensure that staffing levels are met and provide approval to vacate a non-critical post. The facility accurately documents justifications for deviations from the staffing plan and the most common reasons for deviations from the staffing plan are short term disability, emergency leave, resident transportation, In-service/training, vacations, and retirements.</p> <p>The staffing plan appears satisfactory in the Agency's efforts to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure safety for the facility's current and potential population of specialized residents that require more intensive or specialized staffing, including LGBTIO residents, residents</p>

	<p>with medical or mental health needs, disabled residents, and limited English proficient populations. The Auditor observed cameras at the facility and observed formal and informal interactions between staff and residents.</p> <p>The Auditor observed staff conducting daily rounds to ensure visibility, increased safety of staff and residents, and an opportunity for informal access to administrators. While conducting rounds, staff conduct a complete and thorough assessment to identify unusual activity involving safety, security, policy, and procedural violations. Staff take necessary, timely, and appropriate action to address any unusual activity or violations. The Auditor reviewed housing unit logbooks and observed opposite gender announcements being conducted.</p> <p>Conclusion: Based on the review of the staffing plan, quarterly post assignment, daily post assignment rosters, and interviews, the Auditor determined the facility meets the mandate for the standard.</p>
--	--

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.215 Limits to Cross-gender Viewing and Searches</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC SOP 149.01 Prison Rape Elimination Act (PREA)</p> <p>SOP IDOC 317.02.01.001, Search and Arrest in Correctional Facilities</p> <p>Training Rosters</p> <p>Interviews</p> <p>PAQ</p> <p>The IDOC policy states that a strip search will be performed only by employees of the same sex as the resident being searched. A strip search also will be performed only in the presence of employees of the same sex as the resident being searched except that it may be conducted in the presence of a supervisory employee of the opposite sex when a supervisor’s presence is required by policy and a supervisor of the same sex as the resident being searched is not available.</p> <p>Policy states that a licensed physician, physician’s assistant, or nurse practitioner must conduct a body cavity search. Medical personnel who perform a body cavity search need not be of the same sex as the resident being searched. However, all other persons who are present during the search will be of the same sex as the</p>

resident and there always will be at least one staff member present who is the same sex as the resident being searched.

Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of residents, including any exigent circumstances, had been conducted by security or medical staff at the facility. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months and interviews with residents concluded they have not had any occurrences in which they were subjected to cross-gender viewing by staff during a strip search or visual search. Staff interviews indicated they received cross-gender pat search training during initial and annual training.

A written report of the search will be completed as soon as possible but not later than the end of the shift after which the search occurred. If a resident's status is unknown, it may be determined by conversation with the resident, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. If there is uncertainty as to a person's gender. The responsible officer will use best judgment as to how the person presents as male or female and will arrange for an officer of the same gender to conduct the search. Staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex residents for the sole purpose of determining genital status.

The facility confirmed that security staff will be trained on how to conduct cross-gender pat-searches, and searches of transgender and intersex residents in a professional and respectful manner, which is least intrusive. These searches will be consistent with security needs and should circumstances allow, staff should consult with a transgender or intersex resident before conducting a search to determine the resident's preference in the gender of the officer conducting the search. Routine strip searches or visual body cavity searches will occur in authorized areas and searches based on reasonable suspicion require the warden's authorization.

Female correctional officers may pat-search residents of both genders. Policy notes that searches may be conducted by female staff on male residents. Strip searches are performed exclusively by staff of the same gender and includes a provision for transgender or intersex residents who may prefer to be searched by a specific gender of staff.

The PAQ noted that all facility staff have received training and confirmation of pre-service search training was provided. The auditor reviewed training rosters identifying all security staff's completion of the required training and training provided was from the NCRC "Search Training" lesson plan. Signage is posted on unit doors that the opposite gender staff must announce themselves when entering the housing unit and this practice was observed during the tour.

The facility has implemented procedures that allow residents to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. The Auditor conducted tour of the facility and was granted access to all resident housing units and other support areas. The Auditor observed shower and restroom areas in

	<p>the facility and confirmed the residents could shower and use the restroom without staff of the opposite gender seeing them unclothed. All showers are made available to transgender and intersex residents during times when other residents are restricted to their bed area.</p> <p>Conclusion:</p> <p>Based on the review of policies, documents, confirmation of completed training, interviews and analysis, the facility has demonstrated compliance and meets the provisions of this standard.</p>
--	---

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.216 Residents with Disabilities and Residents who are Limited English Proficient</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC SOP 149.01 Prison Rape Elimination Act (PREA)</p> <p>Linguistic International Contract</p> <p>Bi-Lingual Informed Consent Poster</p> <p>Interviews</p> <p>Resident Handbook</p> <p>IDOC policy takes appropriate steps to ensure that residents with disabilities, including those who are deaf, blind or have intellectual limitations, have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and harassment. IDOC policy is written in accordance with Standard 115.216 and states that the PM is responsible for development and distribution of educational materials related to the education of residents regarding the agency's zero tolerance for sexual abuse and sexual harassment of residents and how to report. Educational materials include information on treatment, advocacy, and counseling services.</p> <p>IDOC policy states the facility will provide PREA resident education in formats understandable by the entire resident population and facility will seek the assistance of staff interpreters or resident reader assistants only in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties as outlined in this manual, or the investigation of the residents' allegations.</p>

	<p>The agency also produces a PREA specific brochure in Spanish, as well as publishing their resident handbooks in Spanish. Each resident entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided PREA education within 30 days of arriving at the facility. Residents are required to sign the training acknowledgement form for verification of receipt of the resident handbook and PREA education.</p> <p>Conclusion:</p> <p>The Auditor reviewed policies, procedures, resident handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, interpretive services contracts, resident records, and training records. The Auditor determined the facility meets the requirements of this standard.</p>
--	--

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.217 Hiring and Promotion Decisions</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Contractor Records</p> <p>SOP 150.01.01.003, Employment Screening</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Residents</p> <p>SOP 211.07.01.001-Hiring process</p> <p>Employee Handbook</p> <p>Employee Records</p> <p>Background Investigation Questionnaire</p> <p>Employment Application</p> <p>Interviews</p> <p>PAQ</p> <p>Policy states that the facility will not knowingly hire any new employee, promote any existing employee, or enlist the services of any contractor who has contact with residents and 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.</p>

1997); been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity 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 Been civilly or administratively adjudicated to have engaged in the activity described above. Policy requires that once every five years criminal history checks are processed for all IDOC employees but does not preclude the IDOC from conducting a check at any time within the five-year period, if determined necessary.

Any information produced from the criminal history check that has not been previously reported or investigated will be referred by the reviewing staff for investigation. Criminal history checks will be completed by central office staff for all staff who work at the facility. Contractors and volunteers who have contact with residents at the facilities will have an annual criminal history check processed. The facility does not hire any staff that have engaged in previous sexual abuse or harassment as stipulated in the standard.

The IDOC requires that all applicants who apply for positions complete the employment application packet which includes the required PREA questions. If any of the PREA questions are confirmed by the applicant, the application process is paused, and the applicant is ineligible for employment.

Any staff applying for a promotion is required to answer the PREA questions regarding cases in which they were implicated. The Auditor concluded the facility is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors or promoting staff.

Conclusion:

The Auditor conducted a review of policies, procedures, employee records, contractor records, Background Investigations, interviewed staff, and determined the facility exceeds the requirements of this standard.

115.218	Upgrades to facilities and technology
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.218 Upgrades to Facilities and Technologies  Policy, Materials, Interviews and Other Evidence Reviewed:  Video Surveillance  Facility Layout

	<p>Interviews</p> <p>Observations</p> <p>IDOC policy states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion, or modification and the facility’s ability to protect residents from sexual abuse, will be considered. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the ability to protect residents from sexual abuse will be reviewed.</p> <p>The Facility Manager and PM stated that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility considers how such technology may enhance their ability to protect residents from sexual abuse. Facility staff monitor the unit cameras to ensure they are operational and to identify any areas that may need additional coverage.</p> <p>Conclusion:</p> <p>The Auditor determined that the facility meets the provisions of this standard.</p>
--	---

<b>115.221</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.221 Evidence Protocol and Forensic Medical Examinations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>SOP 504.02.01.001, Investigations, and Intelligence Program</p> <p>PD 116.02.01.001, Custody of Evidence</p> <p>MOU-Nampa Police</p> <p>Investigator Training</p> <p>Sexual Abuse Victim Advocate Services Against Family Violence Agreement (SAVAFV)</p> <p>Interviews</p> <p>IDOC policy states that investigations of sexual abuse/sexual harassment will only be completed by employees who have received specialized investigator training as</p>

	<p>outlined by policy. All investigations will be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations. Facility trained investigators conduct administrative investigations and allegations of sexual abuse and sexual harassment that appear criminal in nature are referred to Nampa police department.</p> <p>Facility staff are required to preserve any crime scene until a Nampa PD investigator arrives to collect and process physical evidence from the scene. The facility investigation will be coordinated as necessary with the investigating law enforcement agency to ensure the facility efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. Facility investigations will proceed in accordance with PD 116.02.01.01, "Internal Affairs" regardless of whether the referral results in criminal prosecution. . Referrals to law enforcement will be documented in the Agency's investigative report, to include PREA investigation worksheet(s) and pertinent computerized database entries.</p> <p>The facility has a services agreement with the Advocates against Family Violence which specifies that the SAVAFV will provide on-site victim advocacy services in the event of an alleged rape at the facility. The facility does not employ SAFE or SANE staff and forensic examinations are provided by the local hospital.</p> <p>Conclusion:</p> <p>The Auditor determined that the facility exceeds the requirements of this standard.</p>
--	---

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.222 Policies to Ensure Referrals of Allegations for Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>SOP 504.02.01.001, Internal Affairs Intelligence Program</p> <p>MOU-NAMPA Police Department</p> <p>Interviews</p> <p>PREA Hotline Posters</p> <p>The IDOC Operating Procedure is written in accordance with Standard 115.222 and requires that an investigation be completed into all allegations of sexual abuse and</p>

	<p>harassment. The PREA Manager will ensure that information on all allegations of inmate-on-inmate sexual abuse/sexual harassment, employee sexual abuse/sexual harassment, and employee overfamiliarity, are entered into the IDOC computerized database at their respective facilities and investigated. Policy also dictates that allegations are referred to as a criminal investigation, if warranted.</p> <p>Each sexual abuse or sexual harassment investigation has a PREA Sexual Abuse Investigation or Sexual Harassment investigation worksheet completed, and cases reported verbally, in writing, anonymously, or from third parties, will be entered into the agency's computerized investigation database. The PM will refer the allegation as soon as possible, but no later than one business day after the report was made.</p> <p>The facility PM, supervisors, and investigators work very together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly and if a resident alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will initiate a report. The supervisor will complete the PREA First Responder Checklist and referral packet. The Investigator coordinates as needed with the PM to determine the course of action and the PC is notified.</p> <p>These policies' address referrals to local law enforcement of resident-on-resident non-consensual sexual acts and staff sexual misconduct/harassment that would constitute a criminal act. Agency policies are published on the agency's website: <a href="https://www.idoc.idaho.gov/content/prisons/prea">https://www.idoc.idaho.gov/content/prisons/prea</a>.</p> <p>Conclusion:</p> <p>The Auditor reviewed investigative files, conducted administrative interviews, and observed daily assignments at NCRC and determined the facility is compliant with provisions of this standard.</p>
--	--

<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.231 Employee Training</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Training Records</p> <p>SOP 149.01 Sexual Abuse Sexual Harassment of Inmates-PREA</p>

	<p>PREA In-service report</p> <p>Staff Interviews</p> <p>IDOC Training Modules</p> <p>Policy requires that all facility employees, student assistants, unpaid student interns, and contractors and employees of other State Agencies, are required to successfully complete in service training in accordance with the requirements set forth in IDOC SOPs.</p> <p>IDOC employees are required to complete PREA training at a minimum every two years. However, the training is completed annually to aid in fulfillment of annual training requirements and to ensure each employee remains up current on the IDOC policies and procedures regarding sexual abuse and harassment. Courses are offered electronically to staff and PREA cards are issued to be maintained with staff credentials.</p> <p>The Auditor was provided with PREA curriculum, training logs, certificates of completion, and training acknowledgement forms.</p> <p>Conclusion:</p> <p>The Auditor determined the facility exceeds the requirements of this standard.</p>
--	---

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.232 Volunteer and Contractor Training</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01 Version 6, Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>SOP 606.02.01.01 Volunteer Services Program</p> <p>PREA Training acknowledgment forms</p> <p>Interviews</p> <p>PREA Volunteer Agreement</p> <p>PAQ</p> <p>The IDOC Training and Professional Development Unit provides standardized training</p>

	<p>and orientation training required for all new employees, contractors, vendors, construction workers, student interns and volunteers who provide services at facilities. Contractors who have direct continuous supervision or escort by facility staff are required to review the PREA module and provide a signature as an understanding of requirements.</p> <p>Training rosters and random training files were reviewed to verify and ensure all contracted employees and volunteers have received the required training. New contractors and volunteers are given PREA training during their orientation prior to assuming their duties and are required to sign for verification as acknowledgment they have received the information. All volunteers and contractors, who may have contact with residents, have been trained on the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Interviews with contractors demonstrated that they were aware of their responsibilities to report incidences of sexual abuse and sexual harassment, as well as responsibilities as a first responder to preserve potential evidence and how to report. The facility's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures.</p> <p>Conclusion:</p> <p>The Auditor concluded the facility is appropriately training volunteers, contractors, staff, and ensure documentation of training is maintained. The Auditor determined the facility meets the requirements of this standard.</p>
--	--

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.233 Resident Education</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Resident Orientation Packet</p> <p>Resident PREA Education and 72-hour form</p> <p>Language Link</p>

Sexual Abuse Poster (English and Spanish)

Resident Handbook

Privacy Signs (Bi-Lingual)

Interviews

Training Records

Atlas

PAQ

The IDOC policy is written in accordance with Standard 115.233 which states all residents will receive comprehensive PREA education during intake and upon transfer to another facility within 30 days of arrival. Upon 72 hours of arrival at a facility, the resident will receive educational material on Zero tolerance, how to report, name of the facility PREA Manager, contact information for third party reporting, Victim advocate services, and Emotional support services. In accordance with the policy, residents will receive orientation upon arrival at an IDOC facility, and the Facility supervisor will develop and maintain an orientation program for newly arrived residents.

During intake processing, residents receive comprehensive information explaining 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. Topics covered during resident education include residents' rights to be free from sexual abuse and sexual harassment and/or retaliation for reporting such incidents, available methods to report incidents, and agency policies and procedures for responding to such incidents. Upon transfer, residents will receive education to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. Staff also issue a brochure that covers the Zero-tolerance policy, definitions of sexual abuse- sexual harassment-retaliation, how to report sexual abuse, process required following a report, available services to victims, and sexual abuse avoidance.

During intake processing, each case manager is required to complete a file review to ensure verification is documented of the education session. If documentation of this education is missing, the resident is immediately scheduled for a repeat session of this education at the facility. The Auditor reviewed resident files and requested that IDOC staff show transfer records to verify that education was provided in a timely manner. As part of the facility's intake and receptions procedures, each new reception file is reviewed, and it is verified that the resident has documented receipt of training.

The facility utilizes a contract vendor and provides a MOU as proof of its provision of interpretative services for disabled or LEP residents during the intake education process. The facility also maintains copies of PREA training materials, PREA guideline "An End to Silence", and various PREA publications. PREA Signage was

	<p>visible throughout the housing units, shared inmate areas, and work locations.</p> <p>Residents receive a PREA brochure that is published in both English and Spanish during their intake process, and these materials were observed to be available to residents. The Auditor observed the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility,</p> <p>Conclusion:</p> <p>The Auditor determines compliance, and the facility meets the requirements of this standard.</p>
--	--

<b>115.234 Specialized training: Investigations</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.234 Specialized Training: Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01, Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>SOP 504 Investigations training</p> <p>Basic Investigator Training Manual</p> <p>Training Program Completion Certificates</p> <p>Basic Investigator Training and Completion Report</p> <p>Interviews</p> <p>PAQ</p> <p>Agency policy is written in accordance with Standard 115.234. Investigations of sexual abuse/sexual harassment will only be completed by employees who have received specialized investigator training as outlined in the PREA policy. All investigations will be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations policy and facility investigators are required to receive specialized training to conduct sexual abuse investigations in confinement settings.</p> <p>The facility has trained investigators who have completed the required PREA training and continue to further their knowledge of investigating practices. Specialized training includes, "Investigations in Confinement Settings", techniques</p>

	<p>for interviewing sexual abuse victims, Miranda and Garrity, sexual abuse evidence collection, and prosecution evidence referral. A review of training materials and training records for facility investigators demonstrates compliance with this standard</p> <p>Conclusion:</p> <p>The Auditor conducted a review of policies, directives, training curriculum, training records, and conducted interviews with investigators to determine the facility meets the requirements of this standard.</p>
--	---

115.235	Specialized training: Medical and mental health care
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.235 Specialized Training: Medical and Mental Health Care</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>In-service Training</p> <p>PREA Health Care and Mental Health Training</p> <p>Staff Training Rosters</p> <p>PAQ</p> <p>IDOC Operating Procedure requires that all staff members receive PREA training in accordance with standard 115.231. The policy requires that all part- and full-time mental health and medical staff members receive PREA specialized training. Student assistants, unpaid student interns, agency employees, and contractual employees are required to successfully complete in-service training in accordance with the requirements set forth in policy and the In-Service training plan.</p> <p>Medical and mental health practitioners working with the IDOC receive PREA training according to the Standard requirements. Contractors who conduct forensic exams must be appropriately trained and agree to abide by policy prior to providing services. Policy establishes procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The facility provided documentation for medical and mental health practitioners completed training modules related to their specific disciplines.</p> <p>Conclusion:</p>

	Based on the Auditor review of policies, procedures, resident records, and interviews, determined the facility meets the requirements of this standard.
--	---

115.241	Screening for risk of victimization and abusiveness
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.241 Screening for Risk of Victimization and Abusiveness</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.1.01 Sexual Abuse and Sexual Harassment of Inmates</p> <p>Inmate Placement and Transfer Policy</p> <p>PREA Risk Assessments</p> <p>Interviews</p> <p>30 Day Review</p> <p>Medical Referrals</p> <p>PAQ</p> <p>IDOC policy states that a transferred resident will be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the resident's risk of sexual victimization. Staff will complete a PREA risk assessment in accordance with Standard 115.241. Policy states that all residents will be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or being sexually abusive toward other residents. The assessment will be completed using information contained in the residents' file and from computerized databases available to facility staff. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.</p> <p>Screening policy 149.01.01.002 requires all residents to be screened for risk of sexual victimization or risk of sexual abuse of other residents within 72 hours of their intake. Interviews with residents confirmed that they were screened within 72 hours of their intake. Review of residents' files supports initial screening, psychological screening, and reassessment within 30 days from date of arrival. A resident's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information of a resident's risk of sexual victimization or abusiveness. The PM stated that a reassessment is</p>

	<p>completed any time there is an incident and based on referrals from a staff member.</p> <p>During the initial assessment screening, staff perception of the resident is documented, and the residents are asked about their sexual orientation. Staff meet with residents to conduct the reassessment, and residents are not disciplined for refusing to answer or disclose information in response to questions. Any refusal by the residents is documented in accordance with policies. Interviews with residents confirmed that they were screened within 72 hours of their arrival. A review of residents' files supports initial screening, psychological screening, and reassessment within 30 days from the date of arrival.</p> <p>Conclusion: The Auditor conducted a thorough review of policies, procedures, resident records, interviewed staff, and determined the facility exceeds the requirements of this standard.</p>
--	--

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.242 Use of Screening Information</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP Inmate Placement and Transfer</p> <p>SOP 149.1.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>Interviews</p> <p>IDOC Policy 303.02.01.001 Classification: Resident</p> <p>Housing Unit Rosters</p> <p>PAQ</p> <p>The Auditor reviewed resident classification records that confirmed facility staff made individualized considerations when determining their housing, bed, work, and other assignments. The classification staff utilize information obtained from the resident risk screening to assign housing, bed, and work assignments and ensure vulnerable residents (HRSV) are protected.</p> <p>Classification staff enter screening information into the Atlas records system; to identify residents at risk of victimization (HRSV) to ensure they are not placed in a work or education assignment with those identified as potential abusers (HRSA).</p> <p>The Auditor verified that staff conduct the risk screening on all residents during the intake process and consider a resident's own perceptions of their safety before</p>

	<p>making classification decisions. The screening tool includes sections for the staff to document their own perception of the resident and staff are aware of their responsibilities should they receive a transgender resident regarding this standard.</p> <p>Interviews with facility staff indicate that placement of transgender or intersex offenders is made on a case-by-case determination. Agency policy stipulates that placement and programming assignments for transgender residents will be reassessed at least twice a year to review any threats to safety and a transgender resident's views with respect to his or her safety will be given serious consideration. NCRC was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents.</p> <p>Conclusion: The Auditor reviewed policies, procedures, resident records, conducted interviews, and determined the facility meets the requirements of this standard.</p>
--	--

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.251 Resident Reporting</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 402.02.01 Correctional Facility Mail</p> <p>Inmate Handbook</p> <p>Discharge Reporting Information</p> <p>SOP 149.1.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>New Employee PREA Training</p> <p>Employee PREA Card</p> <p>PREA Signage</p> <p>Interviews</p> <p>Grievance Form</p> <p>PREA standard 115.51 states facilities must provide multiple avenues for residents to privately report sexual abuse and sexual harassment, retaliation for reporting sexual abuse and sexual harassment, and if there is staff neglect or violation of responsibilities. The directive designates multiple mechanisms for the internal</p>

reporting of sexual abuse and harassment, retaliation by other residents or staff, as well as avenues for reporting conditions that may have contributed to the alleged abuse.

The IDOC PREA policy states that residents may privately report sexual abuse, sexual harassment, retaliation by other residents or staff, and staff neglect or dereliction of duty. Such incidents can be reported verbally, in writing, anonymously, or through third parties. Residents can file reports through verbal and written reports to any staff member, Sexual Abuse Hotline, third parties, or contacting the Nampa PD Special Investigative Unit.

The resident grievance procedure is one way in which residents can privately report sexual abuse and sexual harassment, retaliation by other residents, retaliation from staff for reporting sexual abuse and sexual harassment, and/or any staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject allegation, and they not be charged for filing a grievance regarding sexual abuse or sexual harassment unless it is determined that it was filed in bad faith.

Staff are required to document and forward the complaint to the appropriate supervisory staff for investigation and residents may report sexual abuse or sexual harassment to Nampa PD. Upon receipt of a complaint, the complaint will be immediately forwarded to the institutional PREA Manager. Staff interviewed were aware of their obligations to accept and forward all reports from residents and were aware of their responsibility to document each complaint.

Staff may confidentially report sexual abuse or harassment of residents either verbally or in writing to their supervisors, or directly to their Facility Manager. Staff can also report sexual abuse or harassment through the IDOC website ([www.idoc.idaho.gov](http://www.idoc.idaho.gov)), and staff members are informed of these reporting avenues during annual PREA training. Staff stated during interviews that they are aware they can contact any facility supervisory level staff, PREA manager, or PREA coordinator, to report sexual abuse or harassment of residents.

During interviews, residents stated that they could talk to any of the staff if they had any issue. Residents expressed that they felt safe and were aware of the PREA postings in the housing units and other shared areas.

Conclusion:

The Auditor reviewed the agency's policies, procedures, resident handbook, grievances, investigative records, conducted interviews, and determined the facility meets the requirements of this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.252 Exhaustion of Administrative Remedies

Policy, Materials, Interviews and Other Evidence Reviewed:

PAQ

SOP 316.02.01 Grievance and Informal Resolution Procedure for Resident

Resident Handbook

SOP 149.1.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)

Observations

Interviews

Grievance Form

Agency policy states that the facility has a grievance procedure in place for addressing resident grievances regarding sexual abuse. If residents utilize the grievance system to report an allegation of sexual abuse, the facility Grievance coordinator will forward the sexual abuse allegation to the facility PM for further handling in accordance with this policy and the resident will be notified in writing of receipt.

Residents are not required to use an informal grievance process to resolve an alleged incident of sexual abuse and are not required to submit grievance to a staff member who is the subject of a complaint. The facility issues a final decision within 90 days of the initial filing of the grievance which does not include the resident's time preparing an administrative appeal. If the facility requests an extension to respond, it will notify the residents in writing of the extension and provide a date by which a decision will be made.

Third parties are permitted to assist residents in filing requests for administrative remedies and are allowed to file requests on behalf of residents. Emergency grievances may be filed if a resident alleges that they are at substantial risk of imminent sexual abuse which are forwarded for review with a response within 48 hours. A final agency decision is issued within five calendar days.

Conclusion:

Based on the review of policies and interviews, the facility has demonstrated compliance with all the provisions and meets this standard.

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.253 Resident Access to Outside Confidential Support Services</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>SOP 402.02.01 Inmate Telephone Use and Mail Handling</p> <p>PREA Posters (English and Spanish)</p> <p>Resident Handbook</p> <p>Interviews</p> <p>MOU SAVAFV</p> <p>PREA Hotline</p> <p>PAQ</p> <p>The facility works collaboratively to establish relationships with outside support services as required by Standard 115.253. SAVAFV has provided supplemental victim advocate services, and Idaho Crisis and Suicide Hotline (ICSH) provides confidential emotional support services to facility residents. These services included referral to survivor outreach services, suicide prevention, and emotional support services. IDOC had established a MOU with SAVAFV to provide confidential emotional support to resident survivors of sexual abuse and sexual harassment housed within the IDOC.</p> <p>The Auditor observed that the facility advertises the availability of these resources on resident bulletin boards within the housing units, ensuring that the resident population is informed of contact information. Residents are made aware of how communications are monitored, and which are not monitored for confidential purposes. Signage posted in the resident housing units included statements that advise residents that calls will not be monitored.</p> <p>Policy requires that residents and staff be allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform residents of their limits of confidentiality. Residents are informed of the services during intake, and the facility provides residents with information regarding confidential support services through the PREA brochure they receive during orientation.</p> <p>Conclusion: Based on policy review, interviews, and correspondence, the Auditor determined the facility meets the requirements of this standard.</p>

--	--

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.254 Third-Party Reporting</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>SOP 149.01.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>IDOC Website Reporting</p> <p>Just Detention International Posters (English and Spanish)</p> <p>Interviews</p> <p>MOU- Nampa Police Department</p> <p>PAQ</p> <p>Resident Handbook</p> <p>PREA Hotline</p> <p>SAVAFV MOU</p> <p>The Auditor reviewed the IDOC policy on Prohibited Sexual Conduct Involving Residents. The directive states residents may report allegations of conducted prohibited. Threats of such conduct and retaliation for reporting such conduct can be reported verbally or in writing to any facility staff member, Sexual Abuse Hotline, and third-party avenues.</p> <p>The staff interviewed stated they provide a method to receive third-party reports of resident sexual abuse or sexual harassment. The facility provided samples of items that can be completed on behalf of alleged sexual abuse or sexual harassment victims. Third parties can use the IDOC’s website to report PREA allegations electronically on behalf of residents. The facility also responded positively in the questionnaire that the agency publicly distributes information on how third parties can report resident sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>The Auditor reviewed materials, policies, and determined the facility meets all requirements for the standard.</p>

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<p data-bbox="280 188 981 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 297"><b>Auditor Discussion</b></p> <p data-bbox="280 340 895 374">115.261 Staff and Agency Reporting Duties</p> <p data-bbox="280 412 1114 445">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p data-bbox="280 483 1299 517">SOP 149.01.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p data-bbox="280 555 815 589">Reporting Serious or Unusual Incident</p> <p data-bbox="280 627 557 660">Training Curriculum</p> <p data-bbox="280 698 513 732">Training Records</p> <p data-bbox="280 770 730 804">Employee PREA Reference Card</p> <p data-bbox="280 842 427 875">Interviews</p> <p data-bbox="280 913 1477 1115">Standard 115.261 requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. IDOC policy states that reasonable steps will be taken to ensure the confidentiality of information obtained during the risk assessment process and from reports of conduct prohibited by this policy.</p> <p data-bbox="280 1153 1465 1601">The policy states that staff, volunteers, and contractors must immediately report to their supervisor, or the OIC, any knowledge or suspicion of sexual abuse or sexual harassment and if applicable, an incident report will be submitted. Apart from reporting to designated supervisors, staff must not relay any information related to a sexual abuse report to anyone other than to the extent necessary as specified in operating procedures that include medical treatment, investigation, and other security and management decisions. Staff interviewed as part of an investigation should be specifically warned not to discuss the investigation with others and staff that intentionally compromise confidentiality will be subject to discipline in accordance with the "Employee Discipline" policy." This does not prevent staff from discussing such matters with their attorneys.</p> <p data-bbox="280 1639 1469 1930">IDOC requires that all staff report sexual abuse and sexual harassment immediately to a supervisor or other staff member of a higher rank. Once the abuse is reported, staff are instructed and required by policy not to discuss the situation/allegation with anyone else unless those staff are investigating, making security decisions, or providing services to the resident victim. During interviews, the Auditor determined staff understood their responsibility to report any suspicions they have regarding sexual abuse or sexual harassment of a resident.</p> <p data-bbox="280 1968 1417 2080">Staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. Staff interviewed stated that details related to either resident allegations or staff allegations should remain</p>

	<p>confidential, and they would only discuss details with supervisors and investigators. The PREA manager and investigator verified that all investigative files would be maintained with limited access.</p> <p>Policy requires that all medical and mental health personnel inform residents of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Policy requires medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting, and clinicians are required to disclose their duties to report.</p> <p>Conclusion:</p> <p>The Auditor determined through review of policies and interviews, the facility meets the standard.</p>
--	---

115.262	Agency protection duties
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.262 Agency Protection Duties</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 322- Inmate Placement and Transfer</p> <p>SOP 149.01.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>Interviews</p> <p>PAQ</p> <p>Sexual Assault checklist</p> <p>Coordinated Response</p> <p>IDOC Operating Procedure is written in compliance with Standard 115.262 and requires that whenever there is a report of an incident of sexual abuse or harassment, the victim should be immediately protected. Policy states that when a resident is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility will take immediate action to protect the resident by ensuring no contact between the alleged abuser and the alleged victim. Such actions can include housing changes, temporary segregation, reassignment, and transfers.</p> <p>Staff interviewed by the Auditor were able to articulate requirements regarding what</p>

	<p>immediate actions were required if staff learned a resident was at imminent risk of sexual abuse. Supervisory staff interviewed by the Auditor were knowledgeable of the options they have available to protect residents, which included housing unit reassignment or transfer to another facility. Each decision on reassignments would be determined on a case-by-case basis analysis, and the Facility Manager is required to review the proposed actions within 48 hours to ensure appropriate measures have been taken to protect potential victims.</p> <p>PREA directives require medical and mental health staff to immediately consult with the Facility Manager or designee and recommend housing interventions or other immediate action to protect a resident when it is determined the resident is subject to a substantial risk. If medical staff determine during an assessment that a resident is at risk of imminent sexual abuse or is considered at risk sexual victimization, they will collaborate closely with the Facility supervisor and unit team to provide alternative housing placement.</p> <p>Conclusion:</p> <p>The Auditor reviewed agency policy, procedures, conducted interviews, and determined the facility meets the requirements of this standard.</p>
--	---

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.263 Reporting to Other Confinement Facilities</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>Facility Notification-Memo</p> <p>PAQ</p> <p>Screening Instrument</p> <p>Interviews</p> <p>The IDOC's policy is written in accordance with the PREA Standard 115.263 and requires when the Facility Manager or designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, they must make notification within 72 hours.</p> <p>The standard states that if a resident alleges, they were sexually abused while</p>

	<p>confined at a different facility, including county jails, state prison, federal prison, or substance abuse program facility, staff will forward the allegation to the Facility Manager or Administrator at the resident’s current facility. Whether or not the resident indicates the allegation was investigated, the Facility Manager or administrator will provide email notification within 72 hours, to the Facility Manager where the incident was alleged to have occurred.</p> <p>The Auditor conducted interviews and staff stated they would immediately report the allegation to their supervisor and submit an incident report including the details of the allegation as reported to them. The Facility Manager stated that if a resident alleges sexual abuse at another facility, they will place a telephone call followed by an email to Warden at the facility of the allegation to complete the notification process. The Facility Manager stated they would ensure their facility investigator is notified, and an investigation would immediately be conducted.</p> <p>Conclusion:</p> <p>Compliance with this standard was verified by reviewing policy, conducting interviews, and the Auditor determined that the facility meets the requirements of this standard.</p>
--	--

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.264 Staff First Responder Duties</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Basic Investigator Training</p> <p>SOP 149.01.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>PREA Course Curriculum</p> <p>Staff Training Rosters</p> <p>Interviews</p> <p>Employee PREA Response card</p> <p>Sexual Assault Checklist</p> <p>Coordinated response Plan</p>

	<p>IDOC policy requires that if the first responder is not a security staff member, they immediately notify a supervisory security staff member. The Auditor conducted formal interviews with non-security personnel and asked what actions they would take following an alleged sexual abuse reported to them. Staff stated they would ensure the victim remains with them and immediately inform an officer or supervisor. They stated they would request the victim not take action to destroy evidence.</p> <p>The Auditor reviewed the facility’s training records and verified that sexual abuse training had been conducted, and training was documented. The training records of staff, contractors, and volunteers verified they had received training to appropriately respond to incidents of sexual abuse. The Auditor determined the facility has trained its staff on their responsibilities as a first responder relating to sexual abuse. Staff interviewed were well versed on their responsibilities as a PREA first responder.</p> <p>The Auditor conducted interviews with supervisory staff to determine what their role would be following a report of sexual assault. The supervisors stated that they would ensure the alleged victim and alleged abuser were removed from the area where the incident occurred and kept separately at the facility. The area would be secured, and staff would restrict entry into the area to preserve evidence for investigative staff. The alleged victim would be referred to medical for treatment of any emergency needs and transported to the local hospital for a forensic exam.</p> <p>Conclusion: The Auditor reviewed policies, procedures, Coordinated Response Plan, Sexual Assault Response, interviewed staff and determined the facility meets the requirements of this standard.</p>
--	---

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>115.265 Coordinated Response</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Interviews</p> <p>Coordinated Response Plan</p> <p>Staff Training Roster</p>

	<p>Sexual Assault Checklist</p> <p>PAQ</p> <p>Standard 115.265 requires each facility to develop a written plan to coordinate actions taken in response to an incident of sexual abuse. The facility has developed operating procedures for the coordinated response plan. A Sexual Assault First Responder checklist has been created which supplements the facility operating procedures and outlines staff duties in response to a sexual assault incident.</p> <p>The facility includes in their operating procedures an institutional plan to coordinate actions taken in response to an allegation of sexual abuse. The plan includes Staff, Volunteer, and Contractor Responsibilities, First Responder (Security/Non-Security), Shift supervisor, Medical Response, Investigator, Mental Health, PREA Compliance Manager, and Administrative Response.</p> <p>The Auditor conducted staff interviews, and they were knowledgeable regarding their specific duties during a PREA response. The Auditor determined the facility has prepared their staff to take appropriate actions in response to sexual abuse. The Auditor interviewed the Facility Manager, investigator, and PM, regarding the initiation of the coordinated response in the case of an allegation of sexual abuse or harassment. They all understood their responsibilities and stated that investigations are completed, and a finding is assigned. They stated that it may be referred for criminal prosecution or managed administratively.</p> <p>Conclusion:</p> <p>The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse. Based on a review of policies, procedures, Coordinated Response Plan, Sexual Assault Response, training records, and interviews with staff, the Auditor determined that facility meets the requirements of this standard.</p>
--	--

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.266 Preservation of Ability to Protect Residents from Contact with Abusers:</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Staff Interviews</p>

	<p>SOP-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>PAQ</p> <p>Memo</p> <p>A review indicated that there are no collective bargaining agreements that preserve the ability of the Agency to remove alleged staff abusers from contact with residents, consistent with provisions of the standard. Specifically, when warranted, the facility may take actions that include suspension of an employee during an investigation, and this suspension may continue until disciplinary actions are determined. The Agency Head confirmed that the agency maintains the right to assign staff.</p> <p>This Auditor confirmed that the facility has the right and ability as the employer to remove alleged staff abusers from contact with residents. When warranted, the employer may take actions that include suspension of an employee during an investigation, and this suspension may continue until the time when disciplinary actions are determined.</p> <p>Conclusion:</p> <p>The Auditor finds the facility compliant with this standard and meets the requirements.</p>
--	--

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.267 Agency Protection Against Retaliation</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>SOP-149.01, Prohibited Sexual Conduct Involving Inmates</p> <p>PREA Sexual Abuse Retaliation Monitoring</p> <p>Interviews</p> <p>PAQ</p> <p>The IDOC's policy is written in accordance with Standard 115.267 and states retaliation by or against any party, staff, or resident, who participates in a complaint or report of sexual abuse or sexual harassment, will be strictly prohibited. PREA policy states that both staff and residents who cooperate with sexual abuse and</p>

	<p>sexual harassment investigations will be protected from retaliation from staff and residents.</p> <p>The agency designates a supervisory staff member, other than the direct supervisor, to monitor the incident. They will monitor retaliatory performance reviews, reassignments, and other retaliatory actions not substantiated as legitimate discipline or performance based. Supervisory staff will also monitor disciplinary sanctions, housing, program changes, and conduct periodic status checks for residents who report or have reported alleged victimization. The facility has protection and reporting measures for residents. Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. Any use of involuntary segregated housing for the residents who alleged suffering sexual abuse will only be used after an assessment.</p> <p>The PM stated they monitor retaliation for up to 90 days and retaliation may be monitored beyond 90 days, if warranted. If a staff member were involved, the staff member would be separated from the resident and may receive disciplinary action commensurate with the type of behavior taken. If a resident retaliates against another resident, they would be kept separate from one another. Other options to protect against retaliation may include protective custody, housing reassignments, or transfer to another facility.</p> <p>Retaliation will be grounds for disciplinary action and will be investigated. If an individual who cooperates with an investigation and expresses a fear of retaliation, the facility will take measures to protect that individual against retaliation, including ninety-calendar day retaliation monitoring. Administrative staff have the authority to move residents within the facility or to request transfers to other facilities.</p> <p>Conclusion:</p> <p>The Auditor reviewed documents and determined the facility is compliant with this standard.</p>
--	--

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.271 Criminal and Administrative Agency Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP-Sexual Abuse and Harassment of Inmates</p> <p>SOP-150.01.01.006 Admin Investigations</p>

	<p>IDOC SOP 504.02.01.001 -Internal Affairs</p> <p>SOP-149.01, Prohibited Sexual Conduct Involving Inmates</p> <p>IDOC Sexual Violence Response and Investigation Guide</p> <p>Interviews</p> <p>IDOC Operating Procedure is written in accordance with Standard 115.271 and states that all investigations into allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports. Policy states that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it will be investigated. Staff will ensure all allegations are referred to the appropriate law enforcement agency for criminal investigation in conjunction with the facility's administrative investigation. Referrals to law enforcement will be documented in the facility's investigative report, PREA investigation, and electronic database.</p> <p>The Facility Manager will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating an entry for each alleged incident. Facility policy requires that all reports, regardless of their source of origination, be referred for investigation. Each sexual abuse allegation will have an assigned investigator complete a PREA Sexual Abuse Investigation form. IDOC policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, credibility assessments, and investigative findings. Credibility assessments are conducted as part of the investigative process and conducted on all parties involved.</p> <p>The agency is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus additional time in accordance with IDOC policy. Policy prohibits the termination of an investigation if a resident is released, or a staff member is terminated or resigns. An interview with a facility investigator confirmed that all parties involved are to be interviewed in-person.</p> <p>Conclusion:</p> <p>The review of policy, investigators credentials, training, and interviews, confirmed the facility meets requirements for this standard.</p>
--	--

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>115.272 Evidentiary Standard for Administrative Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Basic Investigator Training Manual</p> <p>SOP 116.02.01.001 Custody of Evidence</p> <p>Interviews</p> <p>Investigators' Certifications</p> <p>Interviews at NCRC with the investigator and PM confirmed that staff responsible for administrative adjudication of investigations are knowledgeable of the requirements for the evidentiary standard. Investigators interviewed were able to articulate what preponderance meant and how they arrive at the basis of case determinations.</p> <p>The Auditor reviewed protocols for substantiated and unsubstantiated allegations, including the basis for the determinations which indicated that the investigations would be conducted in accordance with the standard.</p> <p>Conclusion: Based on policy review and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.273 Reporting to Residents</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP-149.01 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>Inmate Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action</p> <p>IDOC PREA Annual Report</p> <p>Interviews</p> <p>IDOC SOP 504.06 Investigation</p> <p>The IDOC policy requires a resident to be notified when a sexual abuse allegation</p>

	<p>has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy states that following an investigation of an allegation in which a resident suffered sexual abuse in a facility, the Facility Manager will ensure the victim is notified in writing as to whether the allegation has been Substantiated, Unsubstantiated, or Unfounded.</p> <p>Following an allegation that a staff member committed sexual abuse against a resident, the facility conducting the investigation will inform the resident of their final case determination and notifications will be documented using the appropriate form. If a notification is unable to be provided, the attempts will be documented as well as the rationale for the inability to notify the resident and a copy of the form will be maintained for the PREA audit. The facility's obligation to provide notification as outlined in this section will terminate if the resident is paroled, discharged from their sentence, or pardoned.</p> <p>Outside criminal investigations are conducted by local law enforcement in conjunction with the facility administrative investigators or the agency's Special Investigative Unit. The facility Investigator or SIU investigator is the liaison between the two entities and local law enforcement communicates any relevant updates relating to criminal charges or convictions.</p> <p>Conclusion:</p> <p>Interviews with the PM, Administrative staff, and investigator verified that residents are receiving notifications, and the facility meets compliance with the standard.</p>
--	--

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.276 Disciplinary Sanctions for Staff</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01.01 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>SOP-Humane Treatment and Living Conditions for Inmates</p> <p>SOP 205.07.01 Employee Discipline</p> <p>IDOC SOP 219 Sexual Misconduct with Residents</p> <p>IDOC Employee Handbook</p> <p>Ethics Standards 217.07.01.01</p>

	<p>Interviews</p> <p>PAQ</p> <p>IDOC policies were reviewed and met the requirements of Standard 115.276. Staff found guilty of violations are subject to disciplinary sanctions to include termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of a resident will be terminated from employment and employees who are found to have violated agency policy related to sexual abuse and harassment but not actually engaging in sexual abuse will be disciplined in a manner commensurate with the nature and circumstances of the acts.</p> <p>IDOC policy states that termination is the presumptive disciplinary action for staff who engage in sexual abuse. These cases will be referred for criminal prosecution and will be reported to any relevant licensing bodies. Additionally, disciplinary sanctions will take into consideration the staff member's disciplinary history, sanctions imposed for similar offenses by other staff and nature of the acts committed.</p> <p>The Auditor interviewed the Facility Manager regarding the facility's staff disciplinary policy. The Facility Manager stated that if a staff member is terminated for violating the facility's sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred for criminal prosecution. The facility investigator and PM verified that if an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, the resignation does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.</p> <p>Conclusion:</p> <p>Interviews with the Facility Manager, Investigator, and PM, support that allegations against staff for sexual abuse, sexual harassment, retaliation, or neglect, are investigated and disciplinary action sanctioned. The Auditor determined the facility meets compliance with the standard.</p>
--	---

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.277 Corrective Action for Contractors and Volunteers
	Policy, Materials, Interviews and Other Evidence Reviewed:

SOP 149.01.01 PREA and Prohibited Sexual Conduct Involving Inmates

IDOC SOP 606.02.01.001

IDOC Policy 205.07.01.001 Corrective and Disciplinary Action

IDOC Policy 219.01 Sexual Misconduct with Offenders

Interviews

Staff Roster

Training Roster

IDOC policy mandates contractors and volunteers to the same standards as employees directly hired by the agency relevant to disciplinary action for engaging in sexual abuse and sexual harassment. Any contractor or volunteer engaging in these behaviors would be terminated or prohibited from entering an IDOC facility.

Facility policy contains specific language to provide consideration for terminating contracts and prohibiting further contact with residents in the case of any violation of PREA sexual abuse and sexual harassment policies. Conduct of this nature by volunteers or contractors requires reports to law enforcement and relevant licensing bodies and may include criminal charges.

Contractual Employees' allegations of employee misconduct must be documented, and an appropriate investigation conducted. The contracting agency may perform a separate investigation and remove the employee. Whether a contractual employee should remain at a particular facility will be determined by the Facility Manager at that facility and will vary depending on the severity of the alleged misconduct.

Once an investigation is initiated involving a contractual employee, the contract monitor will be notified. Contractual employees who are the subject of the investigation are permitted to have representation during the investigatory interview, and the investigator must advise the employee of this and arrange a date and time that does not delay the investigation. The contractual employee is responsible for obtaining their representative and that person cannot be an IDOC employee.

An interview with the Facility Manager confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from resident contact at the facility depending on the allegations. Contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff could be terminated by the contract employer and if the conduct is criminal in nature, it will be referred to Nampa PD for investigation and prosecution.

Conclusion:

The Auditor reviewed documentation, policy, and interviewed staff, and determined the standard to meet compliance.

--	--

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.278 Disciplinary Sanctions for Residents</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 149.01.01 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>IDOOC SOP 219.01 Sexual Misconduct with Offenders</p> <p>IDOC SOP 318.0210.001 Discipline Procedures-Residents</p> <p>Interviews</p> <p>Resident Handbook</p> <p>PAQ</p> <p>The IDOC has zero tolerance for resident-on-resident sexual harassment, assault, or abuse. IDOC policy directives state that consensual sexual activity among residents is prohibited and if a resident is found to have engaged in sexual activity, the resident will be subject to disciplinary action. If a resident reports sexual abuse and the report is made in good faith, based upon a reasonable belief that the alleged conduct occurred, they will not be charged for reporting if it is determined to be Unfounded.</p> <p>If it is determined that the resident did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions for those who violate sexual abuse and sexual harassment policies. In addition to potential disciplinary segregation, residents may have their custody levels raised or may be transferred to another location.</p> <p>Interviews with staff and residents confirm that the facility is adhering to the provisions of the standard. The Auditor found no evidence to suggest that a resident received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith. There is a consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed. Policy states that facilities offering relevant treatment programs to address the underlying reasons or motivations for abuse, consider placing offending residents into such programs.</p> <p>The facility prohibits sexual activity between all residents and residents who engage</p>

	<p>in consensual sexual activity may be disciplined and sanctioned according to IDOC policy. However, the activity will not be considered sexual abuse unless it is determined that sexual contact was the result of coerced consent or protective pairing.</p> <p>Conclusion: Based on policy review and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.282	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.282 Access to Emergency Medical and Mental Health Services</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP 327 -Health Services</p> <p>SOP327-Medical Emergencies</p> <p>IDOC-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Interviews</p> <p>Risk Screenings</p> <p>SANE Protocol</p> <p>The IDOC policy is written in compliance with the Standard 115.282 and states that all victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with Health Services policy, “Medical Emergencies” and “Mental Health Services,” resident victims of sexual abuse will receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff.</p> <p>If no qualified medical or mental health staff are on duty at the time an allegation, custody staff first responders will take preliminary steps to protect the victim and will immediately provide notification to the appropriate medical and mental health staff. Victims of sexual abuse while incarcerated will be offered information to access emergency contraception and sexually transmitted infections prophylaxis, in accordance with policy on “Health Care Management of Reported Sexual Assaults of Residents IDOC Facilities.” Treatment services will be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation of the incident.</p> <p>Agency policy states that forensic examinations will be performed by Sexual Assault</p>

	<p>Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. Interviews with staff confirm that resident victims of sexual abuse would not be charged for services received because of a sexual abuse incident. For services that are outside the scope of their experience, the resident can be treated at the local hospital emergency department. Forensic exams are conducted off-site by qualified forensic nurse examiners, and an advocate is available at the request of the resident to provide emotional support services.</p> <p>The facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention.</p> <p>Conclusion:</p> <p>Staff interviews verified medical services are provided regardless of the residents' cooperation with the investigation. The Auditor determined the facility meets compliance for this standard.</p>
--	---

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.283 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Health Services</p> <p>SOP 149-01-PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>SOP-411.06.03.001 Medical Co-Pay Services</p> <p>Interviews</p> <p>SANE Protocol</p> <p>PAQ</p> <p>IDOC Operating Procedure is written in compliance with Standard 115.283 which states that the facility will offer medical and mental health evaluation and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and referrals for continued care following their transfer or release.</p>

	<p>IDOC policy states that 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 practitioner’s judgment. Policy requires treatment services to be consistent with the community level of care and provided without financial costs regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, the first responders will take preliminary steps to protect the victim and will immediately notify the shift supervisor. Residents are offered mental health, medical services, and forensic sexual assault exams are to be conducted by a qualified professional.</p> <p>Conclusion: The Auditor reviewed policies, procedures, inmate records, conducted interviews, and determined the facility meets the requirements of this standard.</p>
--	--

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.286 Sexual Abuse Incident Reviews</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>SOP-149.01 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>PREA Annual Reports</p> <p>Interviews</p> <p>SAIR</p> <p>The IDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Policy states that the facility PM will coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegations are determined to be Unfounded. The review team consist of upper-level custody and administrative staff, with input from relevant supervisors, investigators, and medical practitioners.</p> <p>The PM stated any recommendations would be implemented, or the reasons for not doing so would be documented. The facility has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations. The team includes the PREA manager, Facility Manager, Mental Health, Shift Commander, and</p>

	<p>medical staff.</p> <p>Conclusion:</p> <p>Interviews with the Facility Manager’s PREA coordinator, and PM, confirmed compliance and the Auditor determined the facility meets the requirements for this standard.</p>
--	---

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.287 Data Collection</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Annual Report</p> <p>Interviews</p> <p>IDOC Website</p> <p>IDOC policy is consistent with the requirements of Standard 115.287 and states that the agency will collect annually uniform data for allegations of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence and complete an annual report based upon the statical data.</p> <p>The IDOC policy outlines the data collection process and states that allegations of sexual abuse reported to have occurred within facilities will be entered into the appropriate IDOC computerized database. The agency PC gathers data on each reported incident to aggregate an annual incident report which will include the data necessary to complete the SSV and the PM for each facility is responsible for reporting institutional data to the PC.</p> <p>The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data. The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested.</p> <p>Conclusion:</p> <p>Compliance was determined by review of annual reports, data, and interviews with</p>

	<p>the PREA coordinator. The Auditor determined the facility meets the requirements of this standard.</p>
--	---

<b>115.288</b>	<b>Data review for corrective action</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.288 Data Review for Corrective Action</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Annual PREA Reports</p> <p>Interviews</p> <p>IDOC Website</p> <p>PAQ</p> <p>The PAQ confirmed that the agency reviews data annually to assess and improve the effectiveness of sexual abuse prevention, detection, response, policies and training. The review includes identifying problem areas, taking corrective action, and preparing an annual report of its findings. A review of the annual reports confirmed IDOC's PREA efforts to include the actions taken in response to the previous year's PREA audits.</p> <p>The data is utilized to assess and improve the agency's sexual safety practices which include reviews of sexual abuse incidents, the Annual Report, the Survey of Sexual Victimization, and annual review of staffing plans. All information is utilized to identify any trends, improve or update policies, procedures, and practices. The PC and the PM stated that each facility documents allegations and investigations in the centralized database which is used to review trends and any areas of concern. The PAQ verified that the agency's annual report is approved by the Agency Head and made available to the public through the IDOC website. A review of the website confirmed that current and previous Annual Reports are available to the public online.</p> <p>Conclusion:</p> <p>Based on interviews, review of agency website and documents, the Auditor determined this standard compliant and meets requirements.</p>

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 1010 378">115.289 Data Storage, Publication, and Destruction</p> <p data-bbox="280 412 1115 445">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p data-bbox="280 479 1323 512">Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p data-bbox="280 546 635 580">IDOC PREA Data Website</p> <p data-bbox="280 613 429 647">Interviews</p> <p data-bbox="280 680 341 714">PAQ</p> <p data-bbox="280 748 475 781">IDOC Website</p> <p data-bbox="280 815 1477 1173">IDOC policy mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. IDOC Operating Procedure is written in accordance with the standard 115.287 which states data collected will be made readily available to the public through the agency’s website, excluding all personal identifiers, and after final approval by the agency director. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p data-bbox="280 1207 1477 1532">The PM and PC stated that all electronic data is maintained in a centralized server, and all paper files are secured at the facility. The Auditor reviewed the website and confirmed previous annual reports are available to the public. The facility PM is responsible for reporting institutional data to the PC and the facility data collected is maintained by the PM. Aggregated sexual abuse data for the agency's annual report is compiled from investigative files, incident reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access.</p> <p data-bbox="280 1565 445 1599">Conclusion:</p> <p data-bbox="280 1632 1457 1756">Based on a review of the PAQ, policies, agency website, and information obtained from staff interviews, the Auditor determined this standard is compliant and meets requirements.</p>

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard

	<p><b>Auditor Discussion</b></p> <p>115.401 Frequency and Scope of Audits</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Interviews</p> <p>Documentation Review</p> <p>PAQ</p> <p>IDOC Website</p> <p>The Auditor had access to all areas of the facility and was permitted to receive and copy any relevant policies, procedures, or documents requested. The Auditor conducted private interviews with staff and residents. Policies and secondary documentation were provided before the onsite tour and during the post audit. The facility staff facilitated the interviews in a timely and efficient manner and informal interviews with residents confirmed that they were aware of the audit and the availability to communicate with the Auditors.</p> <p>Prior to the on-site review, emails with the Auditor’s contact information were sent to the facility to be posted in residents living areas advising of the audit. These notices were sent to facility staff for posting six weeks prior to the onsite visit.</p> <p>Conclusion: The Auditor finds this standard to be compliant and meets requirements.</p>
--	---

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 Audit Contents and Findings</p> <p>The report for NCRC is publicly available at the IDOC website: <a href="https://www.idaho.gov/documents/corrections/Idaho_Correctional_Final_Report">https://www.idaho.gov/documents/corrections/Idaho_Correctional_Final_Report</a>.</p>

<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility 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 assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies 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?	yes
	Does the facility have procedures that enable residents to shower,	yes

	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?	
	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?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility 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?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.)	yes
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	na

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	na
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	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?	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident’s risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident’s risk level when warranted due to a: Receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents 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 enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	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?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency 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?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. 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 reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	na

	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are 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
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 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 § 115.287 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 § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes