

PREA Facility Audit Report: Final

Name of Facility: Pocatello Women's Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 03/07/2026

| Auditor Certification | |
|---|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Joseph Allotey | Date of Signature: 03/07/2026 |

| AUDITOR INFORMATION | |
|-------------------------------------|----------------------------------|
| Auditor name: | Allotey, Joseph |
| Email: | jnallotey.consulting@outlook.com |
| Start Date of On-Site Audit: | 01/20/2026 |
| End Date of On-Site Audit: | 01/23/2026 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Pocatello Women's Correctional Center |
| Facility physical address: | 1451 Fore Road, Pocatello, Idaho - 83204 |
| Facility mailing address: | |

| Primary Contact |
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| | |
|--------------------------|-------------------------|
| Name: | Shawn Trevino |
| Email Address: | strevino@idoc.idaho.gov |
| Telephone Number: | 208-236-7402 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|-------------------------|
| Name: | Janell Clement |
| Email Address: | jclement@idoc.idaho.gov |
| Telephone Number: | (208) 236-7400 |

| Facility PREA Compliance Manager | |
|---|-------------------------|
| Name: | Shawn Trevino |
| Email Address: | strevino@idoc.idaho.gov |
| Telephone Number: | 208-236-6360 Ext 241 |
| Name: | Michelle Davis |
| Email Address: | micdavis@idoc.idaho.gov |
| Telephone Number: | 208-236-6360 Ext 234 |
| Name: | Jerrica Mercado |
| Email Address: | jmercado@idoc.idaho.gov |
| Telephone Number: | (208) 236-7403 |

| Facility Health Service Administrator On-site | |
|--|--------------------------|
| Name: | Natalie Snow |
| Email Address: | nsnow1@teamcenturion.com |
| Telephone Number: | 208-236-7413 |

| Facility Characteristics |
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| Designed facility capacity: | 355 |
| Current population of facility: | 353 |
| Average daily population for the past 12 months: | 354 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Women/girls |
| Age range of population: | 19-78 |
| Facility security levels/inmate custody levels: | Riders, Minimum, Medium, close custody and death row |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 94 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 61 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 810 |

AGENCY INFORMATION

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

Agency Chief Executive Officer Information:

| | |
|--------------------------|-------------------------|
| Name: | Bree Derrick |
| Email Address: | bderrick@idoc.idaho.gov |
| Telephone Number: | 2086582000 |

| Agency-Wide PREA Coordinator Information | | | |
|---|--------------|-----------------------|-----------------------|
| Name: | Teresa Jones | Email Address: | tjones@idoc.idaho.gov |

| Facility AUDIT FINDINGS | |
|--|---|
| Summary of Audit Findings | |
| <p>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.</p> <p>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.</p> | |
| Number of standards exceeded: | |
| 3 | <ul style="list-style-type: none"> • 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator • 115.13 - Supervision and monitoring • 115.33 - Inmate education |
| Number of standards met: | |
| 42 | |
| 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

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| 1. Start date of the onsite portion of the audit: | 2026-01-20 |
| 2. End date of the onsite portion of the audit: | 2026-01-23 |

Outreach

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| 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: | The Auditor conducted a phone interview with Family Service Alliance, a rape crisis agency located approximately 2.5 miles from the facility. The agency maintains an MOU with PWCC to provide emotional support services to incarcerated individuals. A review of publicly available information on Family Service Alliance further confirmed that the organization delivers a broad range of services to the Pocatello, ID community |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 355 |
| 15. Average daily population for the past 12 months: | 329 |
| 16. Number of inmate/resident/detainee housing units: | 5 |

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

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

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| <p>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p> | <p>353</p> |
| <p>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:</p> | <p>13</p> |
| <p>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:</p> | <p>6</p> |
| <p>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:</p> | <p>3</p> |
| <p>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:</p> | <p>3</p> |

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| 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: | 1 |
| 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: | 106 |
| 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: | 6 |
| 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: | 13 |
| 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: | 144 |
| 34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations): | No text provided. |

| Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit | |
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| 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: | 155 |
| 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: | 359 |
| 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: | 35 |
| 39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit: | No text provided. |
| INTERVIEWS | |
| Inmate/Resident/Detainee Interviews | |
| Random Inmate/Resident/Detainee Interviews | |
| 40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 13 |

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| <p>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
| <p>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>After identifying the target population, the auditor used housing assignment sheets and random number selection to choose the remaining sample from each housing unit. The audit ensured that the selection included residents who were working, participating in programs, or assigned to special duties.</p> |
| <p>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>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):</p> | <p>There were no concerns with the selection of residents.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>14</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".

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| <p>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:</p> | <p>2</p> |
| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>1</p> |

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| <p>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:</p> | <p>1</p> |
| <p>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:</p> | <p>2</p> |
| <p>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:</p> | <p>2</p> |
| <p>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:</p> | <p>3</p> |
| <p>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:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>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).</p> | <p>No residents were placed in Segregated Housing for risk of sexual victimization or for alleging sexual abuse. This was confirmed through informal conversations with both residents and staff.</p> |
| <p>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>No text provided.</p> |
| <p>Staff, Volunteer, and Contractor Interviews</p> | |
| <p>Random Staff Interviews</p> | |
| <p>58. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>12</p> |
| <p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>The auditor considered multiple factors, including length of employment, shift and work assignments, rank, and the presence of staff on special assignments across both custody and non-custody roles.</p> |
| <p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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| <p>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):</p> | <p>No text provided.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>16</p> |
| <p>63. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>65. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>66. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><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)</p> |

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

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| | <input type="checkbox"/> Other |
| 68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 1 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other |
| 69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 2 |
| b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |

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| <p>70. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>During the onsite audit, the auditor was informed that the PREA Coordinator had retired. The Statewide Quality Control Manager was serving as the interim PREA Coordinator, and the auditor interviewed him using the PREA Coordinator protocol.</p> |
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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| <p>71. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
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Was the site review an active, inquiring process that included the following:

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| <p>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)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
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| <p>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)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
|---|--|

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| <p>74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
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|---|--|
| <p>75. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>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).</p> | <p>The Auditor engaged informally with staff and residents during the facility tour and at several points outside the formal interview setting. These interactions allowed the Auditor to test the functionality of critical reporting mechanisms within the housing units, verify the accuracy of posted informational materials, and confirm that mail exchanged between residents and professional agencies is handled with appropriate privacy.</p> <p>The Auditor also observed that the facility is equipped with extensive camera coverage, with camera placements positioned to provide comprehensive visibility throughout the institution.</p> |
| <p>Documentation Sampling</p> | |
| <p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p> | |
| <p>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?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |

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

The auditor considered various factors such as the length of employment, shift assignment, work assignment, ranks and staff on special assignment including custody and non-custody positions.

The Auditor reviewed a sample of current resident files to assess compliance with screening and education requirements under the Prison Rape Elimination Act. This included evaluating the timeliness of both initial screenings and 30-day follow-up reviews, as well as confirming that referrals to mental health services were made when individuals disclosed a history of prior abuse.

The Auditor also examined a selection of staff files, including employees hired within the past year, recently promoted staff, and long-tenured employees with more than five years at IDOC. The review focused on verifying that prior institutional employment checks had been completed as required. In addition, the Auditor evaluated training records for a sample of volunteers and contractors to ensure they received the appropriate PREA-related screening and education.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|--------------------------------------|-------------------------------------|---|--|
| Inmate-on-inmate sexual abuse | 11 | 0 | 11 | 0 |
| Staff-on-inmate sexual abuse | 2 | 0 | 1 | 1 |
| Total | 13 | 0 | 12 | 1 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|-------------------------------------|---|--|
| Inmate-on-inmate sexual harassment | 13 | 0 | 13 | 0 |
| Staff-on-inmate sexual harassment | 1 | 0 | 1 | 0 |
| Total | 14 | 0 | 14 | 0 |

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 3 | 7 | 1 |
| Staff-on-inmate sexual abuse | 0 | 0 | 1 | 0 |
| Total | 0 | 3 | 8 | 1 |

Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 2 | 11 | 0 |
| Staff-on-inmate sexual harassment | 0 | 1 | 0 | 0 |
| Total | 0 | 3 | 11 | 0 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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| 85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 11 |
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| <p>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p> |
| <p>Inmate-on-inmate sexual abuse investigation files</p> | |
| <p>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>10</p> |
| <p>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p>Staff-on-inmate sexual abuse investigation files</p> | |
| <p>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p> | <p>1</p> |
| <p>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |

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| <p>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
| <p>Sexual Harassment Investigation Files Selected for Review</p> | |
| <p>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>4</p> |
| <p>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p> |
| <p>Inmate-on-inmate sexual harassment investigation files</p> | |
| <p>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>3</p> |
| <p>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |

| Staff-on-inmate sexual harassment investigation files | |
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| 98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 1 |
| 99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | The auditor randomly sampled the investigation reports based on incident type, sources of allegations (e.g., hotline, third-party, grievances), incident description, and incident location. Additional factors were considered; however, these were not part of a systematic review. |
| 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. | <input type="radio"/> Yes <input checked="" type="radio"/> No |

Non-certified Support Staff

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| <p>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.</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
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AUDITING ARRANGEMENTS AND COMPENSATION

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| <p>108. Who paid you to conduct this audit?</p> | <p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p> |
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| <p>Identify the name of the third-party auditing entity</p> | <p>AB Management and Consulting LLC</p> |
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| Standards |
| Auditor Overall Determination Definitions |
| <ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) |
| Auditor Discussion Instructions |
| <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> |

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| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> Pocatello Women’s Correctional Center (PWCC) Pre-Audit Questionnaire (PAQ) Idaho Department of Correction (IDOC) Policy No.149 V. 4.0 Prison Rape Elimination (adopted 07/23/2004 & revised 05/17/2021) IDOC Standard Operation Procedure (SOP) No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) IDOC Field Memorandum (FM) PWCC No.149.01.01.001 V. 3.0 PREA (approved 02/1/2025) IDOC FM PWCC No.149.01.01.002 V.1.0 Prison Rape Elimination Screening and Caution (approved 02/10/2025) IDOC Organization Structure PWCC Organization Chart Interview with IDOC Director or Designee Interview with Facility Unit Head |

- Interview with PREA Coordinator (PC)
- Interview with PREA Compliance Manager (PCM)
- Site Review

Reasoning and analysis (by provision):

115.11 (a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

IDOC Policy No.149 V. 4.0 Prison Rape Elimination was provided as evidence. This policy was written, adopted on 07/23/2004, and was revised on 05/17/2021. The policy is the Standard Operating Procedure for all IDOC facilities, and it is intended to set forth the procedures for implementing and managing a 'zero tolerance' policy."

IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination was provided as evidence. The policy was written and adopted on 08/17/2004, and it was revised on 01/21/2021. The policy outlines the department's approach to preventing, detecting, and responding to sexual abuse and sexual harassment to support the IDOC zero-tolerance standard. A 'zero tolerance' policy means that sexual abuse and sexual harassment in any form are strictly prohibited, and all allegations of such conduct will be investigated. Any retaliation against individuals for reporting an incident is also prohibited and will be investigated." This policy is intended to set forth the procedures to implementing and managing a 'zero tolerance' policy. Included in this policy are the agency's directives and procedures regarding:

- Related definitions
- Consensual Contact Between Residents
- Prevention
- Training
- Resident Education
- Resident with disabilities and limited English proficiency
- Placement of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Residents
- Screening for risk of victimization and abusiveness and use of screening information
- Youthful Residents

- Reporting
- Concern Forms and Grievances Regarding Sexual Abuse
- Staff Reporting
- Response and Investigation
- Sexual Assault Response Team (SART)
- Staff Sexual Misconduct Allegations
- Administrative Sexual Assault Response Team (SART) 19
- Medical and Mental Health Services
- Evidence protocol and forensic medical examinations
- Confidential Support Services
- Protection against Retaliation
- Findings and Notifications
- Sexual Abuse Incident Reviews
- Sanctions
- Hiring and promotion decisions
- Data Collection and Review

IDOC SOP No.149.01.01.001 V. 6.0 (p. 24 -26) includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, i.e., Sexual abuse; Sexual abuse by another resident; Sexual abuse by a staff member; Voyeurism by a staff member, contractor, or volunteer; and Sexual harassment. The definitions contained in the policy are consistent and in compliance with PREA definitions.

The policy includes sanctions for those found to have participated in prohibited behaviors. The policy stipulates that all substantiated sexual abuse incidents are referred to law enforcement for possible prosecution.

Staff members are subject to disciplinary sanctions, up to and including termination, pursuant to Sexual Misconduct with Residents, Policy 219, for: engaging in sexual abuse of a resident, failing to report to a supervisor any suspected or known sexual abuse of an resident by another resident, or by a staff, contractor, or a volunteer, and engaging in retaliatory conduct against a party involved in a sexual abuse or sexual harassment complaint.

The policy states that a staff member who has engaged in sexual misconduct with a resident may be subject to criminal prosecution. Information regarding the termination of staff for sexual misconduct or sexual harassment is also reported to the relevant licensing bodies.

Any contractor or volunteer who engages in sexual abuse must be prohibited from contact with residents and must be reported to law enforcement agencies and to relevant licensing bodies.

Residents involved in sexual abuse of other residents can face criminal charges and IDOC administrative disciplinary action. Residents are subject to IDOC disciplinary actions for false reports, sexual abuse, sexual harassment, and consensual sexual activity in accordance with Disciplinary Procedures: Residents, SOP 318.02.01.001. Disciplinary actions may be taken even if the resident is not criminally charged,

criminal charges are dismissed, or the resident is not convicted of the criminal charge.

IDOC SOP No.149.01.01.001 V. 6.0 (p. 5-7) details the description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents. The policy states that preventing sexual abuse includes many core correctional practices, such as direct supervision, camera surveillance, and an expectation of professional behavior for staff and appropriate behavior for residents.

IDOC administrative prevention efforts include designating a PREA coordinator and PREA compliance managers with sufficient authority to oversee changes required to enhance prison safety, and review of staffing and post plan to determine adequate staffing level.

The policy further outlines the requirements for the agency and facility administrators to ensure PREA compliance, including random unannounced supervisory rounds on all shifts and units to enforce the IDOC's zero-tolerance standard.

IDOC FM PWCC No.149.01.01.002 V.1.0 Prison Rape Elimination Screening and Caution was provided as additional evidence as part of the prevention effort. The policy provides guidelines and processes to review, add cautions, and house residents safely at PWCC. The policy identifies the specific bed assignments for residents identified as potential victims. These beds and/or cells place those identified as victims in places easily observed by staff or surveillance cameras in an effort to provide the safest living space possible. The policy again provides the specific screening process with timeline, staff responsibility, and the use of the screening tool to make housing and bed assignment decision pursuant to IDOC SOP 149.01 .01 .002 PREA, and Federal PREA standard 115.41.

All the policies submitted as evidence detail the agency's overall approach to preventing, detecting, and responding to sexual abuse and harassment.

What was heard, as part of a systematic review of evidence:

Interview with Warden or Designee:

Via formal interview, the warden stated that all PWCC staff, including contractors, volunteers, and residents, are reminded of the Zero Tolerance policy and expectation. This is part of the onboarding training and annual in-service training for current staff.

Interview with PREA Compliance Manager:

Via formal interview, the PCM confirmed the IDOC zero-tolerance policy with the expectation, his obligation, and responsibility to ensure that both staff, contractors, volunteers, and residents receive the same zero-tolerance policy. Also, they coordinate the facility effort to comply with the PREA standard by enforcing clear policies and SOPs, training staff, ensuring multiple reporting and victim-centered response options, conducting regular monitoring and audits, and using data-driven corrective actions to maintain safety and accountability.

What was observed, as part of a systematic review of evidence:

Site review:

During the tour, the auditor noted that written information regarding PREA was visible in all areas of the facility. All written documents are available in English and Spanish. Interpretive services are available for residents with limited English-speaking or reading skills.

Informal conversation with staff confirms they know what the zero-tolerance policy is, the expectation, and the consequences for violating such policy. They understand their role regarding prevention, detection, and response procedures for PREA allegations. The agency trains all staff on an annual basis.

Informal conversation with residents confirms they know about PREA and the zero tolerance. Residents are advised during Intake about PREA and the facility's rules and regulations. They are advised to let staff know if they cannot read or understand the information. The information is offered in English and in Spanish in written formats.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.11 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency employs or designates an upper-level, agency-wide PREA Coordinator. The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.

IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination, and IDOC Organization Structure was provided as evidence. Page 2 of the policy states that the director is responsible for selecting a Prison Rape Elimination Act (PREA) coordinator to develop, implement, and oversee the department's PREA program to reduce and prevent sexual abuse and sexual harassment in prisons and community reentry centers.

IDOC has designated an upper-level staff member as the agency-wide PREA Coordinator for the department and is able to enact change regarding PREA related compliance. A review of the IDOC organizational structure chart reflects the PREA Coordinator position in the agency structure. The PREA Coordinator is responsible for:

- Coordinating and leading department PREA compliance efforts;
- Ensuring consistency in staff training and the education of residents by approving all materials;
- Updating PREA informational materials including posters, pamphlets, and videos;

- Developing and maintaining memorandums of understanding (MOUs) and other resources to support facilities;
- Acting as liaison between the department and PREA auditors;
- What was heard, as part of a systematic review of evidence:

Interview with PREA Coordinator:

Via formal conversation with the PC, they confirmed that they have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in the agency. The PC retired prior to the onsite phase of the audit, and the PC's supervisor, Statewide Quality Control Manager, was interviewed in lieu of the PC.

Interview with IDOC Director or Designee:

The IDOC Director or designee confirmed that the PREA Coordinator has access to the agency's senior leadership and the ability to influence policy to ensure further compliance.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.11 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The facility has designated a PREA Compliance manager. The PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination, and PWCC Organization Chart was provided as evidence. Page 3 of the policy states that facility heads are responsible for assigning a second in command to serve as the PREA compliance manager to oversee facility PREA compliance efforts. The facility has designated the Deputy Warden as the PREA compliance manager. A review of the organization structure reflects the PREA compliance manager position in the organizational structure. The PREA compliance manager is responsible for:

- Maintaining contact with the PREA coordinator;
- Coordinating facility PREA compliance efforts and compiling audit files;
- Coordinating facility housing efforts to ensure vulnerable individuals are not housed with potentially abusive residents;
- Coordinating the investigation, finding reports to the residents, and retaliation monitoring processes;
- Leading the administrative sexual assault response team (SART);

- Reviewing PREA information posted in housing units and provided to residents to ensure it is current, adequate, and documenting the quarterly check in the facility PREA audit file;
- Testing the PREA hotline quarterly from one of the phones designated for use by residents to ensure the line is working properly and triggering alerts to facility and division leadership.

What was heard, as part of a systematic review of evidence:

Interview with PREA Compliance Manager:

Via formal interview, the PREA Compliance Manager stated they have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. They have sufficient access to key correctional administrators, such as the Warden, to influence policy and advocate for policy or procedural changes needed to support resident safety at PWCC.

The PCM stated that when a PREA standard gap is found, they will immediately protect affected residents if needed, document the issue, perform a root cause review, and create a written corrective action plan. Implement training or environmental fixes, monitor progress, evaluate effectiveness, adjust as needed, and report closure to leadership and the PREA Committee.

The PCM stated that every allegation is investigated immediately, and they are kept in the loop on the progress of each allegation. All allegations are investigated thoroughly, and each one is looked at on a case-by-case basis on its own merits. They stated that they ensure that incident review recommendations are implemented at the facility level based on the recommendations from the SART. The PCM is very knowledgeable with the requirements of PREA and their responsibilities as a whole.

Interview with Warden or Designee:

They confirmed that the PCM is the second in command at the facility, and they have the authority to make changes to ensure safety for all.

What was observed, as part of a systematic review of evidence:

Site review:

Via informal conversation with staff, they know who the PCM is, and they are aware of the title of the PCM. They all stated that the PCM is visible to staff and easy to communicate with.

Staff were asked who they would discuss the allegation of sexual abuse and sexual harassment with. Staff informed the auditor that they will report it to their supervisor, PCM, and investigator. They will not discuss the details with anyone else. Staff were aware that the facility had a written policy prohibiting them from discussing incidents with anyone without a "need to know."

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| | <p>Via informal conversation with the residents, they all confirmed that the PREA Compliance Manager is the Deputy Warden. The residents said they have clear and open communication with the PCM and feel comfortable communicating with him.</p> <p>During the facility tour, the auditor observed the positive relationship and effective communication between the PREA Compliance Manager, staff, and residents.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.</p> <p>Justification for Exceeding Standard:</p> <p>The Auditor conducted a thorough review of the agency's policies, procedures, organizational charts, inter-office memorandum, Employee Work Profiles, and conducted interviews with staff and residents. The Auditor determined that the Idaho Department of Corrections has developed an appropriate zero-tolerance policy that includes its prevention, detection, and response approaches towards allegations of sexual abuse and sexual harassment. The agency has designated appropriate staff members who have sufficient authority and effort to develop, implement, and oversee agency efforts. Based on the evidence gathered, the Auditor feels the facility has fostered an effective zero-tolerance culture in the facility. The zero-tolerance culture appears to have resonated with staff through the residents' population.</p> |
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| 115.12 | Contracting with other entities for the confinement of inmates |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • Pocatello Women's Correctional Center (PWCC) Pre-Audit Questionnaire (PAQ) • IDOC SOP No. 147.06.06.001 V.2.0 Contract Management: General (approved 02/01/17) • CoreCivic Negotiations-ITN19000793 • Saguaro Correctional Center Final PREA Audit Report (2024) • Memo (09/10/2025) • PWCC Facility Memo (12/19/2025) • Agency's Contract Administrator • Interview with PREA Coordinator (PC) <p>Reasoning and analysis (by provision):</p> <p>115.12 (a) & (b)</p> |

What was read, as part of a systematic review of evidence:

The PWCC PAQ indicates that the agency has entered into or renewed at least one contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later. All such contracts require the contractor to adopt and comply with the PREA standards. The PAQ further notes that the agency has one active contract for the confinement of inmates with a private entity or another government agency during the past three years.

The Idaho Department of Correction (IDOC) confirmed that it maintains one contracted facility: the Saguaro Correctional Center in Eloy, Arizona, operated by CoreCivic. The Saguaro Correctional Center underwent its most recent PREA audit in 2024, and the final audit report was provided as evidence.

IDOC Standard Operating Procedure No. 147.06.06.001 V.2.0 was submitted as supporting documentation. The SOP requires that all contractors adhere to the federal Prison Rape Elimination Act (42 U.S.C. § 15601 et seq.). It further mandates that contractors provide IDOC with copies of all PREA-related reports involving Idaho inmates or contractor staff. IDOC retains the right to review any report—substantiated or unsubstantiated—of sexual contact occurring at the facility, including allegations involving contractor employees.

Pages 5–6 of SOP No. 147.06.06.001 V.2.0 outline the responsibilities of the contract officer and contract monitor. These responsibilities include understanding contract terms and conditions, knowing the scope and limitations of their authority, and conducting ongoing monitoring through regular interaction with the contractor. Monitoring activities include direct observation, document and record review, interviews, statistical analysis, unannounced inspections, and fact-finding. Contract monitors report to the appropriate CPOU, HSU, or CAU leadership team.

A memorandum dated December 19, 2025, states that contract monitors document all visits to the Saguaro facility through emails, receipts, and expense reports. Contract monitors maintain a calendar of scheduled visits to coordinate travel and ensure consistent oversight. The contract between IDOC and CoreCivic specifies required staffing levels for Idaho residents housed at Saguaro. When CoreCivic fails to meet required staffing levels or mandatory posts, contract monitors impose liquidated damages until deficiencies are corrected.

CoreCivic Negotiations – ITN19000793 was provided as additional evidence. Review of this document confirms that the contract includes explicit expectations and requirements for compliance with PREA standards.

A PWCC memorandum dated September 10, 2025, states that PWCC does not maintain any contracts with outside local entities for the confinement of residents. Informal communication with the PCM confirmed that the facility does not contract with any other agencies for resident confinement.

The auditor reviewed the 2024 PREA Final Report for the Saguaro Correctional Center. The report demonstrates that the facility is in compliance with the PREA standards.

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| | <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.</p> |
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| 115.13 | Supervision and monitoring |
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| | <p>Auditor Overall Determination: Exceeds Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • Pocatello Women’s Correctional Center (PWCC) Pre-Audit Questionnaire (PAQ) • DOC SOP No. 216.02.01.002 V.8.0 Staffing Security: Seniority, Post, Vacation, and Scheduled Leave Management (08/22/2018) • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) • IDOC FM PWCC No.149.01.01.001 V. 3.0 PREA (approved 02/1/2025) • IDOC PWCC PREA Facility Staffing & Post Plan Review (2/20/2025) • PREA Quarterly Meeting & Agenda • IDOC PWCC Shift Commander’s Daily Summary • Interview with Facility Warden or Designee • Interview with PREA Coordinator (PC) • Interview with PREA Compliance Manager (PCM) • Interview with Intermediate- or Higher-Level Facility Staff • Site Review <p>Reasoning and Analysis (by provision):</p> <p>115.13 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides adequate staffing levels and, where applicable, video monitoring to protect residents from abuse. The facility provided IDOC SOP No. 216.02.01.002 V.8.0 Staffing Security: Seniority, Post, Vacation, and Scheduled Leave Management and the IDOC PWCC PREA Facility Staffing & Post Plan Review as evidence.</p> <p>Since August 20, 2012, or the last PREA audit (whichever is later), the average daily number of residents was 354, and the average daily number of residents on which the staffing plan was based was 355.</p> <p>IDOC SOP No. 216.02.01.002 V.8.0 (p. 2) states that the purpose of this standard operating procedure is to establish a consistent staffing system to fill and manage</p> |

security post assignments at IDOC prisons and community reentry centers (CRCs). The Chief of the Division of Prisons is responsible for identifying a division staffing manager and ensuring that this SOP is properly implemented

IDOC PWCC PREA Facility Staffing & Post Plan Review:

The facility provided a detailed eighteen-page staffing plan outlining minimum staffing levels for line staff, supervisory staff, and program staff. The plan was reviewed and signed by the PREA Coordinator, PREA Compliance Manager, and the Facility Head on 02/20/2025. According to PWCC, the staffing plan is designed to determine adequate staffing levels and, where applicable, video monitoring to protect residents from sexual abuse.

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

Per the Plan, PWCC designed capacity is 355. The facility houses adult female residents and majority stay exceeds 30 days or more. . The main facility houses incoming residents in the reception and diagnostic unit, retained jurisdiction (Rider) residents, medium and close custody residents, and Idaho's one female death row resident. PWCC is also equipped to house restrictive housing and protective custody residents when needed

The plan indicates that the facility has 17 supervisory staff, including the warden, deputy warden, six lieutenants, and six sergeants. It also has 51 correctional officer positions, including six corporals. The plan further details the number of case managers, program and clinical staff, and administrative positions. To ensure adequate coverage, the plan includes a duty-officer rotation among supervisory staff, with an on-call officer available during first shift (0630-1800) and second shift (1830-0630). A roaming officer provides additional support throughout the facility, and administrative staff are on site daily (Mon-Fri) and available on weekends as needed.

The staffing plan states that the facility has not received any judicial findings of inadequacy, any findings of inadequacy from federal investigative agencies, or any findings of inadequacy from internal or external oversight bodies

Physical Plant and Video Monitoring: The facility reports that it has considered all components of the physical plant, including blind spots or areas where staff or residents may be isolated. To mitigate blind spots

- Staff conduct random checks of the units.
- Janitor closets remain secured unless the janitor is working.
- Random checks occur while janitor closet doors are open.
- Only the assigned janitor resident is permitted access with staff approval

In November 2022, the facility upgraded its internal and external camera system. Cameras are used to monitor resident movement and to support investigations by allowing staff to review alleged incidents.

Institutional Programs and Case Management: The staffing plan includes institutional programs. PWCC offers vocational work programs, education, and other programming opportunities. Case managers work with each resident on a one-on-one basis to help address their individual needs. Case managers meet with residents upon their arrival and continue to meet on a regular basis and assist residents with their initial intake, treatment plans, problem solving, parole plans, transitional funds, aftercare plans, financial planning, and classroom facilitation and program delivery.

PREA Incident Data: The staffing plan includes data on sexual abuse, sexual harassment, staff sexual misconduct, and related dispositions. In 2024, PWCC reported 5 PREA cases. Two of the cases were sexual abuse allegations. None of these were substantiated. The two sexual harassment claims were Substantiated, and the residents were held accountable via disciplinary action. The one case was repetitive behavior. Also, the incident review for the two sexual harassment claims did not include recommendation nor changes.

Additional PREA Related Factors: The other relevant factor noted in the plan was the PREA related expectation regarding risk screening. According to the plan, the resident at PWCC will be screened for risk of sexual victimization and propensity towards sexually victimizing others within 72 hours of intake into the facility, and again 30 days following initial intake. This screening information will be shared with the appropriate staff determining room/bed placement. The facility will document the date and identity of residents receiving PREA education. Resident's housing status shall be shared with staff responsible for supervising the residents.

What was heard, as part of a systematic review of evidence:

Interview with Facility Warden or Designee:

The Warden confirmed the facility has a staffing plan and that there are adequate staffing levels to protect residents against sexual abuse and sexual harassment. The facility uses video monitoring as part of its detection and monitoring processes. Consideration is given to all the elements outlined in the standard.

Interview with PREA Compliance Manager (PCM):

The PCM confirmed the same information shared by the Warden. The PCM stated that all corrective actions and suggestions documented in the annual review have been completed.

What was observed as part of a systematic review of evidence:

Site Review:

During the tour, the auditor observed the facility offers single-cell units, double-cell units and multiple housing, such as medical, behavior unit, Restrictive Housing and Community Unit.

Multiple staff members supervise the housing pods from direct supervision posts. Officers can easily see across the unit, and investigators office, and 'Warden's office allow for additional sets of eyes via the camera system and the ability to call for assistance when an officer is dealing with or addressing a concern. Staff offices are located just off the units but remain in the same open area near the officers' station, providing additional eyes and ears to monitor interactions between residents and staff.

The audit confirmed that the facility has camera coverage from multiple angles, with approximately 224 cameras in total

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.13 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The facility reports that there have been no deviations from the staffing plan within the past 12 months and affirms in the plan that the facility "is staffed 24/7/365."

The facility provided IDOC PWCC PREA Facility Staffing & Post Plan Review as evidence.

In accordance with IDOC SOP No. 216.02.01.002 V.8.0 (p. 3), facility heads are vested with the authority to restrict or modify employee posts, shifts, days off, or assignments in order to maintain a safe, secure, and orderly environment. The policy emphasizes that adequate staffing is essential to fulfilling the department's mission.

The facility has established provisions for a duty officer, rotating among supervisory staff, who remains on call and fully available during first shift (0630-1800) and second shift (1830-0630). Additionally, a roaming officer is assigned to support operational needs throughout the facility. Administrative staff are also present on site Monday through Friday, with availability on weekends as necessary to ensure adequate support.

What was heard, as part of a systematic review of evidence:

Interview with Facility Warden or Designee:

The Warden confirmed that PWCC has not fallen below its approved minimum staffing level in the past year. The facility currently has new OIT in the process of becoming certified. The Warden further indicated that the facility has the capability to call in additional staff if necessary; however, there has been no circumstance in the past requiring such action.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.13 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

At least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.

The facility provided IDOC PWCC PREA Facility Staffing & Post Plan Review and the PREA Quarterly Meeting & Agenda supporting documentation.

IDOC PWCC PREA Facility Staffing & Post Plan Review indicated that once a year, PWCC, in consultation with the Agency PREA Coordinator and Deputy Chief of Prison, shall assess, determine, and document any necessary adjustment to this plan. The Deputy Chief of Prisons reviews requests for exempt posts proposed by the facility and approves any subsequent modification to the staffing plan.

PREA Quarterly Meeting & Agenda:

PREA quarterly meetings were consistently held on the first Thursday of each quarter at 1:30 p.m. on the following dates: April 4, 2024; July 11, 2024; October 3, 2024; and January 9, 2025. Each meeting addressed the required PREA oversight functions, including review of the staffing plan, the deployment and effectiveness of monitoring technology, and the allocation of agency and facility resources necessary to ensure continued compliance with the staffing plan.

The agendas reflect discussion of all eleven elements required under Standard 115.13(a). Documentation shows that the agency PREA Coordinator and individual facility PREA Managers reviewed staffing levels for each facility, assessed operational needs, and evaluated whether adjustments were necessary to maintain compliance with PREA staffing requirements.

What was heard, as part of a systematic review of evidence:

Interview with PREA Coordinator (PC):

The PC stated that they provide a summary of sexual abuse and sexual harassment incidents by facility for facility and division review each year. CRC and facilities have received their information. The annual review occurs in the April PREA Statewide Leadership Team Meeting. This allows the teams to evaluate shifts, placement and staffing throughout the facility.

An older example: When a prison changed a male unit to a female housing in 2019, they quickly identified a need to change staffing in an area when the population change increased incidents, including PREA. The shift involved having 2 staff present on the evening shift. It helped provide more coverage without increasing staffing. The facility identified this by watching the numbers as the change occurred and responding proactively.

Interview with PREA Compliance Manager (PCM):

The PCM indicated that the quarterly meeting includes a discussion regarding accepted detention practices, judicial findings, oversight, blind spots, isolated physical plant locations, group dynamics, supervisory staff, programming, regulations, substantiated/unsubstantiated allegations, and vulnerabilities.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.13 (d)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC has a policy requiring intermediate-level or higher-level staff at the facility to conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. The facility documents these unannounced rounds, which must cover all shifts. The facility also prohibits staff from alerting other staff members that such rounds are being conducted..

The facility provided IDOC PWCC Shift Commander's Daily Summary as evidence.

IDOC SOP No. 149.01.01.001 (p. 6) requires institutional leadership—including lieutenants, sergeants, program managers, and above—to conduct and document random, unannounced supervisory rounds in unit logs. The policy states that these rounds must occur randomly across all shifts and units and explicitly prohibits staff from alerting one another that rounds are taking place.

IDOC FM PWCC No. 149.01.01.00 (p. 3) requires unannounced housing and tier checks conducted by the Facility Head, Deputy Warden, Facility Duty Officer, or Shift Commander to be documented in the housing unit logbook in red ink.

IDOC PWCC Shift Commander's Daily Summary:

The facility provided the PWCC Shift Commander's Daily Summary report, which documents where each shift commander conducted unannounced PREA rounds. The report includes each housing unit and the corresponding time when rounds were conducted. After each shift, the Deputy Warden, Warden, and Investigation Unit review, sign, and date the form. The samples show that lieutenants serve as watch commanders and that rounds cover all shifts.

During the onsite audit, the Auditor reviewed the PWCC Shift Commander's Daily Summary reports for the months of October, November, and December of 2025. All reports demonstrated that rounds were conducted across all shifts—day and night—and reflected various Shift Commanders.

What was heard, as part of a systematic review of evidence:

Interview with Intermediate- or Higher-Level Facility Staff:

Supervisors stated that they are required to make at least one unannounced round in all facility areas on each shift. They stated that they conduct their rounds at different times and do not take the same route when touring the facility. They also stated that they, as well as other staff, are aware that they should not inform anyone when rounds are being conducted.

What was observed, as part of a systematic review of evidence:

Site Review

Informal conversations: Staff stated that supervisors regularly conduct unannounced rounds throughout the facility.

Informal conversation with residents confirmed that supervisors conduct rounds in the unit.

In order to prevent staff from alerting other staff when they are making unannounced rounds, the Auditor was informed supervisors do not conduct their rounds by any specific pattern.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

Justification for Exceeding Standard:

The Pocatello Women's Correctional Center (PWCC) demonstrates strong and consistent compliance with PREA Standard 115.13 related to staffing, supervision, and monitoring. The facility maintains a comprehensive, regularly reviewed staffing plan that aligns with generally accepted correctional practices and addresses all required PREA elements, including physical plant considerations, supervisory staffing levels, incident data, and operational needs. The plan—most recently reviewed and

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| | <p>approved in February 2025—details adequate staffing levels, appropriate deployment of correctional, supervisory, administrative, and program staff, and the integration of upgraded video monitoring systems to enhance resident safety.</p> <p>Interviews with the Warden, PREA Compliance Manager, and PREA Coordinator confirmed that staffing levels have been consistently maintained with no deviations from the approved plan in the past 12 months. PWCC conducts annual and quarterly PREA reviews to evaluate staffing needs, resource allocation, and monitoring technology. These processes ensure proactive adjustments when necessary and reinforce continuous compliance.</p> <p>Site observations verified extensive camera coverage, effective visibility in housing units, and active supervision by multiple staff members. Unannounced rounds by intermediate- and higher-level staff occur routinely across all shifts, are properly documented, and are conducted without advance notice to staff.</p> <p>Based on the review of documentation, interviews, and on-site observations, PWCC is found to be substantially compliant with all provisions of Standard 115.13. No corrective action is required.</p> |
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| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) • PWCC Memo (dated 9/19/2025) • PWCC PREA Data Pulls (11/25/2024-11/24/2025) • Interview with Warden or Designee • Interview with PREA Compliance Manager (PCM) • Site Review <p>Reasoning and Analysis (by provision):</p> <p>115.14 (a-c)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>Pocatello Women’s Correctional Center does not house youthful residents.</p> <p>The facility prohibits placing youthful residents in a housing unit in which a youthful</p> |

resident will have sight, sound, or physical contact with any adult resident through use of a shared dayroom or other common space, shower area, or sleeping quarters.

The facility does not place youthful residents in the SAME HOUSING UNIT as adults, nor does the facility have a designated unit for youthful residents.

The provided IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination, PWCC Memo, and PWCC PREA Data Pulls as evidence.

Pages 9-10 of IDOC SOP No.149.01.01.001 states that “Youthful Residents: residents under the age of 18, also known as youthful residents, must not be placed in a housing unit in which they have sight, sound, or physical contact with any adult resident through use of a shared dayroom or other common space, shower area, or sleeping quarters.” The policy further states that in areas outside of housing units, the department must maintain sight and sound separation between youthful residents and adult residents or provide direct staff supervision when youthful residents and adult residents have sight, sound, or physical contact. Direct staff supervision means that security staff are in the same room with, and within reasonable hearing distance of, the resident. The IDOC manages youthful residents on a case-by-case basis at the direction of the chief of prisons or designee. When needed, the facility head will develop a written plan for short-term housing of a youthful resident until a permanent placement is located.

The PWCC Memo states that “Pocatello Women's Correctional Center has not been designated as a holding facility for youthful residents. According to PERA standards, a youthful resident is someone that is under 18yrs old.”

The facility PWCC PREA Data Pulls shows the age ranges 19-78 of current residents assigned to PWCC. The data further shows that all residents assigned to the facility were above the age of 18. The youngest was 19 years old. The data was retrieved from 11/25/2024-11/24/2025.

What was heard, as part of a systematic review of evidence:

Interview with Warden or Designee:

Via formal conversation with the facility Warden, they stated that they do not house nor will they house youthful residents at the facility. There are specific criteria for youthful residents, and the facility is not suited for that.

Interview with PREA Compliance Manager:

Via formal conversation, the PREA Compliance Manager stated that youthful residents will not be housed at this facility. The facility is not designed to accommodate youth residents.

Resident interviews were not conducted.

What was observed, as part of a systematic review of evidence:

Via informal conversation with random employees and random residents indicate that

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| | <p>they had no knowledge of any youthful resident assigned to IDOC PWCC. No youthful residents were observed in the facility while conducting a thorough tour of the compound.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.15 | Limits to cross-gender viewing and searches |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Evidence Relied upon to make Compliance Determination:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) • IDOC FM PWCC No.149.01.01.001 V. 3.0 PREA (approved 02/1/2025) • IDOC SOP No. 317.02.01.001 V.2.0 Searches: Cells, Units, and Inmates (p.3) • Facility Memo- PREA Standards, Cross-Gender Searches (date 12/17/25) • Opposite Gender Announcement Notice Sign (picture) • Opposite Gender Staff Working in the Unit Notice Sign (picture) • IDOC Inservice PREA Training-Searches • PWCC Staff PREA Training Sign Off Sheet • Interview Non-medical staff (involved in cross-gender strip or visual searches) • Interview with Random Sample of Staff • Interview with Residents (Female) • Site Review <p>Reasoning and Analysis (by Provision)</p> <p>115.15(a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>The facility does not conduct cross-gender strip or cross-gender visual body cavity searches. No such searches, including searches conducted without exigent circumstances or by non-medical staff, occurred within the past 12 months.</p> <p>IDOC SOP No. 317.02.01.001 V.2.0 and the facility memorandum on Cross-Gender Searches were provided as evidence. Policy states that cross-gender unclothed body and visual body cavity searches are prohibited except in urgent circumstances and that such searches must be performed by same-sex staff unless in emergency situations. Body cavity searches require authorization from the facility head and must</p> |

be conducted only by qualified medical professionals in private settings.

The facility confirmed that no cross-gender searches occurred during the review period. Search logs were requested; however, none existed because no searches took place. This was corroborated through interviews with staff and residents and by the absence of documentation.

What was heard, as part of a systematic review of evidence:

Non-medical staff (involved in cross-gender strip or visual searches):

The facility could not provide a non-medical staff member involved in cross-gender searches because none had been conducted.

The security supervisor stated that an emergency (e.g., escape, riot) could require deviation from same-sex search requirements, but emphasized that medical staff are always available.

What was observed, as part of a systematic review of evidence:

Site Review:

During the site review and via informal conversation, both residents and staff confirmed that PWCC has not conducted cross-gender strip or visual body cavity searches. Search areas prevent opposite-gender viewing.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.15(b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated

The facility does not permit cross-gender pat-down searches of female residents except in exigent circumstances. The facility confirmed that female residents are not restricted from programming or out-of-cell activities to comply with this requirement.

The facility reported no pat-down searches of female residents conducted by male staff during the review period. IDOC SOP No. 317.02.01.001 V.2.0 states that female staff perform clothed-body searches of female residents except in urgent circumstances, and any male-conducted search must be documented under SOP 105.02.01.001.

No logs existed documenting cross-gender pat-down searches, consistent with evidence reviewed under 115.15(a).

What was heard, as part of a systematic review of evidence:

Interview with Random Staff:

Random staff confirmed that staff are prohibited from searching residents to determine genital status.

Interview with Residents (Female):

Female residents reported no restrictions to out-of-cell activities and stated that pat-down searches occur only in designated areas such as visitation or after returning from outside work. Residents were not aware of any body cavity searches.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.15(c)

What was read, as part of a systematic review of evidence:

The PAQ indicated that facility policy requires documentation of all cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of female residents.

IDOC SOP No. 317.02.01.001 V.2.0 outlines documentation requirements for any male-conducted search of a female resident and mandates incident reports for all persons involved in body cavity searches.

Documentation related to this provision was reviewed and addressed under 115.15(a).

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.15(d)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The facility requires opposite-gender staff to announce their presence upon entering housing units. Evidence provided included IDOC SOP No. 149.01.01.001 V.6.0 and IDOC FM PWCC No. 149.01.01.001 V.3.0. These policies require opposite-gender staff, contractors, and volunteers to announce their presence each time they enter a living area unless opposite-gender staff are already visibly present.

Policies also require that residents be given the opportunity to shower, perform bodily functions, and change clothing without opposite-gender viewing, except in emergencies or when incidental to routine checks. This includes surveillance monitoring.

PWCC has posted standardized signage outside housing units to reinforce the announcement requirement. Photos of signage were provided, and the facility explained how residents with disabilities are notified.

What was heard, as part of a systematic review of evidence:

Interview with Residents:

Residents confirmed that male staff appropriately announce their presence.

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| | <p>Interview with Random Staff:</p> <p>Staff reported consistent adherence to announcement procedures.</p> <p>What was observed, as part of a systematic review of evidence</p> <p>Site Review</p> <p>During the site visit, the auditor heard opposite-gender staff making required announcements when entering female housing units. Announcement reminder signs were posted at housing unit entrances.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>115.15(e) This provision is no longer applicable.</p> <p>115.15(f) This provision is no longer applicable.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>PWCC prohibits cross-gender strip searches, visual body cavity searches, and cross-gender pat-down searches of female residents except in exigent circumstances. No such searches occurred during the review period. Staff consistently make opposite-gender announcements, and residents are protected from opposite-gender viewing. Policies, interviews, documentation, and site observations all confirm compliance.</p> |
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| 115.16 | Inmates with disabilities and inmates who are limited English proficient |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC-Director’s Memo-Resident PREA Education • IDOC-Agency Memo-American Sign Language Interpreter Services • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) |

- IDOC PREA Brochure-END THE SILENCE-Zero Tolerance for Sexual Abuse & Sexual Harassment- (English & Spanish)
- Language Link Account Verification Screen shot
- IDOC-Agency Memo-Interpretation Service and American Sign Language
- PWCC-Facility Memo-Resident Interpreter
- Interview with Agency Head
- Interview with PCM
- Interview with a Deaf, Hard of Hearing- or Hearing-Impaired resident
- Interview with Residents who are Limited English Proficient (LEP)
- Site Review

Reasoning and Analysis (by provision):

115.16 (a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

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

The facility provided IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination, IDOC Director's Memo – Resident PREA Education, and IDOC Agency Memo – American Sign Language Interpreter Services as evidence.

IDOC SOP No.149.01.01.001 V. 6.0 outlines the agency's requirements to effectively communicate with residents with disabilities. Page 9 states that PREA information is available in printed, oral, electronic, and video formats. English, Spanish, and closed-captioned versions make it accessible to residents who have limited English proficiency, are deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

IDOC Director's Memo – Resident PREA Education:

This memo, addressed to all IDOC facilities, ensures compliance with the requirement to use a specific PREA education video. The memo states that the Idaho Department of Correction uses the PREA: What You Need to Know video (described below) to educate residents upon arrival and transfer to new facilities. English, Spanish, and closed-captioned versions are available. Brochures and PowerPoint slides provide IDOC and site-specific information. IDOC has revised the training manual to include IDOC-specific information for staff performing intake duties. Language Line and signing services are also available.

IDOC Agency Memo – American Sign Language Interpreter Services:

This memo, written by the PREA Coordinator to all PREA Compliance Managers and Investigators, ensures compliance with interpreter service requirements. It states that Frances Bennett Interpreting, LLC, based in the Treasure Valley where most residents are housed, routinely provides sign language services at south Boise facilities for classes, investigations, or disciplinary hearings. Bennett offers video remote interpreting and confirmed that services can be utilized at any facility statewide if an

in-person interpreter is not available.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head:

They shared that, thanks to national resources, the agency has a resident education video that “checks a lot of those boxes.” It is closed-captioned, provided in three languages, and delivers information at a level accessible to residents with learning disabilities.

IDOC has a LanguageLink account available to all PREA Compliance Managers, investigators, and intake areas for addressing language needs. A reminder email was sent from the PREA Coordinator to these groups outlining how to access both LanguageLink and ASL interpreter services.

Most non-English-speaking residents in Idaho speak Spanish. Facilities have PREA pamphlets and the PREA video in Spanish, both in print and electronically via JPAY tablets. PREA signage is posted in English and Spanish. The agency recently used grant funding to add 16 additional language pamphlets.

The agency has procedures to ensure residents with disabilities and those with limited English proficiency have equal opportunity to participate in or benefit from all aspects of PREA-related efforts. All educational materials are tailored to the specific needs of residents.

What was observed, as part of a systematic review of evidence:

Site Review:

The auditor tested the Language Line and ASL interpreter service to confirm functionality and to inquire about services provided to PWCC residents.

Representatives reported they rarely receive calls from PWCC and could not recall the last time services were used there, although other IDOC facilities call frequently.

The LanguageLink representative stated they provide 24/7 on-demand over-the-telephone interpretation in more than 240 languages and dialects. They also offer document translation and video remote services for sites outside their immediate region.

According to the PREA Compliance Manager, staff are prepared to use these services as soon as a resident needs them. The auditor reviewed the PREA video and confirmed captioning is available in English and Spanish.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.16 (b)

What was read, as part of a systematic review of evidence:

IDOC has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

The facility provided the following evidence:

- IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination
- PREA Brochure – END THE SILENCE: Zero Tolerance for Sexual Abuse & Sexual Harassment (English & Spanish)
- Language Link Account Verification screenshot

IDOC Agency Memo – Interpretation Services and ASL Interpreter

The SOP states the department’s zero-tolerance policy and affirms that residents with limited English proficiency have access to PREA-related information.

The PREA brochures are tri-fold and include reporting options, hotline numbers, external confidential reporting, instructions for residents who have been sexually abused, and external support resources. Interior pages outline zero tolerance, definitions, and tips to avoid sexual abuse and harassment. The Spanish version contains the same information.

The Language Link evidence confirms that interpretation services for non-English languages and ASL are supported through the department’s contract.

The memo from the PREA Coordinator outlines contact information and procedures for accessing Language Link and ASL interpreter services.

What was heard, as part of a systematic review of evidence:

Interview with a Deaf/Hard-of-Hearing Resident:

One hard-of-hearing resident reported they can read lips, read and write, and wear hearing aids. They stated that staff are very helpful when clarification is needed and that PREA training was provided one-on-one by case managers.

Interview with Residents Who Are Limited English Proficient (LEP):

One bilingual resident elected to complete the formal interview in English. They can read and write in both English and Spanish. They reported receiving PREA brochures in both languages and stated they understood all PREA information and declined the use of the Language Line.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.16 (c)

What was read, as part of a systematic review of evidence:

Agency policy prohibits the use of resident interpreters, readers, or other types of resident assistants unless an extended delay in obtaining an effective interpreter would compromise resident safety, first-response duties under §115.64, or the investigation of the allegation. Such instances must be documented.

The facility provided IDOC SOP No.149.01.01.001 V. 6.0 and the PWCC Facility Memo – Resident Interpreter.

Page 10 of the SOP affirms that the department does not rely on resident interpreters except in emergencies. Staff should use the Language Line or AT&T Language Translation Service whenever possible. The PWCC memo states that PWCC does not utilize resident interpreters for any PREA-related case. The PREA Coordinator’s memo instructs that if a resident interpreter is ever used in an urgent circumstance, it must be documented in the 105 and PREA checklist.

The facility reported that no such circumstances have occurred. This was confirmed by staff and residents through formal and informal conversations.

What was heard, as part of a systematic review of evidence:

Staff reported that they are required to use the Language Line and are aware of the limited circumstances in which a resident interpreter could be used.

What was observed, as part of a systematic review of evidence:

No instances of resident interpreter use.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

PWCC and IDOC have clear procedures to ensure that residents with disabilities and limited English proficiency have equal access to PREA information. Policies require the use of approved interpreter services, including LanguageLink and ASL providers, and PREA materials are available in multiple formats—English, Spanish, closed-captioned video, printed brochures, and electronic versions. Interviews confirmed that residents understand the PREA education they receive and that interpreter services are available when needed. Staff demonstrated awareness of requirements and confirmed that resident interpreters are not used except under emergency circumstances. No instances of resident interpreter use occurred in the past 12 months.

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| 115.17 | Hiring and promotion decisions |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No 211.07.01.001 V.1.0 Hiring • IDOC SOP No 150.01.01.003 V.1.0 Background Checks and Fingerprints • IDOC HR-Hiring Promotional Questions (CO Aptitude & PREA Questionnaire) • Sample of Job Posting: Correctional Manager 3 SAWC • IDOC Memo-Five Year Background Check Process (04/22/25) |

- Background Certification Form
- IDOC Background Investigation Questionnaire (BIQ) form (06/14/2018)
- Records of Background Checks of Contractors
- Review of Staff File for Completed Background Check (New Hire & Promotion):
- Interview with Human Resources Staff

Reasoning and Analysis (by provision):

115.17 (a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

Agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:

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

IDOC SOP No. 211.07.01.001 V.1.0 (Hiring) was provided as evidence. Page 8 of the policy contains the language of the provision.

Review of Staff File for Completed Background Check (New Hire & Promotion):

The facility provided 12 files for the auditor to review. The files show that the agency conducted a proper criminal background check and that each staff member's background check was completed before their start date. The background checks include a valid driver's license check, FBI records, SID records, felony and misdemeanor checks, DHS, E-Verify, and the National Crime Information Center. If the staff member is from another state, they are required to complete the release of information to conduct the background check.

Each staff member is required to complete a Background Investigation Questionnaire, which contains all required questions to support the vetting process.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.17 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No. 211.07.01.001 V.1.0 requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the

services of any contractor, who may have contact with inmates. Page 8 of the policy states that the department must consider any incidents of sexual harassment in making these decisions.

What was heard, as part of a systematic review of evidence:

Interview with Human Resources Staff:

Through formal conversation, staff confirmed that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with inmates.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.17 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No. 150.01.01.003 V.1.0 requires that before hiring any new employees who may have contact with inmates, the agency (a) conducts criminal background checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of sexual abuse.

In the past 12 months, 11 staff hired by the facility who may have contact with inmates have had criminal background checks completed. Background checks are completed for all staff, contractors, and volunteers.

Page 3 of the policy states that all newly hired, rehired, or reinstated IDOC employees, private contractors or subcontractors, and interns shall be fingerprinted for the purpose of running a fingerprint-based background check. The policy states that the SIU Background Unit and Agents are responsible for processing the background and notifying hiring managers of the results.

Background checks are conducted via the National Crime Information Center and the Idaho Public Safety and Security Information System (ILETS). In addition to fingerprints, the agency requires the candidate to:

- Present a valid state or federal-issued photo ID
- Complete and sign a Background Investigation Questionnaire (BIQ)
- Obtain employment references for the final selection using the Employer Reference Questionnaire
- Obtain law enforcement and state agency references regardless of when the applicant was employed there

IDOC HR-Hiring Promotional Questions (CO Aptitude & PREA Questionnaire) was provided as evidence. The form contains four yes/no questions for the applicant:

1. Have you ever participated in incidents of sexual harassment involving

offenders?

2. Have you been civilly or administratively adjudicated to have engaged 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?
3. Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
4. Have you 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)?

A sample job posting (Correctional Manager 3 SAWC) was provided as evidence. The posting contains the same four yes/no questions.

Documentation Review:

Files of personnel hired in the past 12 months were reviewed to determine that the agency completed required checks consistent with 115.17(c). Information in 115.17(a) supports this provision.

What was heard, as part of a systematic review of evidence:

Interview with Human Resources Staff:

Through formal interview, staff confirmed that the facility conducts criminal background checks and considers pertinent information, such as civil and administrative adjudications, for all new hires, promotions, contractors, and volunteers who may have contact with residents.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.17 (d)

What was read, as part of a systematic review of evidence:

IDOC SOP No. 150.01.01.003 V.1.0 requires that criminal background checks be completed before enlisting the services of any contractor who may have contact with inmates. Page 3 states that all newly hired, rehired, or reinstated IDOC employees, private contractors or subcontractors, and interns must be fingerprinted for a fingerprint background check.

There have been 24 contracts for services in the past 12 months where criminal background checks were conducted on all staff who might have contact with inmates.

Documentation Review:

The auditor reviewed background checks for 11 contractors. The review shows that contractors' background checks are conducted in the same manner as IDOC employees, as described in 115.17(a). The forms and process are identical.

What was heard, as part of a systematic review of evidence:

Interview with Human Resources Staff:

Staff confirmed that the process for conducting background checks is the same for contractors and volunteers.

This was verified, as the auditor was required to complete a background check under IDOC policy before being granted access for the audit, including completion of the BIQ form and uploading government-issued ID through an online portal.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.17 (e)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

Agency policy requires that either criminal background checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place to capture such information for current employees.

The facility provided the IDOC Memo - Five Year Background Check Process. The memo states that background investigators complete the following steps for five-year background checks, with all findings recorded on a spreadsheet provided to the auditor:

- Request previous background checks from HR and any contact with law enforcement or offender relationship forms
- Run a TLO data search for updated contact information
- Check ATLAS, IDOC's resident management system, for any offender associations
- Check IT Solutions Resident Phone System and JPay for any offender communication
- Check for new infractions, misdemeanors, or felonies in ICourts and ILETS (NCIC)

If any new charges or offender relationships are found, the findings are listed and referred to the Chief Investigator.

Documentation Review:

A spreadsheet used by HR to track background checks for current staff was reviewed. The review shows that the agency conducts 5-year background checks on current staff and contractors.

What was heard, as part of a systematic review of evidence:

Interview with Human Resources Staff:

Staff confirmed that the facility asks all applicants and employees who may have contact with inmates about previous misconduct via written applications, interviews,

or self-evaluations during employee reviews.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.17 (f)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency must ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a), in written applications or interviews for hiring or promotions, and in interviews or written self-evaluations for current employees. The agency must also impose a continuing affirmative duty on employees to disclose any such misconduct.

The facility provided the IDOC HR–Hiring Promotional Questions (CO Aptitude & PREA Questionnaire) and the Correctional Manager 3 job posting described in 115.17(c). These materials meet the requirements of this standard.

What was heard, as part of a systematic review of evidence:

Interview with Human Resources Staff:

Staff confirmed that, in addition to asking applicants about previous misconduct, the agency imposes upon employees a continuing duty to disclose such misconduct.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.17 (g)

What was read, as part of a systematic review of evidence:

SOP No. 211.07.01.001 V.1.0 states that material omissions or materially false information regarding misconduct are grounds for termination. Page 9 states that “false statements, significant omissions, or any misrepresentation in application forms, including the BIQ or hiring interviews, are grounds for withdrawing a conditional offer of employment or otherwise ceasing the hiring process.”

The IDOC Background Investigation Questionnaire (BIQ) requires applicants to acknowledge that their statements are subject to verification.

The form requires applicants to sign and certify:

- “I certify that all of my answers in this questionnaire are true and complete. I understand that any discrepancies, misstatements, omissions, and/or falsifications will subject me to disqualification from employment, disciplinary actions during my employment, and/or dismissal from employment with IDOC.”

Finding:

Based on this analysis, the facility is substantially compliant with this

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| | <p>standard. No corrective action is required.</p> <p>115.17 (h)</p> <p>What was read, as part of a systematic review of evidence: PWCC PAQ indicated: IDOC/PWCC will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer, unless prohibited by law.</p> <p>What was heard, as part of a systematic review of evidence: Interview with Human Resources Staff: Staff stated that HR and SIU respond to such requests and require applicants to sign a release of information form provided by the requesting employer.</p> <p>There are no current or recent staff for whom such a request has been received.</p> <p>Finding: Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>The facility demonstrates substantial compliance with PREA Standard 115.17 across all provisions (a-h). Policies are in place prohibiting the hiring, promotion, or contracting of individuals with histories of sexual abuse or sexual harassment. Comprehensive background checks are conducted for all new hires, promotions, contractors, and volunteers, including fingerprinting and national criminal record searches. The agency consistently verifies prior institutional employment and requires applicants to disclose prior misconduct, with a continuing duty for employees to report any new incidents. Five-year background checks for current staff and contractors are conducted as required. Contractors undergo the same vetting process as employees. Material omissions or false information result in disqualification or termination, and the agency responds appropriately to external employer information requests. No corrective action is required.</p> |
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| 115.18 | <p>Upgrades to facilities and technologies</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC Memo-Capital Construction Project List (date 08/05/25) • IDOC Memo-Agency Construction • Interview of Agency Head • Interview of Warden or Designee |
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- Site Review

Reasoning and Analysis (by provision):

115.18 (a-b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

The agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012; however, upgrades were done in 2022, prior to the 2023 PREA Audit and the 2026 current audit.

The facility provided IDOC Memo-Agency Construction and IDOC Memo-Capital Construction Project List as evidence.

IDOC Memo-Agency Construction states that “IDOC construction policy for remodels, additions and new construction is to meet with the facility security before design and incorporate their comments and suggestions into the design being very mindful of PREA requirements and safety for the inmates and staff.” “All restrooms remodels are based on a heads and feet sightlines in toilet stalls and PREA compliant shower curtains or doors in shower areas. Attention to detail involving blind areas is a big priority.”

IDOC Memo-Capital Construction Project List was provided by the Facility Service Unit Manager to show all completed and upcoming IDOC projects. There’s no major construction pending for PWCC; however, the facility camera upgrade was done in 2022. According to the list, PWCC upgraded the camera system in November 2022. Approximately 120 cameras were installed with a 30-day backup.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head:

Via the formal interview, they stated that video monitoring projects rely heavily on security to be involved in the design work. Facilities consider prior sexual abuse reports to help identify potential areas of concern, and then to invest and install cameras to reduce blind spots. To protect resident privacy, IDOC has masking software on video systems for privacy. Blind spots are a high priority when designing the systems.

Facilities perform sexual abuse incident reviews on all substantiated and unsubstantiated sexual abuse cases. The number one recommendation for the past two years has been the addition of cameras to eliminate blind spots. The 2023 annual

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| | <p>report included additions of cameras in five facilities, including a large facility-wide project to add cameras at the North Idaho Correctional Institution. Training and policy practices were also identified to improve safety. All actions have been completed. The 2024 data is not final: so far, a total of five changes have been identified to improve staffing coverage, camera angles, and training needs.</p> <p>A good example of facilities being proactive on cameras is documented in the 2022-2023 PREA Annual Report. The agency utilized some Byrne Jag PREA funds to purchase and install additional cameras at the North Idaho Correctional Institution. “We are also in the planning stages of a pilot test of body-worn cameras in two of our male prisons. We expect that these will also reduce the possibility of staff-involved sexual abuse incidents.”</p> <p>Interview with Warden or Designee:</p> <p>Via formal interview, the Warden confirmed that the facility thoroughly considers the effect of the facility design and camera placement upon the agency’s ability to protect residents from sexual abuse.</p> <p>What was observed, as part of a systematic review of evidence:</p> <p>During the tour, the auditor observed all camera placements and noted that they were consistent with the staffing plan recommendation, as well as the 2022-2023 annual report. Via informal conversation with staff and residents, all felt the cameras were installed to enhance the facility’s ability to protect residents from sexual abuse as well as assault on staff.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • DOC SOP No 504.02.01.001 V.4.0 Investigation and Intelligence Program • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/21) • Memorandum of Understanding (MOU)-IDOC & Idaho State Police (ISP) (dated 05/16/23) • IDOC Prison Directive No 116.02.01.001 Custody of Evidence (revised 02/14/03) |

- PWCC-Facility Memo (dated 09/07/25)
- Email Confirmation for Uniform Evidence Protocol for Adult/Adolescents (dated 07/30/21)
- IDOC Sexual Assault Response (SAR) Guidelines Revision 3 (dated 11/2021)
- Professional Service Agreement (PSA) No 20-002-IDOC & Family Service Alliance (09/23/19)
- IDOC Memo-Contract Change: PWCC-FSA (dated 05/28/21)
- IDOC Memo-Rape Crisis Centers/SANE Providers (date 10/13/21)
- PC Email Request IDOC and ISP-Evidence Collection Protocol
- PWCC PCM Email Request ISP Evidence Collection Protocol
- PWCC Memo-Victim Advocate
- PWCC Memo-PREA Standard 115.21
- PWCC Memo-PREA Standard 115.21E
- PWCC Memo-PREA Standard 115.21F
- Interview with SAFEs/SANEs Staff
- PREA Compliance Manager
- Interview with Random Sample of Staff
- Interview with Investigative Staff
- Interview with Residents who Reported Sexual Abuse
- Site Review

Reasoning and Analysis (by provision):

115.21 (a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

A thorough review of policies, memoranda, and operational practices indicates that PWCC follows a clear, well defined, and consistent process for responding to allegations of sexual abuse. The facility's PAQ states that administrative investigations are conducted by trained IDOC facility investigators and members of the Special Investigations Unit (SIU). These investigators have received specialized training to ensure investigations are objective, comprehensive, and aligned with PREA standards.

When initial information suggests that a criminal act may have occurred, PWCC immediately contacts the Idaho State Police (ISP), which is designated as the lead criminal investigative agency under the facility's current MOU. The MOU, dated 2023, has a perpetual end date, affirming an ongoing and reliable partnership. This agreement clearly outlines ISP's responsibility to investigate major sexual offenses, including sexual assault and staff sexual misconduct with residents. The MOU also specifies that ISP will follow a uniform evidence protocol.

Although the Pocatello Police Department (PPD) does not maintain a formal MOU with PWCC, facility documentation explains that PPD responds to the facility when needed. Both ISP and PPD are considered reliable external partners for criminal investigations.

IDOC SOP No.149.01.01.001 V. 6.0 (p. 5) reinforces the Department’s zero-tolerance stance for all forms of sexual abuse and sexual harassment. The SOP explicitly states that all investigations must be conducted promptly, thoroughly, and objectively, and that outside law enforcement should be kept informed and requested to follow PREA-related mandates. Additional procedural guidance is provided in IDOC Prison Directive 116.02.01.001, which establishes uniform processes for securing crime scenes, logging activity, preserving evidence, obtaining statements, and transferring materials to law enforcement. This directive emphasizes the responsibility of staff to maintain the integrity of evidence and outlines expectations in situations where outside law enforcement may not immediately respond.

IDOC SOP No 504.02.01.001 V.4.0 policy outlines the specific functions, roles and responsibilities of the facility Investigator and mandatory evidence collection protocol. Page 9 of the policy states, IDOC Investigation Protocol-Actions taken during an investigation may vary depending upon the type of misconduct involved. Investigators must be knowledgeable regarding applicable policies, SOPs, field memoranda, and post orders before proceeding with an investigation.

What was heard, as part of a systematic review of evidence:

Interview with Random Staff:

Interviews with random staff members were consistent with the policies. Staff clearly described their roles in securing crime scenes, preventing evidence contamination, and notifying supervisors and investigators. Staff also articulated the difference between administrative and criminal investigations and understood the role of ISP when criminal activity is suspected.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.21 (b)

What was read, as part of a systematic review of evidence:

While PWCC does not house youthful residents, the facility still maintains processes that align with developmentally appropriate standards for forensic examinations. The IDOC Sexual Assault Response (SAR) Guidelines—developed by the Idaho Sexual Assault Kit Initiative (ISAKI) policy advisory group—mirror the 2013 National Protocol for Sexual Assault Forensic Examinations for adults and adolescents.

Residents who require a forensic exam are transported to Portneuf Medical Center (PMC). PMC is listed by ISP as a designated SANE/SART site and is recognized within Idaho’s sexual assault response network as adhering to evidence-based forensic exam standards. Representatives from PMC confirmed that they follow ISAKI-approved protocols and maintain SANE/SAFE staff trained in trauma-informed practices.

The facility provided email documentation confirming that SAR Guidelines were written in accordance with the 2013 National Protocol, demonstrating that the uniform evidence handling standards used at PMC align with national best practices.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.21 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The Pocatello Women’s Correctional Center offers all residents who experience sexual abuse access to forensic medical examinations at an outside facility and no on-site examination. IDOC SOP No.149.01.01.001 V. 6.0 policy mandates that forensic medical examinations are offered without financial cost to the victim.

There were 2 exams reported to have been performed by SANES/SAFEs during the past 12 months. However, there were no exams performed by a qualified medical practitioner during the past 12 months.

IDOC SOP No.149.01.01.001 V. 6.0 (p.19) explains that facility medical staff are responsible for stabilizing the resident and providing emergency medical care prior to transport. The policy clearly states that forensic evidence should not be collected by facility medical staff. Instead, medical forms and relevant documentation accompany the resident to the hospital so that SANE/SAFE staff have all necessary information. However the victim may refuse the forensic exam.

IDOC Memo-Rape Crisis Centers/SANE Providers:

The memo states that “the Idaho Department of Correction has secured an agreement with the YWCA of Lewiston, ID-Clarkston, Wa. The YWCA manages SANE training, SANE providers, and victim advocate response in the Palouse. The YWCA was the second provider to sign a professional service agreement with IDOC in 2019.”

What was heard, as part of a systematic review of evidence:

Interview with SAFE/SANES Staff:

The personnel interviewed at PMC confirmed that Idaho Sexual Assault Kit Initiative (ISAKI) protocols are consistently followed and that PWCC notifies them prior to transport, allowing staff to prepare examination areas and ensure trauma-informed care upon the resident’s arrival.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.21 (d)

What was read, as part of a systematic review of evidence:

The facility provided a Professional Service Agreement (PSA) No 20-002-IDOC & Family Service Alliance date 09/23/19, and IDOC Memo-Contract Change: PWCC-FSA dated 05/28/21 as evidence.

PWCC maintains a Professional Services Agreement with Family Service Alliance (FSA), a well-established community organization specializing in victim advocacy. Under this agreement, FSA provides trained victim advocates who are available to accompany residents during forensic medical examinations, interviews, and any other stages of the investigative process where support may be needed.

IDOC Memo-Contract Change:

The facility submitted documentation showing that the point of contact at the facility for FSA services was updated to the PREA Compliance Manager to enhance communication and coordination. This arrangement ensures that advocates can be contacted efficiently and that residents receive prompt and continuous support.

PWCC also benefits from statewide access to services provided by Just Detention International (JDI), which offers confidential support to residents upon request.

What was heard, as part of a systematic review of evidence:

Interview with PREA Compliance Manager:

The PCM confirmed that if requested by the victim, advocates are offered to every resident prior to a forensic exam or interview.

Interview with Residents who Reported Sexual Abuse:

Residents interviewed during the audit reported that they received adequate support and understood how to access additional advocacy services if needed. Although the resident who received the forensic exam during the review period could not be interviewed, available evidence demonstrates that the facility offered appropriate services

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.21 (e)

What was read, as part of a systematic review of evidence:

The Professional Services Agreement with Family Service Alliance (FSA) also covers ongoing support services following forensic examinations or investigative interviews. These services include crisis counseling, emotional support, and referrals to

additional community resources.

Family Service Alliance (FSA) confirmed that if a resident is transferred to another facility or region, staff will assist with connecting the resident to appropriate local victim service providers. This ensures continuity of care and minimizes any disruption in support services.

Interviews with investigators and medical staff indicated that residents are informed about their options for ongoing services, including access to in house clinicians and external providers through FSA or JDI

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.21 (f)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on the Idaho State Police (ISP) to conduct these investigations. They have requested that Idaho State Police (ISP) follow the requirements of paragraphs §115.21 (a) through (e) of the standards.

PWCC's PAQ and supporting memos indicate that the facility requests outside law enforcement agencies, primarily ISP and, when involved, PPD to adhere to the PREA requirements outlined in §115.21 (a) through (e) of the standards. Although ISP and PPD are not under IDOC authority, PWCC maintains open communication and follows up on referred cases to ensure that investigations proceed appropriately.

The facility provided a memo as evidence. The memo states that Pocatello Women's Correctional Center utilizes the Idaho State Police and, at times, the Pocatello Police Department for either administrative or criminal abuse investigation. Idaho State Police and Pocatello Police Department have declined to sign a MOU with Pocatello Women's Correctional Center but will respond to the facility based on need like they would in any incident. Pocatello Women's Correctional Center does follow up with ISP and PPD on all referred cases.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.21 (g)

N/A-not required to audit this provision.

115.21 (h)

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| | <p>What was read, as part of a systematic review of evidence:</p> <p>IDOC-PWCC has an operational MOU with Family Service Alliance, which provides victim advocacy services, crisis intervention, and support during forensic exams and interviews. FSA can also collaborate with local rape crisis providers when specialized services are needed. These partnerships ensure that residents have access to professional advocacy consistent with services available in the community.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>PWCC follows a uniform evidence protocol, secures crime scenes properly, and works with Idaho State Police for all criminal investigations. Residents receive no-cost forensic exams by SAFE/SANE providers at Portneuf Medical Center. The facility has strong partnerships with Family Service Alliance and JDI, ensuring advocates and ongoing support are available before, during, and after exams or interviews. Although PWCC does not house youth, its procedures match national standards. PWCC also requests PREA compliance from outside law enforcement.</p> |
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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/21) • IDOC SOP No 504.02.01.001 V.4.0 Investigation and Intelligence Program • IDOC SOP No. 150.01.01.006 V.3.0 Administrative Investigation • Memorandum of Understanding (MOU)-IDOC & Idaho State Police (ISP) (dated 05/16/23) • IDOC Website Screen shot and Policy link (Prison Rape Elimination) • PWCC Facility Memo- 115.22(b)3 • IDOC-Intelligence Summary Report • Interview with Agency Head • Interview with Investigative Staff • Interview with PCM <p>Reasoning and Analysis (by provision):</p> <p>115.22(a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>The PWCC PAQ indicates that the agency ensures an administrative or criminal</p> |

investigation is completed for all allegations of sexual abuse or sexual harassment, including resident-on-resident sexual abuse and staff sexual misconduct.

During the past 12 months, the facility received 25 allegations of sexual abuse or sexual harassment. All 25 allegations resulted in administrative investigations. Three cases were reported as having been referred to the Idaho State Police (ISP) for criminal investigation.

The facility submitted IDOC SOP No. 149.01.01.001 V.6.0, Prison Rape Elimination, as evidence.

Relevant sections include:

- Page 10: The department provides multiple reporting avenues for residents, staff, and third parties, including reporting retaliation and staff misconduct.
- The policy is consistent with PREA standards, mandates investigations for all reports of sexual abuse and sexual harassment, and requires referral to law enforcement for potentially criminal incidents.

Review of Investigation Files:

The auditor reviewed 15 investigation files onsite. All demonstrated that administrative investigations had been completed.

While the PAQ indicated that three cases were referred for criminal investigation, further review determined that only two unique allegations were referred to ISP; the discrepancy was due to the same resident submitting multiple reports related to the same allegations.

The facility could not provide the two completed ISP case files because they remained in ISP custody. However, the facility provided documentation confirming the referral, including ISP receipt and acknowledgment.

Discussions with the PREA Compliance Manager and the IDOC Regional Quality Control Manager confirmed that ISP determined both cases to be unfounded. According to ISP, the alleged victim later admitted fabricating the allegations. ISP closed both cases with no criminal charges.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head:

The agency head reported that administrative investigations are conducted by the internal SIU, while ISP or local law enforcement complete criminal investigations. When an allegation is received, staff immediately separate involved parties and implement required first responder actions.

The agency uses PREA checklists and first responder lanyard cards to ensure clear, consistent responses. If a rape is reported within the forensic evidence window, first responders instruct the parties not to destroy evidence and secure the scene. SANE forensic exams are conducted at local hospitals, and law enforcement responds to all forensic exams and leads the criminal investigation.

The shift commander initiates the PREA response checklist. Trained investigators are assigned, and early camera review often guides further investigative steps. In staff-on-resident cases with evidence, SIU becomes involved and administers Garrity warnings during staff interviews, as appropriate.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.22(b)

What was read, as part of a systematic review of evidence:

The PWCC PAQ states that the agency requires allegations of sexual abuse or sexual harassment to be referred to an entity with legal authority to conduct criminal investigations.

Supporting evidence included:

- IDOC SOP No. 504.02.01.001 V.4.0, Investigation and Intelligence Program
- IDOC SOP No. 149.01.01.001 V.6.0, Prison Rape Elimination

The agency's PREA referral policy is published online at: <https://www.idoc.idaho.gov/content/prisons/prea>. The facility documents all such referrals.

Policy excerpts include:

- SOP 504.02.01.001 V.4.0 (p. 7): The facility head or duty officer determines when law enforcement should be notified and may consult an on-call detective if uncertain.
- SOP 149.01.01.001 V.6.0 (p. 5): The department cooperates with outside investigators and requests updates. ISP is expected to follow PREA investigation requirements.

IDOC Intelligence Summary Reports:

The facility uses the IDOC Intelligence Summary Report form to document allegations, associated notifications, and ISP contacts. Six samples were reviewed; two documented ISP notifications and PERK exam referrals.

What was heard, as part of a systematic review of evidence:

Interview with Investigative Staff:

The SIU Chief confirmed that all allegations of sexual abuse are referred to ISP unless the allegation does not involve potentially criminal behavior, in which case SIU investigates. SIU and facility investigators handle all sexual harassment cases.

Special Investigations documents all criminal referrals involving staff and documents resident-on-resident referrals in the initial 105 report and the written notification to ISP. ISP has recently created a unit specializing in corrections-related investigations, which is expected to streamline processes.

Interview with PREA Compliance Manager:

The PCM stated that ISP is the primary law enforcement contact for PWCC. The PREA Coordinator conducts monthly open file reviews, including those referred to ISP, and provides updates on criminal cases.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.22(c)

What was read, as part of a systematic review of evidence:

Evidence provided included:

- IDOC SOP No. 150.01.01.006 V.3.0, Administrative Investigation
- Memorandum of Understanding between IDOC and ISP (2023)

Both documents outline the investigative responsibilities of IDOC and ISP.

Policy excerpts include:

- SOP 150.01.01.006 V.3.0 (p. 12): When an alleged staff crime occurs, SIU coordinates with the appropriate law enforcement agency. Referral may pause IDOC's internal inquiry pending SIU direction.
- MOU (2023): ISP serves as the lead agency for serious offenses, including rape and staff sexual misconduct. ISP follows the established uniform evidence protocol.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.22(d)

Auditors are not required to assess this provision.

115.22(e)

Auditors are not required to assess this provision.

Summary Determination:

Based on the review of policies, investigative documentation, interviews with staff and leadership, and verification of referral practices, the facility demonstrates consistent adherence to PREA requirements for administrative and criminal investigations. Allegations are promptly reported, appropriately classified, and referred to the Idaho State Police when potentially criminal behavior is involved. Investigative procedures are clearly defined, consistently implemented, and supported by cooperation with external law enforcement. The facility is substantially compliant with Standard 115.22, and no corrective action is required.

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| 115.31 | Employee training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) • Training memo-PREA standard 115.31 & 115.32 • New Employee Orientation PREA Slide (NEO) • IDOC Peace Officer Standards & Training-PREA Preservice Training • IDOC Preventing Staff Sexual Misconduct-Special Investigation Unit (SIU) • IDOC Policy 149 • IDOC PREA Definition Brief Sheet • IDOC PREA Reporting is Required Brief Sheet • IDOC PREA Inservice In person Training Slide • IDOC PREA Training Attestation. • Facility PREA Training Rosters • Interview with Random Staff • Review of Staff Training Files: • Interview with PCM <p>Reasoning and Analysis (by provision):</p> <p>115.31 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated that the agency trains all employees who may have contact with residents on the 10 required elements of the provision.</p> <ul style="list-style-type: none"> • The facility provided IDOC SOP No. 149.01.01.001 V.6.0, New Employee Orientation PREA Slides, and IDOC Peace Officer Standards & Training—PREA Preservice Training as evidence. <p>Page 7 of IDOC SOP No. 149.01.01.001 states that, to be most effective in providing a safe environment, all department staff and facility assigned contractors who may have contact with residents will receive mandatory face to face PREA training on the department’s zero tolerance standard for sexual abuse and sexual harassment.</p> <p>A memo from the Director streamlines the expectations from SOP No. 149.01.01.001 and emphasizes the following:</p> <p>New Employee Orientation (NEO):</p> <p>All new Idaho Department of Correction employees, and all contractors who have</p> |

contact with residents, are required to attend New Employee Orientation Training (NEO). In facility staff are required to attend the training before reporting to duty unless escorted while in the facility. As of January 2021, all staff and contractors receiving the training are required to sign an attestation acknowledging they understand the training and PREA requirements.

Peace Officer Training Academy (POST):

All facility security staff are required to be certified by the Idaho Peace Officer Standards and Training Academy. New correctional officers must attend the four week POST Academy prior to working unescorted in the facility.

The POST PREA curriculum covers the same elements as NEO with the following enhancements:

- Reinforces resident rights
- Enhances first responder dialogue, including “Good things to say to a victim”
- Details PREA search requirements and trauma informed searches

Staff Sexual Misconduct training is included in both NEO and POST. Staff abuse is covered in PREA training but expanded to include other professional conduct requirements.

POST confirms officers’ knowledge through tests administered throughout the coursework.

In service training:

PREA policy review is provided annually through a learning management system, with a test verifying understanding. The following year, face to face training is required, with an attestation of understanding. Further review by the auditor shows that the New Employee Orientation PREA Slides and PREA Preservice Training cover the foundation of PREA as well as the 10 elements of the provision.

Through informal conversation, the auditor requested clarification on the differences between NEO PREA training and POST training. The PREA Compliance Manager explained that ALL employees are trained on PREA responsibilities during NEO. POST is specifically for correctional officers. The POST PREA curriculum was updated—TRAINING POST was used through August 2021, and the REVISED POST curriculum has been used since September 1, 2021. The main enhancement ties PREA specific search standards more effectively to the curriculum.

The auditor observed the IDOC PREA Definition Sheet and IDOC PREA Reporting is Required Brief Sheet posted at officer stations and in every housing unit. One brief sheet includes definitions of sexual abuse, sexual harassment, and the zero tolerance policy. The other describes duties to report and multiple reporting options for staff, volunteers, contractors, and third parties, including phone numbers, email, P.O. Box address, confidential mail, and the obligation to accept verbal and written allegations.

Through informal conversation, the PREA Compliance Manager advised that these brief sheets are used during training and posted in facilities to keep staff aware of reporting options.

Review of Staff Training Files:

Approximately 12 staff training files were reviewed. All contained the information required under 115.31(a).

What was heard, as part of a systematic review of evidence:

Interview with Random Staff:

Approximately 12 randomly selected staff were interviewed. All reported receiving PREA training during orientation, annual in service, and quarterly refresher sessions conducted by the facility.

All staff stated they were trained on the 10 requirements of the provision:

- Agency zero tolerance policy
- Their responsibilities regarding prevention, detection, reporting, and response
- Resident rights to be free from sexual abuse and harassment
- Protection from retaliation
- Dynamics of sexual abuse and harassment in confinement
- Common reactions of victims
- Detecting and responding to signs of threatened or actual abuse
- Communicating professionally with all residents, including LGBTQI+ residents
- Mandatory reporting requirements

All 12 staff had a First Responder Card attached to their agency ID. When asked whether they had responded to a recent sexual abuse incident, all responded no.

Interview with PREA Compliance Manager:

The PCM stated that staff complete PREA training during onboarding. Security staff receive additional PREA training during basic skills at the Academy in Boise. Any staff member with resident contact must complete PREA training. The PCM stated that NEO added an attestation statement in January 2021. POST requires security staff to pass tests that include PREA questions. The online system also includes a test for annual In service training, which includes an attestation of understanding.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.31 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

- Training is tailored to the gender of the residents at the facility.
- Employees reassigned from facilities housing the opposite gender receive additional training.

Two sample slides submitted in the PAQ show how gender specific elements are covered. NEO pages 15-17 address the dynamics of female residents, and POST pages 20-30 cover gender specific first response duties. Both trainings address appropriate topics, staff responsibilities, recognizing red flags, and differences between male and female victims.

A gender responsive training memo dated August 2021 was provided. It describes additional training for officers transferring from male to female facilities. In addition to entry briefings, female facilities assign online learning modules to assist staff in working effectively with the female population. Three courses include:

- RSTA Gender Responsiveness in Correctional Systems for the Substance Use Offender
- Working with Justice Involved Women: A Trauma Informed Approach
- Working with Women Offenders in Correctional Institutions

The agency also maintains a gender responsive work group to develop additional approaches for female residents.

Through informal conversation with one employee who transferred from a male facility, the employee stated he shadowed a seasoned employee for one week and received refresher PREA training from the Deputy Warden (PCM) before working independently.

Review of staff Training Files:

Approximately 12 staff training files were reviewed, all containing the information required under 115.31(a).

What was heard, as part of a systematic review of evidence:

Interview with PREA Compliance Manager:

The PCM stated that to ensure resident safety and staff preparedness, quarterly PREA refreshers are provided. The training reinforces expectations and responsibilities of first responders, as well as the dynamics of female residents, including professional communication, trauma informed care, and professional boundaries. Male/female dynamics are explored in examples and discussions during face to face training sessions. This training is provided to all staff, regardless of position.

Finding:

Based on this analysis, the facility is substantially compliant with this

standard. No corrective action is required.

115.31 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated that between annual trainings, the agency provides employees with refresher information on current policies related to sexual abuse and sexual harassment.

- Through formal conversation, the PCM and Warden stated that annual PREA training is conducted and refresher training is provided at the facility level.
- The auditor observed PREA definition and reporting requirement sheets posted in officer stations and housing units, as described previously in 115.31(a).

Review of staff Training Files:

The facility provided training rosters for PREA refresher sessions. Names on the rosters matched current staff assignments, and each employee signed and included their ID number confirming attendance.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.31 (d)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated that the agency documents employee comprehension of PREA training through signatures or electronic verification.

Review of staff Training Files:

All 12 reviewed files demonstrated staff completion of PREA training.

Seven new staff files showed dates of NEO and POST PREA training, recorded in the IDOC training module.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

PREA instruction is provided during onboarding and annually, and to strengthen both resident safety and staff readiness, the facility also delivers quarterly refresher sessions that reinforce first-responder expectations and responsibilities. The curriculum addresses the specific dynamics of working with female residents, including professional communication, trauma-informed care, and maintaining appropriate professional boundaries. All staff receive this training regardless of their

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| | role or daily responsibilities. Upon completion, each staff member signs an acknowledgment confirming both participation and understanding of the material. |
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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) • IDOC SOP No. 606.02.01.001 V.6.0 Volunteer Services in Correctional Facilities • Training memo-PREA standard 115.31 & 115.32 • New Employee Orientation PREA Slide (NEO) • IDOC Volunteer Training Slide • IDOC PREA Training Attestation-Volunteer Form • IDOC Volunteer Training Schedule-Statewide • IDOC PREA Training Attestation • Volunteer and Contractor PREA Training files • IDOC PREA Inservice In person Training Slide • Interview with Contractor • Interview with a Volunteer • Interview with PREA Compliance Manager <p>Reasoning and Analysis (by provision):</p> <p>115.32 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>IDOC SOP No.149.01.01.001 V. 6.0 mandates that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>There are 834 volunteers and contractors who may have contact with residents, have been trained in the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <ul style="list-style-type: none"> • The facility provided IDOC SOP No.149.01.01.001 V. 6.0, New Employee Orientation PREA Slide (NEO), IDOC SOP No. 606.02.01.001 V.6.0 Volunteer |

Services in Correctional Facilities, and IDOC Volunteer Training Slide as evidence.

Pages 7-8 of IDOC SOP No.149.01.01.001 state that all facility-assigned contractors who may have contact with residents will receive a mandatory face-to-face PREA training on the department's zero-tolerance standard for sexual abuse and sexual harassment, and responsibilities based on the services they provide and level of contact they have with residents.

- The auditor discovered that contractors received the same training as regular staff.

The policy further states that Limited-service contractors and non-facility staff who will be unescorted while in facilities and have not received PREA training in the past year must verify their understanding of PREA information by reading and signing the PREA Limited Services Training form. A signed copy of the form must be kept in the facility's PREA training file.

The memo from the Director emphasizes that the Volunteer training will be completed by the Volunteer coordinator. All applicants must complete the training prior to being in the facility unescorted. Volunteers are required to complete face-to-face training annually on PREA as well as other safety elements. Course completion includes an attestation of understanding.

Pages 10-11 of IDOC SOP No. 606.02.01.001 states that new volunteers must attend six hours of new volunteer training. All volunteers must complete a minimum of four hours of refresher training annually. The training may be offered live or online. Failure to complete the annual refresher training will result in the conclusion of volunteer service. The Prisons Division VRC will develop, conduct the volunteer training, and must approve all refresher training schedules, locations, trainers, and curriculums.

The auditor reviewed the New Employee Orientation PREA Slide (NEO) and Volunteer Training Slide, both training topics covered the 10 elements, and they are:

1. IDOC's zero-tolerance policy on sexual abuse and sexual harassment.
2. How to fulfill staff, contractor, and volunteer responsibilities to prevent, detect, report, and respond to sexual abuse and sexual harassment.
3. Residents' right to be free from sexual abuse and sexual harassment.
4. The rights of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment.
5. The dynamics of sexual abuse and sexual harassment in correctional facilities.
6. The common reactions of sexual abuse and sexual harassment victims.
7. How to detect and respond to signs of threatened and actual sexual abuse.
8. How to avoid inappropriate relationships with residents.
9. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, and gender non-conforming.

10. How to comply with laws that require mandatory reporting of sexual abuse to outside authorities.

Via formal conversation, PCM stated that in-person training is done annually. It includes a summary of PREA goals addressing resident-resident abuse and harassment, the zero-tolerance standard for resident-resident abuse and staff-resident misconduct, and related conduct. Prevention, reporting, and boundaries are all covered.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.32 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The level and type of training provided to volunteers and contractors is based on the services they provide and the level of contact they have with residents.

All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents.

IDOC volunteers and contract training are provided based on the level of contact. The agency policy IDOC SOP No.149.01.01.001 V. 6.0, New Employee Orientation PREA Slide (NEO), IDOC SOP No. 606.02.01.001 V.6.0 Volunteer Services in Correctional Facilities, and IDOC Volunteer Training Slide provided by the facility illustrates the required level of training volunteers and contractors.

PWCC has close contact contractors, who have been identified as the medical staff. Based on their level of services, they are provided with the same training as employees of the facility.

The contractors that have limited service receive limited-service PREA training meaning the zero-tolerance policy for sexual abuse and sexual harassment, as well as their duty and responsibility to detect, prevent and report any sexual abuse or sexual harassment. They are also provided with multiple ways to report, such as calling 1-800-361-6286, emailing victimservices@idoc.idaho.gov, mailing to Idaho Sheriff's Association at 3100 Vista Avenue, Suite 203 Boise, ID 83706.

Via formal conversation, the PCM confirmed that contractor training for in-facility contractors is the same as employee training, and volunteers receive similar in-depth training. For limited-service contractors, a limited services training sheet is used for a quick training in case they come into contact with a resident. This is not the focus of their limited time in the facility, but they are still informed of their obligations as they

do non-resident-related-work.

Recently, the volunteer coordinator added a Volunteer PREA statement as part of the volunteer sign-up process, reinforcing all 10 learning elements. Contractors receive new employee orientation with all 10 learning elements.

Review of volunteer and contractor training file.

- Contractor received all 10 required PREA learning elements.
- Contractor's training information is referenced in 115.31, staff training.

What was heard, as part of a systematic review of evidence:

Interview with Contractor:

Two contract employees were interviewed. They both stated that they have received PREA training, which covers their responsibilities regarding sexual abuse and sexual harassment, prevention, detection, and response in accordance with the IDOC policy and procedure.

They received PREA training as part of their onboarding training, annual in-service, and the most recent refresher training held at the facility.

Interview with Volunteer:

One volunteer was interviewed and they confirmed they received PREA training. They stated that the training provided by the facility covered all the 10 elements required.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.32 (c)

What was read, as part of a systematic review of evidence:

The agency maintains documentation confirming that volunteers and contractors understand the training they have received.

PREA training attestation forms

The provided training PREA training attestation forms signed for the month of March of 2025, with 38 people trained, May 2025, with 27 people trained, and September 2025 with 33 people trained. The attestation form was accompanied by sign in sheet for the months listed. Every volunteer signed and provided their email address.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.33**Inmate education****Auditor Overall Determination:** Exceeds Standard**Auditor Discussion****Evidence relied upon in making Compliance Determinations**

- PWCC PAQ
- IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination (p. 8-9)
- IDOC Memo-PREA Training (dated 9/10/2025)
- Review of PREA Video-What you need to know
- IDOC PREA/Basic Intake Education for Residents (revised 8/2024)
- IDOC PREA/Comprehensive Education & Reeducation for Residents (revised 1/2021)
- IDOC PREA Resident Education Training PowerPoint (7/2024)
- IDOC Agency Memo-Interpretation Services and American Sign Language
- IDOC Resident Education Memo -PREA What you Need to Know Video & Facilitator's Guide
- PWCC Memo-PREA Resident Tracking (9/10/2025)
- PWCC Rules and Regulation Handbook for Resident
- Resident PREA Pamphlet Signing sheet
- Peer-to-Peer PREA Education program
- Peer to Peer Onboarding PREA Resident Education Signing sheet
- IDOC Resident PREA pamphlet-END THE SILENCE (English & Spanish)
- JPay PREA Brochure English & Spanish
- Picture of PREA Signage English & Spanish
- Review of residents PREA Education Records
- Interview with PCM
- Interview with Intake Staff
- Interview with random residents
- Interview with a Deaf, Hard of Hearing- or Hearing-Impaired resident
- Interview with a Limited English Proficient (LEP) resident
- Interview with a Cognitively or Functionally Impaired resident
- Site review

Reasoning and Analysis (by provision):

115.33 (a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

1. Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.
2. In the past 12 months, 596 residents entered the facility, and all 596 residents

received information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment at the time of intake.

The facility provided IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination, IDOC PREA/Basic Intake Education for Residents, IDOC Resident PREA pamphlet-END THE SILENCE (English & Spanish), IDOC PREA Resident Education Training PowerPoint, and PWCC Memo-PREA Training as evidence.

IDOC SOP No. 149.01.01.001 V.6.0 (p. 8-9):

With **Resident Education**, the policy states that, “during the reception and diagnostic unit (RDU) process, residents receive initial information on PREA, followed by comprehensive education within 30 days.”

IDOC PREA/Basic Intake Education for Residents:

The facility provided the training outline, and the goal of this education is to familiarizing Residents with the Prison Rape Elimination Act (2003) and provide Residents with information on the agency’s zero-tolerance policy for sexual abuse and sexual harassment, and how to report incidents or suspected abuse or harassment.

- It is the requirement of IDOC, as per Standard Operating Procedure 149.01.01.001, mandating that all residents receive brief intake information at the Reception and Diagnostic Unit (RDU), followed by comprehensive education within 30 days.
- All residents will receive a handout (End the Silence Brochure) and watch the video (**What You Need to Know**).
- The instructor will provide an overview, highlights key points in the video, provide information on IDOC’s SOP, and ensure that all Residents understand and documents their participation.

IDOC Resident PREA pamphlet-END THE SILENCE (English & Spanish):

The **End the Silence** pamphlet contains the summary of agency’s zero-tolerance policy on sexual abuse and sexual harassment, and residents’ right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. All relevant information is covered. The agency maintains the pamphlet in three (2) different formats (English and Spanish).

PWCC Memo-PREA Training:

The PWCC memo provided the specifics and how the facility will ensure compliance, which includes how LEP, deaf, visually impaired, limited reading skills, and other disabled residents will be accommodated under this provision.

Review of Residents’ PREA Education Records:

The facility provided the Resident PREA Pamphlet Signing sheet from the second-

fourth quarter of 2025 for review. Approximately 160 residents' names were listed on the signing sheet with the corresponding resident's state ID number and signature to confirm receipt of the PREA pamphlet.

As a spot check, approximately 13 residents who entered the facility in the last 12 months were randomly selected, and their electronic records were reviewed. The auditor reviewed the admission date of the residents, compared them to the PREA pamphlet signing sheet to ensure compliance. The auditor discovered that all residents received the PREA pamphlet and signed for them on the same day of arrival. Further, the case manager entered specific notes under each resident that state that "Resident was provided with a copy of the IDOC PREA Pamphlet, End the Silence. Reporting methods, services available, expectations, and how to stay safe were also discussed."

What was heard, as part of a systematic review of evidence:

Interview with the PCM:

Via formal interview, PCM advised that all new and transfer residents upon arrival at PWCC will go through the intake process where they will receive basic information on PREA and other relevant information mandated by law. Each resident will be issued a PREA pamphlet called End the Silence. The pamphlet is a snapshot of PREA, and it covers agency's zero-tolerance policy regarding sexual abuse and sexual harassment, multiple ways a resident can report sexual abuse and sexual harassment and/ or suspicions of any unsafe behavior; reporting options and emotional support options in the pamphlet are highlighted and reviewed in this session. Residents are then informed of the requirement of IDOC to attend training within 30 days.

The PCM stated that the facility has a language line for residents with limited English proficiency (LEP), and interpreter service is available for Deaf and hard of hearing resident. Residents who are low functioning or who cannot read nor write, the facility staff will ensure they receive the same information in the manner they understand.

Interview with Intake Staff:

Via formal interview, the intake staff member stated that education of the agency's zero-tolerance policy towards sexual abuse and sexual harassment, as well as information on how to report incidents or suspicions of sexual abuse or sexual harassment, is provided to residents during intake on the same day of arrival. They stated that each resident is provided with the End the Silence pamphlet, which provides a summary of the PREA mandates, highlights key points, provides information on IDOC's SOP, and includes other mandated information.

The staff said each resident is required to sign the pamphlet signing sheet confirming receipt of the pamphlet. They said the residents are further informed that they will be scheduled for an orientation, which includes comprehensive PREA Education (Peer to Peer Education), and the orientation is mandatory. They again stated that all resident orientation and other contacts are required to be documented in the electronic management system for each resident.

Interview with Random Residents:

Approximately 13 random residents were interviewed. All 13 residents confirmed that they received the rules and regulations against sexual abuse and harassment during intake when they first arrived at the facility, and the information was provided the same day.

What was observed, as part of a systematic review of evidence:

Site Review:

- There was no intake during the onsite audit, so the auditor requested the PCM to explain the process. The PCM explained how the initial intake takes place, the location it takes place, the staff members involved, samples of documentation issued to the residents, and how the PREA comprehensive education is done.
- The PCM advised the auditor that the case managers are responsible for the initial PREA Education and ensures that each resident received are provided with the initial PREA Education. Each resident will then sign the conforming receipt of the PREA pamphlet.
- Written PREA information (pamphlet) is in English and Spanish language most spoken in the facility.
- The facility has translation services for residents who are Limited English Proficiency (LEP) and Deaf or hard of hearing.
- Case managers and other staff members are prepared to read information out loud when warranted and write for residents who are Blind or have low vision, limited reading skills, as part of a reasonable accommodation based on the individual's needs.
- Via informal conversation, the Behavior Unit Supervisor, who is a clinician, advised that her team is available to read to residents with cognitive or functional disabilities.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.33 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

- 74 residents were admitted during the past 12 months (whose length of stay in the facility was for 30 days or more), and all received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake.

IDOC PREA/Comprehensive Education & Reeducation for Residents and IDOC PREA Resident Education Training PowerPoint was provided as evidence.

Comprehensive education is conducted via Peer-to-Peer, and the resident trainer, alongside the staff, utilizes an outline, PowerPoint, to conduct comprehensive education and PREA video. The Auditor reviewed the agency's comprehensive education trainer outline and PowerPoint slide and observed the following information. The training Outline and PowerPoint contain elements mandated in IDOC SOP No. 149.01.01.001 V.6.0. The training contains topics such as the following:

- The department's zero-tolerance policy on sexual abuse and sexual harassment, and residents' right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents.
- How to avoid sexual contact in prison.
- The risks and consequences of engaging in sexual activity.
- How to report sexual abuse and sexual harassment
 - Tell a staff member
 - Call the PREA Hotline *773 (free call)
 - Third party,
 - Confidential letter to the Idaho Sheriffs' Association
- What defines a false accusation, and what are the consequences of making a false accusation.
- How to obtain counseling services and medical assistance if victimized.
- Outside emotional support services and confidentiality are offered
 - Idaho & Crisis & Suicide Hotline (ICSH) *988 (free call) 24/7
 - Confidential mail-JDI

The auditor discovered that the Family Service Alliance and the YMCA are two additional emotional support service provided to the Pocatello Correctional Center for Women based on the jurisdiction and location of the facility.

Review of Peer-to Peer PREA Education Material:

The auditor reviewed the Peer-to-Peer PREA Education program offered at the facility. The program is the hub of the PREA comprehensive training offered within 30 days. Further review shows that the training was originally developed by JDI with the collaboration of the National PREA Resource Center. The training utilizes trained residents to teach others about sexual safety, rights, and reporting procedures, often proving more effective for knowledge retention than staff-led training. The program focuses on fostering a culture of safety, trust, and prevention within facilities. The key elements noted by the auditor are as follows:

- Targeted Education: Training focuses on defining sexual abuse/harassment, affirming the right to safety, and explaining how to get help.
- Role and Scope: Peer educators are trained on their specific roles, responsibilities, limitations, and how to handle challenging situations.
- Communication Skills: Training often includes active listening, effective

communication, and facilitating group discussions.

- Program Structure: These programs are typically implemented as part of a comprehensive strategy, sometimes using resources like the PREA "What You Need to Know" guide.
- Benefits: Using peers helps increase trust in the information provided and encourages a proactive, protective culture within the facility.

Review of PREA Video-What You Need to Know:

Comprehensive education is conducted in person, in conjunction with a video. The auditor reviewed the PREA video titled **What you need to know**. The video is broken down into five (5) sections and has a female narration as well as closed captioning in English and Spanish. The following outlines are:

Section 1: Introduction (0:00-3:17)

- Section 1 of the video provides an overview of every Resident's right to be free from sexual abuse and harassment. It covers the PREA standards, the agency's commitment to zero tolerance, and how Residents can report sexual abuse and sexual harassment and get help.

Section 2: Zero Tolerance (3:17-4:53)

- Section 2 of the video explains "zero tolerance" in detail, and it is a theme that comes up again and again in the video. The concept of "zero tolerance" is at the foundation of the PREA standards. Every provision of the standards is rooted in the notion that even one incident of sexual abuse or sexual harassment is too many.

Section 3: Definitions (4:53-10:38)

- Section 3 of the video gives the PREA standards definitions of sexual abuse and sexual harassment. It is important that Residents and staff share an understanding of the range of behaviors that constitute sexual abuse. Sadly, many victims minimize their abuse or do not even realize that what is happening to them is abusive. It is also common for victims to be afraid that staff will not consider their ordeal to be abusive. As the video makes clear, sexual abuse includes a range of behaviors, from lewd and degrading language to forced penetration.

Section 4: How to Get Help (10:43-14:45)

- Section 4 of the video informs Residents about red flags and what to avoid. It also informs them how they can report sexual abuse and sexual harassment. Following an incident of sexual abuse, many victims have difficulty making decisions and performing basic tasks. Residents who have been sexually

abused are likely to be confused and afraid about their next steps, and possibly in need of urgent medical care. By providing clear information on how to report safely, facility staff can increase the chances that Residents who are victimized will get the help they need.

Section 5: What to Remember (14:45-15:50)

- The video's final section provides a review of its main points:
- Sexual abuse and sexual harassment are not tolerated.
- Residents have the right to report privately and safely.
- Help is available from facility staff and community rape crisis counselors.
- Sexual activity between a staff member and a resident can never be consensual and is always against the law.
- Above all, residents have a right to be protected from sexual abuse and sexual harassment.

Each resident is provided with time to ask questions at the conclusion of the education session. The agency maintains all intake and comprehensive information in English and Spanish.

Review of residents' PREA Education Records:

The facility provided Peer-to-Peer Onboarding PREA Resident Education signing sheet from the second-fourth quarter of 2025 for review. Approximately 160 residents' names were listed on the signing sheet with the corresponding resident's state ID number and signature to confirm receipt of the PREA pamphlet.

As a spot check, approximately 13 residents who entered the facility in the last 12 months were randomly selected, and their electronic records were reviewed. The auditor discovered that all residents have received the Peer-to-Peer PREA education and signed the Peer-to-Peer Onboarding PREA Resident Education signing sheet.

Further, the case manager entered specific notes under each resident record that stated that "resident attended comprehensive PREA Education presented by the Mentor Group and was informed of PWCC's Zero-Tolerance Policy regarding sexual abuse and sexual harassment. They were also provided with information with additional ways to identify the types of behavior, and steps were provided on how to report the abuse/harassment.

What was heard, as part of a systematic review of evidence:

Interview with Intake Staff:

Via formal interview, the staff stated that they ensure that residents are scheduled and attend the PREA comprehensive education that is mandatory in addition to the intake PREA education. They ensure each resident is present and accounted for. Each resident is required to sign the signing sheet for attending and understanding the materials taught and provided via the peer-to-peer PREA education that is facilitated

by trained and subject matter experts' residents.

They state that residents are provided with the opportunity to ask questions after the training, and will address any concerns that are not personal to the team, and anything that is personal is addressed privately. They again stated that all resident orientation and other contacts are required to be documented in the electronic management system for each resident. The staff said they do not use resident interpreters for translation.

Interview with Random Residents:

Approximately 13 random residents were interviewed. All 13 residents confirmed that they were advised of their right not to be sexually abused or sexually harassed, how to report sexual abuse or sexual harassment, and their right not be punished for reporting. They stated that they received the Peer-to-Peer comprehensive PREA education within five (5) days upon arrival at the facility. They all stated that Peer-to-Peer PREA education was beneficial as they are able to learn more from their peers. One stated that staff are unable to relate to them, but another resident is able to.

Interview with a Deaf, Hard of Hearing, or Hearing-Impaired Resident:

One hard of hearing/hearing impaired resident was interviewed. They have been incarcerated at the facility for 30 years, and they claim they are able to hear some things, read lips, read and write, making them independent. They stated the PREA training was offered one on one by a case manager, and during that time, they did not wear hearing aids, but now they do. They stated that the staff are very helpful when they need help. They stated that there was no need to use the interpreter service as they did not know ASL. They stated that they have no reason to use another resident to translate anything confidential. They will contact the staff for help when warranted.

Interview with a Limited English Proficient (LEP) Resident:

One resident was identified as bilingual. The resident advised the auditor that they would prefer to speak English for the formal interview. They are able to read and write in both English and Spanish. They stated that they took the PREA pamphlet in both English and Spanish. They stated that they declined to use the language line for translation when the facility offered. They stated that they have no reason to use another resident to translate for them.

Interview with a Cognitively or Functionally Impaired Resident:

One cognitive or functionally impaired resident was interviewed. The residents stated that they were provided with the PREA education at intake and received one-on-one follow-up training with the behavioral health clinician due to other reasons. They know how to report and have no concern.

What was observed, as part of a systematic review of evidence:

Site Review:

- There was no comprehensive education being offered during the onsite audit for the auditor to observe. The auditor reviewed all the materials mandated to be issued to each resident during the PREA orientation.
- The PREA pamphlet is issued to all residents again during the comprehensive PREA education session in addition to other facilities' mandated materials.
- The auditor reviewed the PREA video. The auditor discovered that the facility's PREA comprehensive education video is gender specific. The original PREA video (What you Need to Know) was dubbed and narrated by a male character. The PWCC changed the narration from a male character voice to a female character voice to accommodate the specific gender the population. The video contains closed captions in English and Spanish.
 - The PCM advised that the narration was done by the residents at the facility with the collaboration of the education team. The voice-overs and video editing were done by the residents currently assigned to the media team.
- The PCM explained that the Comprehensive PREA education is a Peer-to-Peer education approach and all the PREA information is presented by a resident(s). Specific residents have been trained as Peer Educators using the JDI module to be subject matter experts to teach the material according to the fidelity of the program. The PCM stated that staff members are present during the training to ensure the materials are delivered accordingly and to ensure that no residents feel superior to/over other residents during the training.
- Via informal conversation with a Peer to Peer PREA resident facilitator, they stated that sharing and teaching the material is rewarding as they are able to speak from the lenses of a resident and are able to relate to the resident more compared to staff.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.33 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

- Agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, to the extent that the policies and procedures of the new facility differ from those of the previous facility.
- There have not been any residents who did not receive comprehensive education within 30 days after intake.

IDOC SOP No. 149.01.01.001 V.6.0 (p. 8):

The policy states that all residents receive education when transferred to a different facility if facility-specific resources are different. They must verify by signature that they have received PREA education and facility-specific PREA information.

According to the PWCC Memo-PREA Resident Tracking dated 9/10/2025, it states that all residents, even those returning to PWCC from other IDOC facilities, are required to receive PREA education.

Review of Residents' PREA Education Records

- Contained the information as outlined within 115.33(a).

What was heard, as part of a systematic review of evidence:

Interview with PCM:

Via formal conversation with PCM, they stated that to ensure compliance and not to miss anyone, all residents shall be provided with PREA education, "that's the best way to make sure that no one falls through the cracks."

The Auditor was informed that policies and procedures would not vary between facilities. The facility provides full formal orientation to every resident arriving at the facility to ensure a thorough and complete understanding of PREA policies and procedures. This is done even if the residents receive such orientation at other IDOC facilities.

There were no residents identified during the onsite audit that fell under the specific criteria, so no additional documentation was reviewed.

Finding:

Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.

115.33 (d-f)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

- Inmate PREA education is available in formats accessible to all inmates, including those who are Limited English proficient, Deaf, Visually impaired, otherwise disabled, and Limited in their reading skills.
- The agency maintains documentation of inmate participation in PREA education sessions.
- The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats.

IDOC SOP No.149.01.01.001 V. 6.0 (p. 9):

The policy states that PREA information for residents is available in printed, oral, electronic, and video formats. English, Spanish, and closed-captioned versions make it accessible to residents, including (but not limited to) those who have limited English proficiency, are deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills.

PWCC Rules and Regulation Handbook for Resident:

The auditor reviewed the facility rules and regulation handbook. The handbook states that the department provides multiple methods for residents to report sexual abuse, sexual harassment, retaliation by other residents or staff, staff neglect, or staff violation of responsibilities that may have contributed to such incidents. The best methods of reporting are:

- Oral report to any staff member
- Written report to any staff member
- Voicemail report to the PREA hotline

1. Confidential Reporting:

1. Residents can report sexual abuse or sexual harassment to the Idaho Sheriffs' Association (ISA). Mail to this reporting option may be sent confidentially in accordance with SOP 402.02.01.001, Mail Handling in Correctional Facilities. The resident can request that the ISA remove identifying information and keep the source of the information anonymous. Information sent to this outside option is forwarded to the PREA coordinator for investigation.

2. Family and Community Reporting:

1. The department accepts and investigates reports of sexual abuse or sexual harassment made on behalf of a resident
2. The department website, www.idoc.idaho.gov, provides a telephone number and e-mail address for third-party reporting outside of facilities.
3. The Helpline is 1-800-361-6286. The email option is victimservices@idoc.idaho.gov.

What was heard, as part of a systematic review of evidence:

Interview with PCM:

Via formal conversation with the PCM, they stated that the facility does not rely solely on printed materials in English to communicate with residents. They haven't encountered a situation where a resident could not be communicated with or provided PREA education due to barriers of disability, LEP, or someone with cognitive disability. Even though the facility has a behavior unit, the majority of the residents can function and communicate.

The PCM stated that they haven't had the need to use the language line nor request

for an interpreter. No resident has been identified, and that requires the use of both services. However, they know how to use the service and can initiate the service when the need arises.

Interview Intake Staff:

They stated that the facility maintains documentation of resident participation in PREA education sessions for as long as the resident is in IDOC. The documentation is stored electronically in the offender management system.

What was observed, as part of a systematic review of evidence:

Site Review:

- During the tour, the auditor noted that written information regarding PREA was visible in all areas of the facility. All written documents were available in English and Spanish. Interpretive services are available for residents with limited English-speaking or reading skills. All educational materials are tailored towards the specific needs of the residents.
- The auditor observed that the PREA Signage English & Spanish were posted near the telephone in each housing unit and were posted in all areas frequented by residents and staff.
- Via informal conversation with the residents, the auditor was advised that the resident tablet has PREA information and is accessible and available to all residents. The auditor reviewed the tablet for confirmation. The auditor discovered that the JPay tablet contains PREA information, ID PREA Brochure-English and Spanish, title "End the Silence Zero Tolerance for Sexual Abuse and Sexual Harassment: Prison Rape Elimination Act Idaho Department of Corrections ZERO TOLERANCE." The content on the tablet proceeds to explain the IDOC policy on zero tolerance, right to report, monitor for retaliation, safety, ways to report, etc.
- The resident stated that the facility provides all residents with a facility-specific rules and regulation handbook; however, current orientation/rules and regulations are on the JPay tablet, including PREA.
- Via informal conversation with the PCM, they confirmed that the rules and regulations /PREA pamphlet are available to residents at each housing unit whenever they need it, they can access them. Also, they are on the Jpay tablet, and the residents prefer that.
- The auditor tested the language line and the ASL interpreter service to confirm if the services work or not, and also to inquire about the specific services the organization provides to the residents at PWCC.
- The auditor discovered that staff need to assist the residents with connecting to the interpreter service, even though the service providers have a toll-free number. The service provider will request the facility-specific identification and location information prior to getting connected with the appropriate interpreter.
- Both services worked and detailed explanation was provided in 115.16 (a).

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| | <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this provision. No corrective action is required.</p> <p>Justification for Exceeding Standard:</p> <p>The auditor has determined that the facility Exceeds the Standard based on the following. While the agency has a policy governing PREA education for residents from initial intake through comprehensive education within 30 days, PWCC has added a layer of ensuring the PREA education is designed based on trauma-informed evidence-based practice. The original PREA video (What you Need to Know) was dubbed and narrated by a male character; however, the facility changed the narration from a male character voice to a female character voice to accommodate the specific gender in the population. This was all done in collaboration with the residents' media team at the facility. Another layer added by the facility to the comprehensive PREA education is the Peer-to-Peer PREA education offered within 30 days. The training utilizes five (5) trained residents to teach others about sexual safety, rights, and reporting procedures, often proving more effective for knowledge retention than staff-led training. The program focuses on fostering a culture of safety, trust, and prevention within facilities. Via formal interview with residents, they all stated that the Peer-to-Peer PREA education program was beneficial to them.</p> <p>It was evident that there are multiple ways the facility can accommodate residents who are LEP, Deaf, Hard of Hearing/Hearing impaired, low vision, and cognitive, etc. The agency has a language line and ASL line whenever they need to use them for all service. Staff are available to read and write to residents who are unable to. Additional determination was made via the intake records of residents entering the facility in the past 12 months, signed documents by the residents indicating the understanding of the training received within 30 days of intake, PREA pamphlet, education materials in formats accessible to residents that are limited English proficient, deaf, visually impaired, disabled or limited reading skills, and observations of materials posted throughout the facility in both English and Spanish formats.</p> |
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| 115.34 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination (p. 8) • IDOC Special Investigation Unit (SIU)-Basic Intelligence and Investigation Training Course Agenda (1/25) |

- IDOC SIU-Holding the Line Staff Misconduct Training PowerPoint
- IDOC Annual Investigator Training Roster (1/06-10/25)
- NIC PREA: Investigating Sexual Abuse in Confinement Setting Certificate
- Training Records/Logs for Investigative Staff
- Interview with SIU Chief
- Interview with Facility Investigator

Reasoning and Analysis (by provision):

115.34 (a-c)

What was read, as part of a systematic review of evidence:

IDOC SOP No 149.01.01.001 V.6.0 (p. 8) policy requires investigators to be trained in conducting sexual abuse investigations in confinement settings.

IDOC SOP No 149.01.01.001 V.6.0 (p. 8) policy stated that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

- The facility provided IDOC SIU-Basic Intelligence and Investigation Training Course Agenda and SIU-Holding the Line Staff Misconduct Training PowerPoint as evidence.

IDOC SOP No 149.01.01.001 V.6.0 (p. 8) policy requires the agency to maintain documentation showing that investigators have completed the required training.

- The facility provided IDOC Annual Investigator training roster as well as the NIC Specialized Investigator training certificates as evidence.

IDOC SOP No 149.01.01.001 V.6.0 (p. 8) policy mandates that staff investigating sexual abuse must receive specialized training, which includes:

- Techniques for interviewing sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings
- Criteria and evidence required to substantiate a case.

The intelligence and investigations coordinator ensure investigators receive the training and maintain training records.

IDOC SIU-Basic Intelligence and Investigation Training Course Agenda and SIU-Holding the Line Staff Misconduct Training PowerPoint:

The auditor reviewed the training materials and discovered that the agency utilizes

the Basic Investigator training manual, which provides additional specialized training for investigators to assist in PREA administrative investigations. The training covers topics such as techniques for interviewing victims of sexual abuse, Dynamics of sexual abuse within confinement settings, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action (evidentiary standard of preponderance of evidence) or prosecution referral.

Because IDOC does not conduct criminal investigations and makes referrals to the Idaho State Police for investigation, the training provides guidance on the requirements and procedures for referring to potential criminal acts for criminal investigation and prosecution.

Documentation Review

Training Records/Logs for Investigative Staff:

PWCC currently has two facility investigators assigned, and SIU has three agents. IDOC provides annual training for all staff assigned to investigative posts. In 2025, a total of 40 staff members completed this training, and the auditor verified this by reviewing the training rosters.

The facility submitted the IDOC Annual Investigator Training roster along with NIC Specialized Investigator Training certificates as evidence. The auditor reviewed the investigators' training records and confirmed that they received the specialized training required by the standard. Facility investigators also completed the three-hour National Institute of Corrections (NIC) online course titled "PREA: Investigating Sexual Abuse in Confinement Settings."

This self-paced course covers the primary objectives outlined in this provision. Completion of the NIC training is documented either by a certificate or by the employee's signature on a screenshot of the course's table of contents. Although this training does not appear on an individual's official training transcript, because it is a web-based course not administered through the agency's training unit, proof of completion is maintained both in the staff member's training record file and electronically.

In addition, the agency investigators complete periodic refresher training to reinforce the expectation.

What was heard, as part of a systematic review of evidence:

Interview with SIU Chief:

The auditor conducted a telephone interview with the Chief of the Special Investigations Unit (SIU). The Chief SIU Investigator reported that they have received specialized training to conduct sexual abuse and sexual harassment investigations in a confinement setting, and that the two additional staff members they supervise have also completed this training.

The Chief explained that SIU assists the facility investigator with administrative investigations involving staff members, while the facility investigator handles all other investigations, such as resident-on-resident sexual harassment. The Chief further stated that SIU issues Garrity warnings, interviews involved individuals, collects evidence, and is familiar with the criteria and evidentiary standards required to substantiate a case.

Interview Facility Investigator:

The facility investigator stated that they have completed the specialized training required to investigate sexual abuse and sexual harassment in a confinement setting. They shared that if, during the course of an investigation, it becomes apparent that the conduct may be criminal in nature, the allegation is referred to SIU. The SIU point of contact then engages the Idaho State Police to conduct the criminal investigation.

The facility investigator added that for sexual abuse allegations, they ensure evidence is secured appropriately and maintain chain of custody until it is transferred to SIU or the Idaho State Police.

The auditor observed that both the SIU Chief and the facility investigator demonstrated strong knowledge of their responsibilities and were able to clearly articulate the components of the training they received.

Interview with PCM:

The PCM stated that they ensures that all the facility investigators receive the specialized training as well as the NIC training.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.34 (d)

The auditor is not required to audit this provision.

No Department of Justice component is required to investigate sexual abuse allegations in the Pocatello Women's Correctional Center.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

The facility meets PREA Standard 115.34 by ensuring investigators receive and document all required specialized training. Policies, training materials, and rosters confirm investigators are trained in interviewing victims, using Miranda and Garrity warnings, collecting evidence, and understanding substantiation standards. Interviews with SIU, the facility investigator, and the PCM showed strong knowledge of procedures and proper referral of criminal cases to Idaho State Police.

115.35

Specialized training: Medical and mental health care

Auditor Overall Determination: Meets Standard

Auditor Discussion

Evidence relied upon in making Compliance Determinations:

- PWCC PAQ
- IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination (p. 8)
- CORIZON Health Inservice Training PowerPoint for Medical and Mental Health
- Centurion PREA Inservice Training Completion List for Medical and Mental Health
- Centurion Staff PREA Training List
- PRC NCCHC Specialized Medical/Mental Health Training Acknowledgment Form
- Training Records/Logs for Medical and Mental Health Staff
- Interview with Medical and Mental Health Staff

Reasoning and Analysis (by provision):

115.35(a)

What was read, as part of a systematic review of evidence

The PWCC PAQ indicates:

IDOC SOP No. 149.01.01.001 V.6.0 (p. 8) requires that all medical and mental health practitioners who work regularly in IDOC facilities receive specialized PREA training.

The facility reported a total of 64 medical and mental health practitioners who work regularly at the site and have received the required training. This represents 99% of all such practitioners.

- Through informal conversation, the Health Services Administrator (HSA) noted that a few newly hired medical staff are still completing orientation and awaiting specialized training.

The policy outlines that all full- and part-time medical and mental health providers must be trained in:

- Detecting and assessing signs of sexual abuse and sexual harassment
- Preserving physical evidence of sexual abuse
- Responding effectively and professionally to victims
- Reporting allegations or suspicions of sexual abuse or sexual harassment

Because IDOC contracts medical services to Centurion, the policy requires the contractor to provide specialized medical training, maintain training records in employee files, and submit annual PREA training rosters to the PREA Coordinator.

Clinical supervisors must ensure mental health staff complete specialized training and maintain records in Relias.

CORIZON Health In-Service Training PowerPoint

The auditor reviewed the CORIZON Health In-Service Training PowerPoint currently used by Centurion staff. Pages 16–22 focus on the specialized role of medical and mental health staff, covering Detect & Assess, Evidence Preservation, Response, and Reporting. The content meets PREA standard requirements.

Participants must complete:

- The PREA & Corrections Clinical Knowledge Assessment Test (CKAT), reviewed by a supervisor
- The PREA & Corrections Clinical Objectives Checklist (COC)

Documentation Review:

Training Records/Logs:

Centurion maintains internal onboarding and annual training for all medical and mental health staff. The auditor reviewed the facility's training completion spreadsheet, which includes staff names, department numbers, training assignment dates, due dates, and completion dates. Of 66 staff listed, two had not completed the assigned training, and one staff member's training was past due.

PRC NCCHC Specialized Medical/Mental Health Training Acknowledgment Forms:

The auditor requested six specialized training records. The facility provided six signed acknowledgment forms documenting completion of the PRC for Health Providers training (NCCHC conference, 2013). Each employee affirmed reviewing the required recordings on sexual abuse and sexual harassment in confinement settings. These records are maintained in both physical and electronic files.

What was heard, as part of a systematic review of evidence

Interviews with Medical and Mental Health Staff:

The HSA and Mental Health Clinical Supervisor confirmed they received specialized training covering detection, assessment, evidence preservation, response, and reporting. The Mental Health Clinical Supervisor noted receiving similar training both as an IDOC employee and upon joining Centurion. Both stated that specialized training is part of onboarding and is refreshed annually through in-service training.

Finding

The facility is substantially compliant with this standard. No corrective action is required.

115.35(b)

What was read, as part of a systematic review of evidence:

The PWCC PAQ indicates:

IDOC SOP No. 149.01.01.001 V.6.0 (p. 19) states that facility medical staff do not conduct forensic medical exams. These exams are performed at a local hospital.

Facility medical staff are responsible for:

- Stabilizing the victim and providing emergency medical care
- Sending the victim's medical history and the PREA Nursing Encounter form to the hospital
- Not collecting forensic evidence

Forensic exams are conducted by a SAFE/SANE provider at the hospital. If unavailable, a qualified medical practitioner may perform the exam. Victims may decline the exam. A community victim services advocate provides emotional support and explains the process.

What was heard, as part of a systematic review of evidence:

Interview with Medical Staff:

The HSA confirmed that facility medical staff are not trained to conduct forensic exams. Their role is limited to assessment, documentation, and preparing the resident for transport to the hospital.

Finding

The facility is substantially compliant with this standard. No corrective action is required.

115.35(c)

What was read, as part of a systematic review of evidence

The PWCC PAQ indicates:

The agency maintains documentation verifying that medical and mental health practitioners have completed required specialized training.

The facility provided:

- Centurion PREA In-Service Training Completion List
- PRC NCCHC Specialized Medical/Mental Health Training Acknowledgment Forms

Specialized training appears on each employee's official training transcript as a web-based course administered by Centurion's training unit. Completion records are maintained in staff training files.

All staff receive annual in-service training using CORIZON's curriculum. Annual training records are submitted to the IDOC PREA Coordinator and PREA Compliance

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| | <p>Manager.</p> <p>Per policy, Clinical Supervisors and the HSA are responsible for ensuring staff complete specialized training and that records are maintained in Relias.</p> <p>Finding</p> <p>The facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions • PWCC Memo-Screening for Risk of PPV & PPA (9/9/2025) • PREA Screening Dashboard (8/1/24-12/18/25) • IDOC PREA Screening Tool Sample • PWCC PREA Screening 72 Hours Log • IFCRC Screening for Rick of Victimization and Abusiveness form • IFCRC PREA Screening for Rick of Victimization & Abusiveness 30-Day Rescreen form • Review of Residents’ Risk Screening Records • Interview with PREA Coordinator • Interview with PREA Compliance Manager • Interview with Staff Responsible for Risk Screening • Interview with Random Resident • Informal Conversation with Staff & Residents • Site Review <p>Reasoning and Analysis (by provision):</p> <p>115.41 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> |

- IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions (p. 3) was provided as evidence.

IDOC SOP No.149.01.01.00 V.1.0 (p. 3):

The policy states that “all residents must be screened within 72 hours of arriving at any facility. The screening is meant to determine if they may be vulnerable to sexual abuse or may be potentially sexually abusive.”

Documentation Review:

PWCC Memo-Screening for Risk of PPV & PPA:

The facility provided a PWCC memo containing the names of staff designated and responsible for conducting risk screenings at the facility. There are approximately three (3) staff members: two Centurion medical staff members and one case manager.

- The auditor was able to interview all three staff members identified in the memo.

It was noted via informal conversation with the PREA Compliance Manager that there are other staff members trained to step in and conduct the assessment in the absence of the designated staff members.

What was heard, as part of a systematic review of evidence:

Interview with Staff Responsible for Risk Screening:

Three staff members were interviewed, and they all stated that they screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. This is part of the intake process.

Interview with Random Resident:

13 random residents were interviewed; all stated that they remember the medical staff asking questions like whether they had been in jail or prison before, whether they had ever been sexually abused, whether they identify with being gay, lesbian, or bisexual, and whether they think they might be in danger of sexual abuse at the facility.

What was observed, as part of a systemic review of evidence:

Site Review:

There was no intake during the onsite audit. However, the auditor requested the staff in charge of conducting the risk screening to explain the process. The staff member walked the Auditor through the intake process, describing the process, including where the interviews take place and what questions are asked.

- The staff member stated that risk screening interviews are conducted face to face with the residents in a designed private room with adequate privacy, where no one can hear the questions being asked. They will ask questions on the risk screening list and check the response in the request area. All the screenings are done via the computer. While some questions make the residents feel uncomfortable, they are able to explain the reason behind the process and the questions to the residents. They also shared that because they are of the same gender as the residents entering the facility, they can empathize with them, and the residents feel comfortable talking to them.
- The staff member stated they have to use their user ID and password to log into the shared computer; however, they can only access the individual modules that are assigned to them.

Via Informal conversation with Deputy Warden, also the PCM, they stated that all current staff assigned to the facility have their own individual username and password generated by the IDOC information Technology team. Only authorized staff have access to resident information in the resident management system. Further, only designated and authorized staff members can conduct initial risk screening, review, and approve the screening.

During the facility tour, the auditor had an informal conversation with two residents residing in the CCU building. Both residents stated that the risk screening was conducted in a private room at intake by a medical staff member, and the privacy was adequate as no one could hear what was being said. They also stated that they feel comfortable answering the questions because the staff is of the same gender as they are, compared to a male staff member.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.41 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

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

- IDOC SOP No.149.01.01.00 V.1.0 (p. 3) was provided as evidence and it contains the requirement of this provision, and this was detailed in 115.41(a).

720 residents entered the facility (either through intake or transfer) within the past 12 months, whose length of stay in the facility was for 72 hours or more, and who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility.

- The facility provided the PREA Screening Dashboard, PWCC PREA Screening 72 Hours Log, and Residents' Risk Screening Records as evidence.

Documentation Review:

PREA Screening Dashboard:

The facility provided 13 pages of the PREA Screening Dashboard information. The dashboard risk screening compliance was pulled from 8/1/24-12/18/25, which shows each month's data. The dashboard shows the percentage of screening completed, rescreening completed within 30 days, and initial screening completed within 3 days of arrival. The dashboard also shows housing requests for PPV and PPA, housing decision and mental health referrals accepted.

The PREA Coordinator, PREA Compliance Manager, Warden, and Regional Quality Control Manager are able to review the facility specific information in the dashboard to ensure compliance. The PREA Coordinator and Regional Quality Control Manager have access to all the IDOC facilities' databases and can review each facility to determine compliance.

PWCC PREA Screening 72 Hours Log:

The facility provided the PREA screening log that tracks the progress of risk screening conducted within 72 hours of the resident's arrival. The log shows the names of residents, IDOC number, arrival date, screening completion date, rescreening due and completed date. The log also contains PPV or PPA housing, clinical referral, and caution for PPV and PPA. The log is tracked by the facility's administrative staff, who work side-by-side with the movement coordinator to ensure appropriate housing.

Review of Residents' Risk Screening Records:

The auditor selected 13 random residents who entered the facility within the past 12 months and requested the corresponding completed risk screening assessment forms. All 13 files indicated the initial risk screenings for victimization and abusiveness were conducted within 24 hours of the resident's admission to the facility. This was verified via a comparison of the dates on the forms versus the date of admission.

What was heard, as part of a systematic review of evidence:

Interview with Staff Responsible for Risk Screening:

They stated that the risk screening is done the same day the resident arrives at the facility, before the resident is assigned a bed. This is part of the intake process.

Interview with Random Resident:

Approximately 13 random residents were interviewed. All 13 residents stated that they were asked risk screening questions the same day they arrived during intake.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.41 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

Such an assessment shall be conducted using an objective screening instrument.

- The facility provided the IDOC PREA Screening Tool Sample, the IFCRC Screening for Risk of Victimization and Abusiveness form as evidence.

The IFCRC Screening for Risk of Victimization and Abusiveness paper-based form was reviewed for objectivity, and the facility provided a computer version (IDOC PREA Screening Tool Sample) for comparison. The instrument included specific instructions for the facility staff, screening the residents to assist in collecting information which will aid in determining the level of risk of victimization and of abusiveness.

The risk screening instrument is computer-based and completed by intake staff. Staff have the option to use the paper-based version when warranted, usually for out-of-staff residents who are not yet documented in the IDOC management system. The risk screening instrument consisted of both “yes” and “no” questions, options for select drop-down answers, as well as areas to be completed by intake staff when prompted.

The instrument is designed so that specific responses will warrant a specific number associated with the response. The agency screening instrument is a single objective screening instrument that is used as a standardized protocol explaining the rationale behind each question and scoring to allow the facility to identify potential risk of being sexually abused by another resident, as well as sexually abusive towards other residents.

The auditor reviewed the risk screening instruments and determined that the instruments are objective based on the following. The instruments include the following essential features:

- a uniform list of risk factors and assigning reasonable weights for each risk factor based on available evidence and reasonably informed assumptions,
- it assigns objective outcome thresholds based on the totality of weighted risk factors (weighted inputs lead to presumptive outcome determinations),
- uses a uniform process to obtain information on the applicability of each risk factor to individual residents and to make an objective risk determination based on the aggregate of the resident’s individual weighted risk factors.

Via informal conversation, the PREA Compliance Manager stated that they have to

review all risk screening assessments conducted and approve them. They stated that they will ensure that responses provided match the designated numeric prior to approval, and they can override or ensure corrections are made for assessment that are incorrect.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.41 (d)

What was read, as part of a systematic review of evidence:

IFCRC Screening for Risk of Victimization and Abusiveness form:

The agency objective screening considers, at a minimum, the 10 criteria required in this provision; all of which must culminate in an overall determination of a resident's risk of sexual victimization. The presence of each required risk factor was assessed as such: (1) Whether the resident has a mental, physical, or developmental disability; (2) The age of the resident; (3) The physical build of the resident; (4) Whether the resident has previously been incarcerated; (5) Whether the resident's criminal history is exclusively nonviolent; (6) Whether the resident has prior convictions for sex offenses against an adult or child; (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the resident has previously experienced sexual victimization; (9) The resident's own perception of vulnerability; and (10) Whether the resident is detained solely for civil immigration purposes.

- The goal of an objective classification system is to, in any given confined population, identify the most vulnerable and most predatory residents, and keep those residents separate.

Documentation Review:

Review of Residents' Risk Screening Records:

The auditor reviewed the 13 random resident files, and all the items prescribed by the PREA standard were included (criteria 1-10) and assessed.

What was heard, as part of a systematic review of evidence:

Interview with Staff Responsible for Risk Screening:

All three (3) staff members interviewed stated that the initial risk screening considers all the elements required in the standard, such as resident disabilities, age, physical build, previous incarceration, criminal history (including nonviolent offenses and sex offenses), perceived sexual orientation of resident, previous sexual victimization, resident perception of vulnerability, and whether detention is related to civil immigration.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.41 (e)

What was read, as part of a systematic review of evidence:

IFCRC Screening for Risk of Victimization and Abusiveness form:

The instrument was reviewed, and it contained questions about prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse, as known to the agency. The presence of each required risk factor was assessed on the form under “at Risk of Abusiveness.”

It was documented on the screening instrument that a score of 4* or more on the victimization section questions will flag the resident as PREA Potential Victim (PPV); the questions have a star next to each and they are:

- Do you currently feel you are at risk of being sexually assaulted or sexually abused?*
- Have you ever been sexually abused?*
- Do you identify yourself as gay (female-lesbian) or bisexual?*
- Do you identify as transgender, intersex or gender non-conforming?*
- Evaluator observation on Stature, age, disabilities, sexual orientation, gender identity*

It was noted on the screening instrument that a score of 4 or more on the abusiveness section will flag the resident as PREA Potential Abuser (PPA); the questions have a star next to each, and they are:

- Has the resident been charged and/or convicted of:
 - Sexual abuse*
 - Violent offenses
 - Institutional violence
 - Institutional sexual abuse*

What was heard, as part of a systematic review of evidence:

Interview with Staff Responsible for Risk Screening:

All three (3) staff members stated that the agency has a checklist to follow and mandated questions to ask each resident. This assessment is done on the computer. They can review the prior history of all IDOC residents in the management system, and they have to review the physical records of the resident transferred from the jail ahead of time to gather all the required information to the start of the assessment.

They stated that each question answered yes has a numeric value assigned to it. A

score of 4 or more on the victimization section will flag the resident as PREA Potential Victim (PPV), and a score of 4 or more on the abusiveness section will flag the resident as PREA Potential Abuser (PPA).

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.41 (f)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

- The facility provided IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions as evidence.

Within the previous 12 months, 596 residents were received at the facility, whose length of stay in the facility was for 30 days or more, and all were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility.

IDOC SOP No.149.01.01.00 V.1.0 (p.4):

The policy states that "within 30 days of arrival at the facility, the resident will be interviewed to confirm their safety and assess any new information that has become available. A full screening will be completed if new safety concerns emerge. "

Review of Residents' Risk Screening Records:

The auditor selected 13 random residents who entered the facility within the past 12 months and requested the corresponding completed risk screening assessment forms. All 13 files indicated the initial risk screenings for victimization and abusiveness were conducted within 24 hours of the resident's admission to the facility; all 13 residents were reassessed for victimization and abusiveness within 30 days of being at the facility. This was verified via a comparison of the dates on the forms versus the date of admission.

What was heard, as part of a systematic review of evidence:

Interview with Staff Responsible for Risk Screening:

All three staff stated that residents are reassessed again within 30 days. The case manager stated that more than likely, the reassessment will take place sooner rather

than later.

Interview with Random Resident:

All 13 random residents interviewed stated that they were called back again and were asked the same question again; however, the questions were not as long as the first intake question. They all stated that they do recall being asked about their safety, and if they feel they are at risk of being sexually assaulted or sexually abused.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.41 (g)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

- The facility provided IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions as evidence.

IDOC SOP No.149.01.01.00 V.1.0 (p.4):

The policy states that residents must be rescreened when any additional information emerges regarding the resident's risk for sexual victimization or abusiveness. Special review screens are required for residents involved in resident-resident or staff-resident sexual abuse cases.

Documentation Review:

There was no document of residents that met the criteria for reassessment based on additional information, sexual victimization, or abusiveness, etc.

The auditor requested one resident's file who was identified to have made an allegation of sexual abuse within the past 12 months prior to the onsite audit. Based on the on the preponderance of evidence, the allegation was deemed as Unfounded. The resident admitted to making false allegations. The auditor reviewed the investigation report to ensure compliance; it was evident that the resident does not meet the criteria to be reassessed.

What was heard, as part of a systematic review of evidence:

Interview with Staff Responsible for Risk Screening:

All three (3) staff members stated that they do reassess residents' risk level as

needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The staff could not recall the last time a resident was reassessed within the last 12 months prior to the onsite audit.

Interview with Random Resident:

All 13 random residents interviewed stated that they were not reassessed based on new information.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.41 (h)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability.

- The facility provided IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions as evidence.

IDOC SOP No.149.01.01.00 V.1.0 (p.4):

The policy states that residents are not required and may not be disciplined for refusing to answer questions about disabilities, sexual orientation, gender identity, prior victimization, or their own perception of vulnerability.

What was heard, as part of a systematic review of evidence:

Interview with Staff Responsible for Risk Screening:

All three staff members stated that no resident is disciplined in any way for refusing to respond to or for not disclosing complete information.

Via informal conversation with the PREA Compliance Manager, they stated that no residents will be forced to answer questions, and the team responsible for conducting the risk screening are aware that all residents will be treated with respect.

Finding:

Based on this analysis, the facility is substantially compliant with this

standard. No corrective action is required.

115.41 (i)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency shall implement 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.

IDOC completes the screening information in its electronic case management system. The system limits access to screening information, particularly the residents' more sensitive information. Disclosures made in the Medical or Mental health record are completely silo from the custody staff.

What was heard, as part of a systematic review of evidence:

Interview with PREA Coordinator:

They indicated that IDOC is very strict with granting access to staff without a justifiable reason. Access is granted based on duties and responsibilities.

Interview with PREA Compliance Manager:

The PREA Compliance Manager stated that only authorized staff have access to the residents' databases. Authorizations are granted by the IDOC IT department based on position and responsibility. Even as the Deputy Warden of the facility, they have limited access to other information. They stated that limited information is shared through the Unit management structure to ensure safety, but critical information that could be used to exploit a resident is kept to a select few individuals.

Interview with Staff Responsible for Risk Screening:

The staff members stated that all risk screenings are conducted on the computer and in a private room to ensure privacy and confidentiality. They stated that they only work within their authorized access and are not able to see other staff members' assessments.

What was observed, as part of a systemic review of evidence:

Site Review

During the tour, the auditor did not observe any physical documentation lying around without a staff member being present.

Via informal conversation with medical and mental health staff, they stated that all treatment plans and resident care plans are storage electronic.

The Health Service Administrator stated that all medical and mental health staff are

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| | <p>provided with authorization to access the residents’ medical and mental health information based on their position and responsibilities. They stated that they are the Health Service Administrator who grants permission and terminates permission for the medical/mental health staff via email to the IDOC Information Technology unit. Residents’ care plans are only discussed with authorized staff members.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.42 | Use of screening information |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions • PWCC Memo-Screening for Risk (12/19/25) • Documentation of Risk-Based Housing • Facility Screening Sample • Resident Housing, Job/Work and Program Assignment • Interview with PREA Compliance Manager • Interview with Staff Responsible for Risk Screening • Interview with Movement Coordinator <p>Reasoning and Analysis (by provision):</p> <p>115.42 (a-b)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>a. The agency/facility uses information from the risk screening required by §115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>b. The agency/facility makes individualized determinations about how to ensure the safety of each inmate.</p> <ul style="list-style-type: none"> • The facility provided IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination |

Screening and Cautions, and PWCC Memo-Screening for Risk as evidence.

IDOC SOP No.149.01.01.00 V.1.0 (p. 4):

The policy states that, Placement and Cautions: Facility Leadership must identify in a field memorandum appropriate beds for housing those identified as PREA potential victims (PPV) and PREA potential abusers (PPA). Residents with PREA cautions housed in these beds shall not be moved without permission from Facility Leadership.

a. When a resident is identified and affirmed as a PPV or a PPA, a caution must be entered into the agency information management system. Entries do not include any confidential victim information.

- If a resident has a PREA caution, the following housing guidelines must be followed:
- Residents with a PPV caution must not be housed in the same cell as a resident with a PPA caution.
- Residents with a PPV caution will be assigned to a bunk identified by the facility head as provided in Section G.6.a.
- Those with PPA cautions will be assigned to locations where more observation is possible.

b. The PREA Compliance Manager, with the approval of the Facility Head, will identify a team to review and confirm housing and cautions. The PREA Compliance Manager or Facility Head will be informed of and must approve any changes in housing guidance above.

c. PPV and PPA caution information in the agency information management system is used to determine appropriate housing. PREA caution information may not be released externally, except by a PREA Compliance Manager or PREA Coordinator.

PWCC Memo-Screening for Risk:

The memo states that when conducting a PREA screening for a resident upon intake, they rely on the program tools to evaluate certain factors and determine a resident's risk of victimization and risk of abusiveness. The program looks at a resident's age and physical size, mental and physical development; it evaluates answers to questions about prior incarceration and sexual identity; and considers prior history (for victimization and/or abuse), convictions and criminal history, and institutional history. It also asks the evaluator to note any observable traits or behavior like stature, age, disabilities, sexual orientation, and gender identity. The system then generates a score for both risk of abusiveness and risk of victimization and alerts staff of any score above a threshold, or if certain boxes/traits were identified. Alerts are sent to Clinical Staff for further action.

Documentation Review:

Documentation of Risk-Based Housing & Facility Screening Sample:

The auditor requested one sample for each of the residents identified as PPV and PPA risk screening records for the third and fourth quarters of 2025, who entered the facility within the last 12 months prior to the onsite audit. The facility provided four (4) residents' records as evidence.

The information in the record shows that the facility considers all the elements outlined in PREA Standard 115.41. Each resident identified as PPV or PPA was offered to meet with the mental health clinicians for a follow-up evaluation. The mental health clinician made a notation regarding service or follow-up, appropriate housing, and other major factors. Also, a caution alert was entered into the record to ensure safety is considered when housing the specific resident.

What was heard, as part of a systematic review of evidence:

Interview with PREA Compliance Manager:

The PCM stated that each resident's risk screening information is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

The PCM stated that each resident's record is reviewed entirely, including the PPV and PPA alerts in the system. Residents with a PPV caution will not be housed in the same cell as a resident with a PPA caution. A resident with a PPV caution will be assigned to a designated cell and bunk identified by the facility, and a resident with PPA cautions will be assigned to locations where more observation is possible. They stated that at any time, a report can be run to ensure that each resident with PPV and PPA caution is not housed together as a check and balance.

The PCM stated that PPV and PPA caution alerts are also checked by the job program assignment reviewer, housing coordinator, and leadership to consider when making job and program assignments. PPV and PPA caution alert residents will not be placed in the same work assignment or program without constant staff supervision for all residents. Educational assignments are also reviewed, although PPV and PPA caution alerts will not prevent a resident from getting an education because of who else may be in their class. Additionally, accommodation can be made by switching classes to ensure each resident is safe.

Interview with Staff Responsible for Risk Screening:

They stated that the risk-screening information is used in making individualized determinations to ensure the resident's safety. They stated they consider the residents' own perceptions of their safety when making decisions. The risk screening tool includes sections for the screener to document their own perceptions of the resident. They stated that they are required to notify the mental health clinician as well as the PCM when a resident is identified to be high risk so that the necessary steps can be taken prior to assigning the resident to housing and future programs, etc.

Interview with Movement Coordinator:

The Movement Coordinator was interviewed, and they stated that prior to assigning a resident to housing and a bed, the risk screening must be completed and approved. Based on the score, a compatibility assessment will be conducted to ensure that each resident is placed in the right housing, cell, and bed. Residents with no concern are placed in the appropriate cell/housing; however, residents identified as PPV and PPA, the agency has a specific criterion mandated by policy to follow. All approvals are made after review by the Deputy Warden, who also serves as the PCM.

What was observed, as part of a systematic review of evidence:

During the tour, the auditor was shown multiple/appropriate cells with a close monitor for residents identified as PPV and PPA. The unique housing arrangement gives the facility the flexibility to place residents in the cells adjacent to and near the correctional staff workstation for continuous monitoring. The auditor was satisfied with the location of the cells.

The auditor reviewed the resident housing assignment, job/work assignment, and program assignment to compare with the list of residents with PPV and PPA alerts for compliance determination. The review shows that the facility has managed to place and distribute each resident with PPV and PPA alert appropriately and across the facility based on the risk needs of each resident, with consideration given to residents mandated to participate in programs, as well as residents deemed to fall under the vulnerable population.

Via informal discussion with the warden, they stated that residents who are identified as vulnerable are treated the same as residents without vulnerability identified.

Via informal conversation with the PCM, they stated that residents with PPV and PPA caution alerts are visible to designated staff with authorization to view in the management system. It is the responsibility of the staff to check each resident being placed in a job that has been determined as an area where there should not be victims and abusers working together. All program and education areas are staffed when in operation. The facility has sufficient camera views, including the classrooms, and all areas/rooms in the kitchen are monitored by cameras with security staff present. Work supervisors would be notified of any potential conflicts when warranted with no specific details.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.42 (c-g)

These provisions are no longer applicable to this audit compliance finding.

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| 115.43 | Protective Custody |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions • PWCC Memo-Restrictive Housing, 30-day reviews (9/9/25) • Records of Housing Assignments of Resident at High Risk of Sexual Victimization • Interview with Warden • Interview with Staff who Supervise Inmates in Segregated Housing • Informal conversation with Resident • Site Review <p>Reasoning and Analysis (by provision):</p> <p>115.43 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>The agency has a policy prohibiting the placement of residents at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.</p> <p>Zero (0) residents at risk of sexual victimization were held in involuntary segregated housing in the past 12 months.</p> <p>The facility provided IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions and PWCC Memo-Restrictive Housing, 30-day reviews date 9/9/25 as evidence.</p> <p>IDOC SOP No.149.01.01.00 V.1.0 (p. 5):</p> <p>The policy states that with Restrictive Housing, PPVs shall not be placed in restrictive housing for protection purposes unless all other options have been considered, and a determination has been made that there is no available alternative means of separation from PPAs.</p> <p>PWCC Memo-Restrictive Housing, 30-day reviews:</p> <p>The memo states that “PWCC did not house any residents at high risk for sexual victimization in involuntary segregated housing for 30-days in the past year for the</p> |

purpose of separating them from potential abusers.”

PWCC did not use involuntary segregated housing in the past 12 months to keep potential residents safe from sexual abuse while awaiting the PREA Screening to verify status and housing.

Documentation Review:

Records of Housing Assignments of Residents at High Risk of Sexual Victimization:

The auditor reviewed the entire resident housing assignment to determine whether a resident was placed in restrictive housing for protective purposes or if the resident was at high risk of victimization. The review showed that no resident was placed in restrictive housing for protective purposes or for residents at high risk for sexual victimization. Also, the facility takes adequate measures to ensure individualized safety needs are considered.

What was heard, as part of a systematic review of evidence:

Interview with Warden:

The warden stated that the agency policy and facility mission prohibit placing residents at high risk for sexual victimization or who have alleged sexual abuse in involuntary restricted housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers.

They stated that the facility has multiple housing units to move a victim instead of placing them in a restrictive housing unit. Even though the facility hasn't had a situation to place a victim in a restrictive housing unit, if they do get a situation without an option, the facility will follow the protocol accordingly without delay and will use the medical housing instead. They stated that the facility may hold the resident in temporary protective custody for less than 24 hours while completing the assessment, and such an assignment must not exceed a period of 30 days. They will document instances and ensure the resident is provided with all privileges, work programs, and allowed to participate in education.

What was observed, as part of a systematic review of evidence:

Site Review:

During the tour, the auditor had an informal conversation with one resident assigned in Restrictive Housing unit, and they stated that they were placed there due to behavior issues and not based on sexual abuse.

In the behavioral unit, the auditor observed that one resident was identified to be highly vulnerable to sexual abuse and made an allegation of sexual abuse prior to the onsite audit within the last 12 months. The allegation was deemed Unfounded as the alleged resident stated that they made up the allegation during the investigation to the Idaho Police department. The resident was on restricted mental health

observation watch with direct observation and supervision from a specialized trained staff. The staff assigned to the resident is the same gender as the resident; they are monitoring and communicating with the resident constantly.

The auditor reviewed the resident's file, and it was noted that the resident was ordered into the behavior unit wing based on other major factors that have nothing to do with sexual abuse or prior allegation or case. The resident was not interviewed by the auditor due to mental health precautions and other safety concerns.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.43 (b)

What was read, as part of a systematic review of evidence:

The standard stated that residents placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions states on page 5 that:

- a. "If the facility cannot determine appropriate housing immediately, the facility may hold the resident in temporary protective custody for less than 24 hours while completing the assessment."
- b. "If the facility places a PPV in restrictive housing, the facility must clearly document the basis for the facility's concern for the resident's safety and the reason why no alternative means of separation can be arranged."

Documentation Review:

The auditor reviewed the specific programs for residents in restricted housing. In-cell AND out-of-cell program, restrict access to programs, privileges, education, or work opportunities. The information reviewed was appropriate and reasonable.

Per the PCM and Warden, each resident will be evaluated and provided with opportunities to participate in programs, education, and work opportunities based on individual needs and case plans warranted when, and if a resident is placed in restricted housing.

What was heard, as part of a systematic review of evidence:

Staff who Supervise Inmates in Segregated Housing:

The staff member stated that the facility will not place a resident in restricted housing

for protection from sexual abuse or after having alleged sexual abuse. The agency policy prohibits that; however, when and if, as a last option, the residents will have access to programs, privileges, education, and work opportunities when warranted. In the event of restrictions, the facility is required to document the reasons for the restrictions. Also, the resident will remain in place only until an alternative means of separation from the likely abuser can be arranged.

Interview with the PREA Compliance Manager:

They stated that no residents have been placed in a restricted housing unit and will not be placed in the housing unit. The facility has multiple housing units to use and will use the medical ward instead of restricted housing. However, as a last option, the facility may hold the resident in temporary protective custody for less than 24 hours while completing the assessment, and such an assignment must not exceed a period of 30 days. They may transfer the likely abusers to another facility, a more suitable facility when warranted.

Resident in Segregated Housing (for risk of sexual victimization/who alleges to have suffered sexual abuse):

There was no resident placed in restricted housing for risk of sexual victimization/who was alleged to have suffered sexual abuse. Therefore, the auditor did not interview any residents under this provision.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.43 (c-e)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

c. Zero (0) residents at risk of sexual victimization were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement.

d. Zero (0) residents at risk of sexual victimization were assigned to involuntary segregated housing in the past 12 months and there were no case files reviewed that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged.

e. If an involuntary segregated housing assignment is made, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.

IDOC SOP No.149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions as policy stated on page 5 that the facility may place such residents in restrictive

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| | <p>housing only until an alternative means of separation from likely abusers can be arranged; such an assignment must not exceed a period of 30 days.</p> <ul style="list-style-type: none"> • Via informal conversation with PCM, a review will be considered prior to 30 days when warranted. <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) • MOU-IDOC & Idaho Sheriff’s Association (ISA) (03/12/2020) • PWCC Memo-Civil Immigration (11/25/2025) • Interview with PREA Compliance Manager • Interview with Random Residents • Interview with Random Sample of Staff • Site Review <p>Reasoning and Analysis (by provision):</p> <p>115.51 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>IDOC Standard Operation Procedure (SOP) No.149.01.01.001 V. 6.0 (p. 10):</p> <p>The policy states that the department provides multiple methods for residents to report sexual abuse, sexual harassment, retaliation by other residents or staff, staff</p> |

neglect, or staff violation of responsibilities that may have contributed to such incidents. The best methods of reporting are:

- Oral report to any staff member
- Written report to any staff member
- Voicemail report to the PREA hotline

When it comes to Confidential Reporting, residents can report sexual abuse or sexual harassment to the Idaho Sheriffs' Association (ISA). Mail to this reporting option may be sent confidentially in accordance with SOP 402.02.01.001, Mail Handling in Correctional Facilities. The resident can request that the ISA remove identifying information and keep the source of the information anonymous.

When it comes to Family and Community Reporting, the department accepts and investigates reports of sexual abuse or sexual harassment made on behalf of a resident. The department website, www.idoc.idaho.gov, provides a telephone number and e-mail address for third party reporting outside of facilities. They are, the Helpline is 1-800-361-6286, and the email option is victimservices@idoc.idaho.gov.

The policy states that Concern Forms and Grievances can be used for reporting sexual abuse, but may result in a slower response. If information received in a concern form or grievance indicates a resident may be at substantial risk for sexual abuse, the process is stopped, and the facility reverts to procedures outlined in section 11 of this SOP.

Via informal conversation with the PREA Compliance Manager, they stated that the Reporting information is posted on all tiers, in the unit rules, and is given at Orientation. Each unit has signs specifically stating how to report.

What was heard, as part of a systematic review of evidence:

Interview with Random Sample of Staff:

Approximately 12 random staff members were interviewed, and they all stated that residents can privately report sexual abuse and sexual harassment, retaliation, etc., to staff, call the Hotline, use the grievance process, consent form, family or friends, and report it to the Idaho Sheriffs' Association.

Interview with Random Residents:

Approximately 13 random residents were interviewed. All 13 residents confirmed that they will report any allegation of sexual abuse or sexual harassment that happened to them or someone else, to staff at the facility, call the hotline, and write to the Idaho Sheriffs' Association. All the residents stated that they are aware and know that they can make a PREA report without giving their name, policy allows them to do that. All 13 residents expressed that they felt safe and knew of the PREA safety postings on the bulletin boards in the housing units, dining hall, and other shared areas.

Interview with PREA Compliance Manager:

They stated that the facility ensures residents can confidentially report abuse to an external, independent entity by providing at least one accessible channel (e.g., toll-free phone line to a crisis center), plus options like sealed mail, secure email, or in-person visits.

They stated that all calls to the outside entity are transcribed back to the facility for review and investigation. Residents are allowed to remain anonymous if the allegation is reported anonymous or request to remain anonymous by the resident.

What was observed, as part of a systematic review of evidence:

Specific site review information for this provision is detailed in PREA standard 115.33.

The auditor observed all signage, including audit notices, on how to report sexual abuse and sexual harassment, and access to outside victim emotional support services. The information provided on signage is readable and accessible, consistent, and placed throughout the facility to convey vital sexual safety information specific to the facility.

Via informal conversation with two (2) residents, they informed the auditor that the PREA posters are not new and have been posted for a long time. They stated that they can make PREA reports using the hotline, verbal, and written, with no issues.

The auditor tested the PREA reporting hotline. The auditor left a message, and within or less than one hour, the auditor's message was forwarded to the facility PREA Compliance Manager, and the auditor was provided with the transcript of the call as well as the voice message left by the auditor.

The auditor noted that the PREA hotline requires the use of a resident pin to make a PREA report. The auditor advised the facility Warden, PREA Compliance Manager, and the Statewide Quality Control Manager that using the pin to make a PREA call is a big concern that needs to be addressed. The Statewide Quality Control Manager had a meeting with the vendor responsible for the telephone to change/remove the pen access to allow residents to make calls without using a pin. The issue was fixed as discussed with a toll-free access with no pin access.

Via information conversation with Staff who work or process mail. They stated that all letters addressed to the Idaho Sheriffs' Association, Family Service Alliance, and Idaho Crisis & Suicide (ICSH) are handled in the same manner as legal mail. The mail will be opened or screened. When the mail is received from the Idaho Sheriffs' Association, the resident will be called, and the mail will be opened in front of the resident to ensure that no contraband is in the mail, and the content of the mail will not be read by the staff.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.51 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

Page 10 of IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination policy states that when it comes to Confidential Reporting, residents can report sexual abuse or sexual harassment to the Idaho Sheriffs' Association (ISA).

The agency has an MOU with the Idaho Sheriffs' Association to render these services. The facility provided the MOU between IDOC and ISA as evidence. In the MOU, confidentiality is addressed specifically when addressing reporting allegations.

The agency does not detain residents solely for civil immigration purposes. This was confirmed via a formal interview with Warden, PCM, and Agency Head or Designee. The facility provided a memo to support this contention.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.51 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff are required to document verbal reports immediately.

Page 11 of IDOC Standard Operation Procedure (SOP) No.149.01.01.001 V. 6.0 policy states that "all staff will accept verbal, in writing, anonymous, and from a third-party report of sexual abuse and sexual harassment and they must report the allegation immediately." Upon receiving the report, "the reporting staff, contractor, or volunteer must write an incident report before leaving the facility and forward it to the shift commander." The policy further states that any staff member, contractor, or volunteer found to have failed to report is subject to disciplinary or other appropriate action.

What was heard, as part of a systematic review of evidence:

Interview with Random Sample of Staff:

All 12 staff members confirmed that the policy allows them to accept allegations of sexual harassment and sexual abuse verbally, in writing, anonymously, and from a third party. They stated that they will report the allegation to their shift commander and document the allegation via an incident report.

Interview with Random Residents:

All 13 residents interviewed confirmed that they can make reports of sexual abuse or sexual harassment either in person or in writing. They all stated that they will make the report to the staff and the PREA Compliance Manager.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.51 (d)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents.

Page 11 of IDOC Standard Operation Procedure (SOP) No.149.01.01.001 V. 6.0 policy states that "staff, contractors and volunteers may privately report sexual abuse or sexual harassment using these options. The Helpline is 1-800-361-6286. The email option is victimservices@idoc.idaho.gov. The Helpline is managed by the Special Investigations Unit. The email is managed by the PREA coordinator."

Staff are informed of these procedures via policy, onboarding PREA training, annual in-service, and the quarterly refresher training.

What was heard, as part of a systematic review of evidence:

Interview with Random Staff:

All 12 staff members interviewed, they all stated that they can privately report sexual abuse or sexual harassment via the Helpline and email address provided. They are aware of the process.

What was observed, as part of a systematic review of evidence:

Via informal conversation with the shift commander, they stated that the helpline can be accessed via facility telephone and personal cell phone. Email can also be accessed on the IDOC email on the computer and via personal email.

Via informal conversation with the Statewide Quality Control Manager, they confirmed that all allegations reported by staff are forwarded to their office for tracking and investigation based on the nature of the allegation.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

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| 115.52 | Exhaustion of administrative remedies |
| | <p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 344 1219 378">Evidence relied upon in making Compliance Determinations:</p> <ul data-bbox="331 445 1422 893" style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) • IDOC SOP No. 316.02.01.001 V.4.0 Grievance and Informal Resolution Procedure for Offenders • IDOC Grievance Transmittal Form • IDOC SOP No. 318.02.01.001 V.6.0 Disciplinary Procedures for Inmates • Review of Grievance Report Submitted by Resident • Review Resident Disciplinary Records • Interview Staff Responsible for Handling Grievance • Informal Conversation <p data-bbox="256 938 879 972">Reasoning and Analysis (by provision):</p> <p data-bbox="256 1016 408 1050">115.52 (a)</p> <p data-bbox="256 1084 1203 1117">What was read, as part of a systematic review of evidence:</p> <p data-bbox="256 1151 560 1184">PWCC PAQ indicated:</p> <p data-bbox="256 1229 1406 1296">The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <ul data-bbox="331 1364 1326 1442" style="list-style-type: none"> • The facility provided IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination as evidence. <p data-bbox="256 1487 847 1520">IDOC SOP No.149.01.01.001 V. 6.0 (p.11):</p> <p data-bbox="256 1554 1469 1711">The policy states that residents can use the grievance process to report sexual abuse allegations. If information received on the grievance indicates a resident may be at substantial risk for sexual abuse, the process is stopped, and the facility reverts to procedures outlined in section 11 of this SOP.</p> <p data-bbox="256 1756 1469 1823">The following guidelines apply to any grievance that pertains to sexual abuse or staff sexual misconduct:</p> <ol data-bbox="320 1901 1422 2058" style="list-style-type: none"> 1. Time limits for filing a grievance do not apply to sexual abuse-specific elements but may be applied to unrelated concerns contained in the same grievance. 2. The three-grievance limit does not apply. |

3. Informal resolution is not required.
4. Grievance coordinators must not reject a grievance or allegation of sexual abuse.
5. The grievance should be confidential and may be submitted to the facility head, PREA compliance manager, or PREA coordinator for review and appropriate referral. It should not be submitted or referred to the subject of the investigation.
6. A final decision on the merits of any portion of a grievance is required within 90 days of receiving the grievance. Computation for the 90-day time period does not include time consumed by the resident in preparing an appeal. An extension may be granted based on normal grievance procedures. "If an extension is granted, notify the resident in writing and provide a date when the final decision will be made.
7. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, can assist the residents in submitting the grievance.
8. Third parties may submit such allegations on behalf of a resident. Third parties are not required to use the standard grievance form when submitting a PREA grievance.
9. If the alleged victim denies the allegation, declines to participate, and there is no evidence to support it, the allegation will be deemed unfounded and closed.
10. If it is determined that the resident submitted a sexual-abuse-related grievance containing false allegations, disciplinary action may be taken in accordance with SOP 318.02.01.001, Disciplinary Procedures for Residents.

Documentation Review:

IDOC Grievance Transmittal Form:

Facility provided IDOC Grievance Transmittal Form for review. The form is very simple and straight to the point. The form allows residents to submit issues and concerns; there is an option for the resident to write in the body of the grievance for allegations of sexual abuse and sexual harassment.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.52 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

Page 11 of IDOC SOP No.149.01.01.001 V. 6.0 states that, "time limits for filing a grievance do not apply to sexual abuse specific elements but may be applied to unrelated concerns contained in the same grievance."

Agency policy doesn't require a resident to use an informal grievance process or otherwise attempt to resolve with staff an alleged incident of sexual abuse. However, the agency has a policy that outlines the steps the facility will take when an allegation is submitted on the "concern form."

Page 11 of IDOC SOP No.149.01.01.001 V.6.0 states that informal resolutions are not required; residents can use the concern form to report a sexual abuse allegation. "Any concern form alleging sexual abuse should be kept confidential and may be submitted to the facility head, PREA compliance manager, PREA coordinator, or any staff member, including central office staff. It should not be submitted or referred to the subject of the allegation."

Via informal conversation with the PREA Compliance Manager, they confirmed that the agency and facility refrain from requiring residents to use the informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.52 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident's grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

Page 11 of IDOC SOP No.149.01.01.001 V. 6.0 states specifically that, allegation of sexual abuse received via the grievance process should not be submitted or referred to the subject of the allegation."

What was heard, as part of a systematic review of evidence:

Interview Staff Responsible for Handling Grievance:

They stated that all PREA grievances are submitted immediately to the PREA Compliance Manager for investigation. No resident is required to use the informal complaint process to resolve their allegation when it comes to sexual abuse. Also, no grievance will be submitted to the staff mentioned in the complaint.

Via informal conversation, the PREA Compliance manager stated that an investigation will be initiated immediately upon receipt of a sexual abuse allegation via the grievance process, and no grievance will be submitted to the staff in question.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.52 (d)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency's policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.

Page 11 of IDOC SOP No.149.01.01.001 V. 6.0 states that "a final decision on the merits of any portion of a grievance is required within 90 days of receiving the grievance."

One (1) grievance was filed in the past 12 months alleging sexual abuse, and one (1) grievance reached a final decision within 90 days after being filed in the past 12 months.

There was zero (0) grievance extension in the past 12 months because a final decision was not reached within 90 days. The agency always notifies a resident in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Page 11 of IDOC SOP No.149.01.01.001 V. 6.0 states that "computation for the 90-day time period does not include time consumed by the resident in preparing an appeal. An extension may be granted based on normal grievance procedures. If an extension is granted, notify the resident in writing and provide a date when the final decision will be made."

Documentation Review:

Review of Grievance Report Submitted by Resident:

The auditor reviewed allegations made via the grievance process within the past 12 months prior to the onsite audit. Based on the review, it was evident that the allegation was submitted to the facility investigator for investigation. The allegation was deemed Unsubstantiated based on the preponderance of evidence. The final decision was reached within 30 days from the time the allegation was reported. Further review shows the resident was notified of the disposition of the allegation made via the grievance process.

The resident was no longer at the facility during the onsite audit, and based on that,

the auditor was unable to interview the resident.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.52 (e)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.

Page 11 of IDOC SOP No.149.01.01.001 V. 6.0 states that third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, can assist the resident submitting the grievance, and may submit such allegations on behalf of a resident. Third parties are not required to use the standard grievance form when submitting a PREA grievance.

Agency policy and procedure require that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.

There was zero (0) grievance filed by residents in the past 12 months alleging sexual abuse filed in which the resident declined third-party assistance.

The facility provided IDOC SOP No. 316.02.01.001 V.4.0 Grievance and Informal Resolution Procedure for Offenders as evidence.

Page 19 of the policy states that the grievance coordinator will enter grievance information into the Corrections Integrated System, and records will be maintained for five (5) years as identified in the facility field memorandum.

If the alleged victim denies the allegation, declines to participate, and there is no evidence to support it, the allegation will be deemed unfounded and closed.”

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.52 (f)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

There are zero (0) emergency grievances filed in the past 12 months alleging a substantial risk of imminent sexual abuse. And zero (0) of grievance had an initial response within 48 hours.

The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

There are zero (0) emergency grievances filed in the past 12 months alleging substantial risk of imminent sexual abuse that reached final decisions within 5 days.

According to IDOC, after receiving an emergency grievance alleging the resident is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance to a level of review at which immediate corrective action may be taken, including investigating the grievance. The specific process is outlined in IDOC SOP No.149.01.01.001 V. 6.0 (p.12-13), and the facility submitted the IDOC Sexual Abuse or Contact checklist form to support the requirement.

The Shift Command is mandated by policy to complete the IDOC Sexual Abuse or Contact checklist. The form provides and allows the Shift Commander to complete/document the who, what, when, how, and additional comments when necessary.

Via informal conversation with the PREA Compliance Manager, they stated that some emergency grievances will require the activation of the PWCC Sexual Abuse Response Plan and in some cases, may not warrant the activation; all emergency grievances will be reviewed and investigated. This is triage within 24 hours from the time the emergency grievance is received. They stated that they will meet with a resident who filed the claim immediately, and responses will be provided nothing exceeding five (5) days.

Documentation Review:

There was no emergency grievance filed within the past 12 months pursuant to this standard.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.52 (g)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

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| | <p>The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.</p> <ul style="list-style-type: none"> • IDOC SOP No. 318.02.01.001 V.6.0 Disciplinary Procedures for Residents was provided as evidence. The facility policy has limitations on discipline for Residents who are determined to have filed a grievance in bad faith. <p>There are zero (0) grievances received in the past 12 months alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith. This was verified via the informal conversation and review of the disciplinary record for” Class B, false statement.”</p> <p>Via informal conversation with the Warden, they stated that no resident will be disciplined even when the allegation is deemed Unfounded.</p> <p>Via informal conversation with the PREA Compliance Manager, they stated that all disciplinary processes require approval, and no residents will be disciplined when a report of bad faith is made.</p> <p>Via informal conversation with the facility investigator, they stated that the preponderance of evidence must be higher and supports bad faith reporting; even with that, the residents will not be disciplined.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.53 | Inmate access to outside confidential support services |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • MOU with Family Service Alliance (FSA) • MOU with Just Detention International (JDI) • Interview with Random Residents • Interview with Residents who Reported Sexual Abuse • Interview with Family Service Alliance (FSA) Emotional Support Agency • Interview with Idaho Crisis and Suicide Hotline (ICSH) • Site Review |

Reasoning and Analysis (by provision):

115.53 (a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse.

1. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations.
2. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes.
 1. Pocatello Women Correctional Center does not house residents on immigration violation.
3. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.

The facility provided IDOC SOP No.149.01.01.001 V.6.0 Prison Rape Elimination, MOU with Just Detention International, MOU with Family Service Alliance, and End the Silence pamphlet in English and Spanish as evidence.

Page 22 of IDOC SOP No.149.01.01.001 V.6.0 policy states that with confidential support services, “residents are provided with access to outside victim advocates for emotional support services related to sexual abuse. The department allows reasonable communication between these individuals and support organizations in as confidential a manner as possible.” Rape crisis centers in five Idaho regions provide victim advocate support for residents during and after a forensic exam. Residents in facilities where local victim advocate support is available receive training on the services available and how to access those services.

a. IDOC has an MOU with Just Detention International (JDI). The review shows that IDOC maintains an MOU with JDI. JDI provides emotional support services related to sexual abuse. Mail to and from JDI is monitored for contraband and items that might threaten the safety of the recipient in accordance with SOP 402.02.01.001, Mail Handling in Correctional Facilities. JDI is required to report information that would impact the safety or security of any IDOC facility or the lives of staff or residents.

b. PWCC has an MOU with Family Service Alliance (FSA), The review shows that PWCC maintains an MOU with Family Service Alliance (FSA) that is in Pocatello, ID, approximately 2 miles away from the facility. The Agency’s employees are considered professional visitors status, allowing for confidential communication, and

all mail communication to and from FSA are treated as legal mail.

c. Free Service from Idaho Crisis and Suicide Hotline. PWCC has a free professional agreement with the Idaho Crisis and Suicide Hotline (ICSH). This is another agency that provides local emotional support service to the residents at PWCC; however, the facility has no MOU with the service provider, as this service is free and paid by the state of Idaho.

What was heard, as part of a systematic review of evidence:

Interview with Random Residents:

All 13 random residents stated that they are aware of services available to them outside of the facility for dealing with sexual abuse. They are aware of the counseling services, but not aware of other additional services provided by the service provider. They stated that they know they can write to them, call them, and speak to them confidentially. They acknowledged being told of the services during the peer-to-peer PREA education, but have they had no reason to seek services with the outsider provider. They all stated that the facility's medical and mental health clinicians are good at dealing with their concerns.

Interview with Residents who Reported Sexual Abuse:

Two residents were interviewed, and they all stated that after reporting allegations of sexual abuse, they were offered to speak with either the clinician at the facility or someone from the ICSH and the FSA, but they declined the service. They stated that they were provided with the mailing address and phone number that were on the PREA pamphlet. They stated that they know all conversations are private and confidential. They stated that they decided to speak with someone at the facility.

Interview with Family Service Alliance:

Via formal conversation with the branch manager, they stated that the Family Service Alliance (FSA) provides services for crisis intervention, hospital accompaniment, criminal justice advocacy, support groups, and long-term individual advocacy. They stated that their main office is 2 miles away from the PWCC and they can provide in-person services when warranted.

Interview with Idaho Crisis and Suicide Hotline (ICSH):

Via Interview with the service provider, they stated that they provide various services to the female residents and people in Idaho. All communication with them is confidential. They stated that their phones are not monitored as they are toll-free (*988). They stated that they have not received a request in the last 12 months for emotional support for sexual abuse; however, they have received phone calls for other services.

What was observed, as part of a systematic review of evidence:

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.53 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The facility informs residents, prior to giving them access to outside support services, the extent to which such communications will be monitored; the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

The facility provides residents with the English and Spanish versions of the End The Silence pamphlet, which contains all the information outlined in this provision. The End the Silence pamphlet contains information on emotional support services, address, and telephone number.

All residents are informed of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates during the Peer-to-Peer PREA education. Residents also confirmed they understood communication with mental health staff would be confidential unless there was a danger to themselves or another person.

What was observed, as part of a systematic review of evidence:

Detailed information of the site visit review is outlined in PREA standard 115.21, and 115.33.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.53 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency or facility maintains a memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The agency or facility maintains copies of those agreements.

PWCC maintains an MOU with Family Service Alliance (FSA) and Just Detention International (JDI). The auditor reviewed copies of the agreement between the facility and the community organizations. The facility maintains a productive working relationship with all two organizations, coordinating victim advocacy services through

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| | <p>communications.</p> <p>Family Service Alliance (FSA) is noted to provide services for crisis intervention, hospital accompaniment, criminal justice advocacy, support groups, and long-term individual advocacy. The organization is about 2 miles away from the facility, and they can provide in-person services when warranted.</p> <p>The MOU between IDOC-PWCC and FSA, and IDOC and JDI were noted to have expired, and the renewal was submitted for approval. Via a formal interview with the Branch supervisor of FSA, they stated that they will still provide services to PWCC even if the MOU is not renewed on time.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.54 | Third-party reporting |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (p.11) • IDOC PREA Signage • IDOC Website (Reporting Information) • Site Review <p>Reasoning and Analysis (by provision):</p> <p>115.54 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates.</p> <p>IDOC has developed a mechanism for individuals who want to report PREA concerns as a third party; they can follow the protocol outlined in the policy and on the</p> |

website. The policy states that “the department accepts and investigates reports of sexual abuse or sexual harassment made on behalf of a resident. The department website, www.idoc.idaho.gov, provides a telephone number and e-mail address for third party reporting outside of facilities. The Helpline is 1-800-361-6286. The email option is victimservices@idoc.idaho.gov. The Helpline and email are checked during normal business hours.”

Via formal conversation with the PREA Compliance Manager, they stated that “reporting options are available via the agency website, and signs are posted advising of reporting options in the facility lobby and in the visiting room.

The facility phones allow residents to dial out to the advocates free of charge.

The agency allows third parties, including other offenders, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and they are also permitted to file such requests on behalf of residents.

If a third-party files such a request on behalf of a resident, the alleged victim must agree to have the request filed on their behalf as a condition of processing the request. The alleged victim will also be required to personally pursue any subsequent steps in the administrative remedy process. However, if the resident declines to have the request processed on their behalf, facility staff will document the resident’s decision.

Signage in the facility and information in the inmate handbook, PREA pamphlet, and on the website supported informing individuals about third-party reporting.

There was no allegation reported via a third-party during the audit period at PWCC.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

| 115.61 | Staff and agency reporting duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination • Idaho State Law Definition of Elder/Vulnerable Adults • Review of Investigation Reports |

- Interview with Warden or Designee
- Interview with PREA Compliance Manager
- Interview with PREA Coordinator
- Interview with Random Staff

Site Review:

Reasoning and Analysis (by provision):

115.61 (a-b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

a. The agency requires all staff to report immediately and according to agency policy:

- any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
- any retaliation against residents or staff who reported such an incident;
- any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

The facility provided IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination as evidence. Pages 11-13 state that “all staff, volunteers, and contractors must immediately report orally and in writing any knowledge, suspicion, or information received from any source regarding an allegation or incident of sexual abuse and sexual harassment to the shift commander.”

Page 13 of IDOC SOP No.149.01.01.001 V. 6.0 policy states that “any staff member, contractor, or volunteer found to have failed to report sexual abuse or sexual harassment of a resident, retaliation by other residents or staff, staff neglect, or staff violation of responsibilities that may have contributed to such incidents, is subject to disciplinary or other appropriate action, up to and including termination.” Volunteers and contractors may be denied access to the facility for failure to report.

b. Apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

Page 12 of IDOC SOP No.149.01.01.001 V.6.0 policy states that “staff, volunteers, and contractors must keep the report and its contents confidential, except as necessary to facilitate investigation of the allegation and administrative or criminal proceedings.”

What was heard, as part of a systematic review of evidence:

Interview with Random Staff:

12 random staff members were interviewed. They all stated that the PREA policy mandates and requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

They all stated that they will report it to the Shift commander and will document the incident on the incident report. They will only share the information with the mandatory staff at the facility or investigating staff, and they will keep the information confidential. The auditor asked what if the incident involved their supervisor. Ten (10) staff members shared that if the incident involves their immediate supervisor, they will report the incident to the Deputy Warden, who is also the PREA Compliance Manager, via email and phone. Two staff members added that they will probably use the Helpline instead, as the call can be made via personal phone to be safe, and will follow up with an email to the PREA Compliance Manager.

What was observed, as part of a systematic review of evidence

Site Review:

The auditor dialed the Helpline using the facility phone and business cell phone to test if the number was working. There was no issue discovered from the test, and the auditor did not leave a message.

Via informal conversation with PCM and Statewide Quality Control Manager, they stated that the Helpline is managed by the Special Investigations Unit for transparency and prompt investigation. And the email address is managed by the PREA Coordinator. They both shared that having this set up helps amplify the confidentiality and confidence in staff to make reports when they see or hear something.

Via informal conversation with the PCM, they stated that staff do not have to report the allegation to the PREA Unit; they can report it directly to the SIU team.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.61 (c-e)

What was read, as part of a systematic review of evidence:

c. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Page 21 of IDOC SOP No.149.01.01.001 V.6.0 policy states that when it comes to

confidentiality and mandatory reporting, information gathered in the mental health assessment must be managed according to laws and policies regarding confidentiality of protected health information. "All staff and contractors, including medical and mental health professionals, are required to report immediately in-custody sexual abuse. State law requires agencies notify the Idaho Department of Health and Welfare of any reported abuse involving a juvenile or vulnerable adult."

Idaho State Law Definition of Elder/Vulnerable Adults:

In Idaho, a vulnerable adult is generally defined as any person 18 years of age or older who is unable to protect themselves from abuse, neglect, or exploitation due to physical or mental impairment. They are individuals whose ability to perform normal activities of daily living or to provide for their own care or protection is impaired. According to Idaho State Statute Title 39 Chapter 53, a "Vulnerable adult" means an adult who is unable to protect himself from maltreatment because of:

- A mental, physical, or developmental disability;
- A degenerative brain disease;
- An inability to communicate or implement decisions regarding his person; or
- Other infirmities of aging in an older adult.

d. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

e. The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

The facility does not house youthful residents. A memo was provided by the facility stating that the facility will report the allegation to the designated State or local services agency under applicable mandatory reporting laws if the victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute.

The auditor discovered via Idaho State Law that, in Idaho, all adults, not just professionals, are mandatory reporters required by law to immediately report suspected child abuse, abandonment, or neglect to authorities. Reports must be made to the Idaho Department of Health and Welfare or local law enforcement within 24 hours of having reasonable cause to believe a child is in danger.

Review of Investigation Reports:

The auditor reviewed all the investigation reports; no investigation met this standard. There was no record discovered that shows that a youthful resident or a vulnerable adult was abused while housed at the facility.

What was heard, as part of a systematic review of evidence:

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| | <p>Interview with Warden or Designee:</p> <p>Via formal conversation, the Warden stated that they do not house youthful residents. However, if a vulnerable adult suffers abuse, they have the obligation and responsibility to protect them, request an investigation, and they will follow the state law by making notifications to the appropriate authority. They will make the notification both in writing and by calling the entity. They will submit all reports to their immediate supervisor as well.</p> <p>They again stated that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators, Special Investigation Unit, and Idaho State Police when deemed as criminal allegations.</p> <p>Interview with PREA Coordinator:</p> <p>The Statewide Quality Control Manager was interviewed in lieu of the PREA Compliance Manager. They stated that their office will gather the necessary information and report the allegation to the designated jurisdiction where the incident was alleged to have occurred, and they will follow up with a written notification. Also, they will notify the SIU team and the Idaho State Police, who have jurisdiction to investigate the incident reported.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.62 | Agency protection duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination • IDOC Peace Officer Standards & Training-PREA Preservice Training • IDOC PREA Inservice In person Training Slide • Interview with Agency Head • Interview with Warden or Designee • Interview with Random Staff • Site Review <p>Reasoning and Analysis (by provision):</p> |

115.62 (a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The facility provided IDOC SOP No.149.01.01.001 V. 6.0 as evidence.

In the past 12 months, there were zero (0) reported incidents where the facility determined that a resident was subject to a substantial risk of imminent sexual abuse. The facility provided a memo as evidence. The memo states that “no incidents have occurred or warranted this facility to take action regarding a substantial risk of imminent sexual abuse towards a resident. If such a case were to arise, the facility response would include immediately removing the resident from harm, evaluating the situation, and determining which housing assignment would work to ensure continued safety.

Page 12 of IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination policy states that when the department learns that a resident is at risk of imminent sexual abuse, immediate action is required by the shift commander to protect them. The policy outlines the steps the agency requires staff to follow in the event the facility learns the Resident is subject to a substantial risk of imminent sexual abuse. All IDOC staff are trained via the IDOC Peace Officer Standards & Training-PREA Preservice Training and IDOC PREA in-service in-person training slide on immediate response to circumstances placing a resident at immediate risk of sexual abuse, including action to protect the resident in danger.

The facility coordinated action plans instructing staff to immediately respond and separate the abuser from the victim.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head:

Via formal interview, they stated that the facility takes immediate action to separate the residents from the risk and investigates to see if any abuse occurred. When IDOC launched its new offender management system Atlas in 2022, the system included more specific PREA potential victim and potential abuser flags to enhance protection.

Interview with Warden or Designee:

The warden stated that the victim will be removed immediately, and if the alleged abuser can be identified, they will make sure they secure that person in another building pending the outcome of the investigation. They stated that the facility has multiple housing units that they can use to ensure that there is no contact between the victim and abuser. They will ensure that the victim is seen by the clinician for a

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| | <p>follow-up. They will ensure that this issue is investigated.</p> <p>Interview with Random Staff:</p> <p>All 12 random staff stated that they would separate the alleged victim from the environment, and they would call or report the incident to the Shift commander. They will document the incident in the incident report. All stated that they are not trained to investigate allegations of Sexual Abuse, and they will only ask the basic questions, who, what, when, and how, so that they can pass that information on to the supervisor as well as use the same information for the incident report.</p> <p>What was observed, as part of a systematic review of evidence</p> <p>Site Review:</p> <p>The auditor observed during the tour that the facility has multiple housing units that, when the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it will take immediate action to protect the resident and reasonably house the alleged victim with no contact with the alleged perpetrator.</p> <p>Via informal conversation with the Warden and PREA Compliance, they stated that IDOC has a policy that mandates staff be held accountable if proven to be the staff posing a threat of sexual abuse to the alleged victim. They confirmed that in the event a staff member was alleged to have sexually abused or sexually harassed a resident, the staff member would be removed from the premises and suspended immediately.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.63 | Reporting to other confinement facilities |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination (revised 01/21/2021) • Samples of 105 Incident Notification Report • Interview with Agency Head • Interview with Warden or Designee |

Reasoning and Analysis (by provision):

115.63 (a-b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

a. The agency has a policy requiring that, upon receiving an allegation that an resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.

IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination is the designated policy for this provision. The policy states that if a resident reports being sexually abused while confined in another facility, either within or outside IDOC's jurisdiction, the shift commander must report the information directly to the facility head. The facility head will notify the agency or facility head where the alleged abuse occurred. All notifications must be made within 72 hours and copied to the PREA coordinator. The PREA coordinator will log and file notifications in the PREA folder.

The facility received one (1) allegation that a resident was abused while confined at another facility during the past 12 months. The allegation was disclosed at PWCC on 11/03/2025. The investigator interviewed the alleged victim the same day. A summary report was provided, and the investigating team at PWCC contacted SICI the same day at 20:13 hours to report the allegation.

Also, according to the facility memo dated 12/1/2025, the facility indicated that, "in the case that this facility receives an allegation that a resident was abused while confined at another facility the resident is interviewed and a PREA Checklist and a 105 Report are completed. Investigations will contact the other IDOC facility's investigators or county jail investigators, as well as contacting the PREA Compliance Coordinator for further information if it has already been reported and/or if those facilities are unable to provide the information. Those facilities conduct their own investigation, assisted by investigators from PWCC."

b. Agency policy requires that the facility head provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

The review of the report shows that the allegation team reported within 24 hours of receipt to the entity where the incident happened. Via informal conversations with the Deputy Warden, aka PCM, stated that they do notify the facility where the incidents happen. They stated that internal notifications often take the quickest path from investigations to investigations as this internal notification; however, external notification required few specific approaches, such as a point of contact to the appropriate email address to send the notification to.

Finding:

Based on this analysis, the facility is substantially compliant with this

standard. No corrective action is required.

115.63 (c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.

IDOC policy mandates staff to document the incidents received and actions taken via the incident report module. PWCC provided multiple samples of reports as evidence to support the provision that notifications are made within 24 hours, not exceeding 72 hours.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.63 (d)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The facility received one (1) allegation that a resident was abused while housed at PWCC during the past 12 months.

Page 12 of IDOC SOP No.149.01.01.001 V. 6.0 states that sexual abuse and sexual harassment are considered a major incident and require immediate response in accordance with SOP 105.02.01.001.

The facility provided one sample of an allegation received from another facility another that a resident was sexually abused. The facility investigation team reviewed the allegation and discovered that the allegation was already investigated, and the disposition was rendered to the said resident. The sample record contains all the specific actions taken regarding this case.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head:

They stated that within IDOC facilities, investigators usually contact the other facility directly to move as quickly as possible to resolve any reports within the agency. Outside agencies usually report to the PREA coordinator. The coordinator forwards the allegation to the appropriate facility unless the case was already investigated.

For cases with currently incarcerated individuals, an interview is completed to ensure safety and begin the fact-gathering process. If a resident reports being sexually abused while confined in another facility, either within or outside IDOC's jurisdiction,

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| | <p>the shift commander must report the information directly to the facility head. The facility head will notify the agency or facility head where the alleged abuse occurred. The PREA coordinator can and often notifies other facilities or agencies of these allegations.</p> <p>The agency attempts to investigate any cases not previously investigated and review to see if there is any new information that assists in solving cases already investigated.</p> <p>Interview with Warden or Designee:</p> <p>Via formal conversations, the warden stated that when a resident alleged abuse at the previous facility, a notification would be sent to the facility immediately, within 24 hours. This will be done in writing, and the Deputy Warden and Intel handle that notification.</p> <p>All allegations received that a resident was sexually abused while incarcerated at PWCC will be investigated as soon as possible.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination • Completed Sexual Abuse or Contac Checklist • IDOC PREA First Responder Duties Card • Interview with Security Staff and Non-Security Staff First Responders • Interview with Resident who Reported Sexual Abuse <p>Reasoning and Analysis (by provision):</p> <p>115.64 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> |

The agency has a first responder policy for allegations of sexual abuse.

IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination policy is the designated policy that mandates and sets forth the expectations for staff who are first on the scene of a reported sexual assault.

Page 13 of the policy states, "First Responder," when the department receives an allegation that a resident was sexually abused, the first staff member to respond must:

- Separate the alleged victim and abuser, if they have not already been separated.
- Immediately contact the shift commander.
- Preserve and protect any crime scene until evidence is collected.
- Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating if the abuse occurred within five calendar days.
- 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, drinking, or eating if the abuse occurred within five calendar days.
- If the first staff responder is not a security staff member, request that the alleged victim take no actions that could destroy physical evidence and notify security staff.

The facility reported 26 allegations of sexual abuse within the past 12 months. Upon further review by the auditor, only two (2) sexual abuse allegations met the criteria that warranted a forensic examination; however, no first responder plan was activated.

The two allegations were reported by the same resident. One allegation met the time frame, which allowed the facility to collect physical evidence; however, the other allegation was outside the timeframe to allow the facility to collect physical evidence.

IDOC PREA First Responder Duties Card:

IDOC provides this first responder card to all staff, including contractors. The card has two sides, one side is for PREA first responder duties and the other is for PREA reporting. The cards stay with the IDOC employee ID for easy accessibility in case of emergency. The card contains the same elements outlined in the policy regarding duties and responsibilities, and it reinforces the expectations of staff.

Documentation Review:

Completed Sexual Abuse or Contact Checklist

The auditor reviewed the completed sexual abuse and contact checklist form to determine if the facility followed its own protocol. The auditor observed that the

facility followed the uniform evidence protocol for securing physical evidence. The was referred to the Idaho State Police for investigation. The evidence was submitted to the hospital as evidence.

What was heard, as part of a systematic review of evidence:

Interview with Inmates who Reported Sexual Abuse:

No interview was conducted. The auditor was unable to interview the alleged victim in question, who made the allegation of sexual abuse, due to health and safety reasons. The resident was in the behavior unit observation and was required to be monitored by staff. Via conversation with facility leadership, it was unsafe to attempt to interview the resident.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.64 (b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. The policy requires that if the first staff responder is not a security staff member, that responder shall be required to notify security staff. All the mandated elements are listed in the policy and reinforced by the IDOC PREA First Responder Duties Card.

The facility reported that 10 allegations of sexual abuse were made in the past 12 months, and a non-security staff member was the first responder. The auditors reviewed all 10 allegations, and it was discovered that the allegations were reported to non-security staff; however, none of the allegations meets the criteria for evidence collection or forensic examination. The non-security staff notified security immediately when the reports were made to them in accordance with policy.

What was heard, as part of a systematic review of evidence:

Interview with Security Staff and Non-Security Staff First Responders:

Via formal interview with non-security staff, including an administrative assistant, case manager, and medical staff, confirmed they knew how to protect evidence and act as a first responder.

The facility did not have any staff available who had acted as a first responder to a case of sexual abuse in the past 12 months; However, all 12 random staff members interviewed confirmed their obligation and responsibility as first responders.

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| | <p>Reviews from PREA 115.31 and interviews with staff support the idea that the Idaho Department of Corrections trains all facility staff on the expectations of first responders. Non-security staff and contracted staff receive the same training that IDOC staff attend annually. Training records and their ability to state the first responder's duties support an understanding of how to protect the inmate and the evidence. No non-security staff member has to respond to a sexual assault allegation.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.65 | Coordinated response |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • PWCC FM No 149.01.01.001 PREA (aka Coordinated Response Plan) • IDOC Sexual Abuse or Contract Checklist • IDOC PREA First Responder Duties Card • Interview with Warden or Designee <p>Reasoning and Analysis (by provision):</p> <p>115.65 (a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>The facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The facility provided PWCC FM No 149.01.01.001 PREA as evidence. This is the facility-specific Coordinated Response Plan. This plan is reviewed each year and approved by the warden of the facility.</p> <p>Pocatello Women Correctional Center has a facility-specific plan that instructs to separate the victim and abuser, notification to supervisor, and seek immediate medical assistance if necessary. The plan also includes securing the scene and ensuring the victim or abuser does not wash, brush teeth, use the restroom, etc.</p> <p>The response plan also encourages staff to be observant of the resident's demeanor.</p> |

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| | <p>The plan covers the staff responsibilities as first responders as it pertains to coordinating the action of obtaining assistance from medical, mental health, and investigators. The plan directly instructs the first responder to await the response of the SIU and the Idaho State Police while the scene is being protected. The plan allows the staff to document exact times when the appropriate personnel, law enforcement, and victim services were contacted. All the mandated elements are listed in the response plan and reinforced by the IDOC PREA First Responder Duties Card.</p> <p>The IDOC Sexual Abuse or Contract Checklist is used in conjunction with the response plan. The form mandates the Shift Commander to complete each applicable line and submit all completed sections. The step-by-step checklist provides staff with direction during the crisis and allows for a thorough and consistent response to a sexual assault incident.</p> <p>What was heard, as part of a systematic review of evidence:</p> <p>Interview with Warden or Designee:</p> <p>Via formal conversation, the warden confirmed that the facility has a response plan that is reviewed by the warden each year to ensure information is up to date and accurate. The warden stated that any changes to the plan are communicated to the staff affected.</p> <p>The auditor had informal conversations with various staff in specialized roles who confirmed knowledge of the plan and how their respective jobs have a role in the facility's response to incidents of sexual abuse.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Evidence relied upon in making Compliance determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC Memo- Collective Bargaining from PREA Coordinator • Interview with Agency Head • Informal Conversation <p>Reasoning and Analysis (by provision):</p> |

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| 115.66 (a) | <p>What was read, as part of a systematic review of evidence:</p> <p>According to the IDOC Memo- Collective Bargaining from PREA Coordinator, the Idaho Department of Corrections is not obligated by any collective bargaining agreements or other agreements that limit the agency’s ability to remove alleged staff sexual abusers from contact with residents pending the outcome of investigations.</p> <p>What was heard, as part of a systematic review of evidence</p> <p>Interview with Agency Head:</p> <p>Via a formal interview, they stated that IDOC does not have such an agreement. IDOC is able to male appropriate staffing changes as needed and either move a staff member temporarily or remove them on paid administrative leave during the course of an investigation.</p> <p>Via informal conversation with the Warden, they confirmed they have the ability to remove any individual’s access from the institution, including staff, contractors, and volunteers, when warranted.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination • Documentation of Any Protective Measures Taken • Review of completed IDOC PREA Retaliation Monitoring Form • Review of Investigation Reports • IDOC PREA Retaliation Monitoring Form • Interview with Agency Head • Interview with Warden or Designee • Interview with Designated Staff Member Charged with Monitoring • Interview with Residents who Reported Sexual Abuse <p>Reasoning and Analysis (by provision):</p> |

115.67(a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency policy IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination provides the directive to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The policy states that the department strictly prohibits retaliation against any person for reporting or cooperating in an investigation of sexual abuse or sexual harassment. Any resident or staff member who reports sexual abuse or sexual harassment, or who cooperates with any such relative investigation(s), or, who fears retaliation, must be protected.

PWCC has designated the Deputy Warden, who is also the PREA Compliance Manager, as the staff member responsible for monitoring for retaliation against both residents and staff. PCM is the second-ranking member at the facility.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.67(b)

What was read, as part of a systematic review of evidence:

IDOC SOP No.149.01.01.001 V. 6.0 policy provides outlines and avenues for facilities to take; the facility has the flexibility to employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

The Auditor confirmed with individuals that facility management allows for routine direct communication, contact, and observation of a resident victim or individuals who cooperated in the investigation.

Documentation of Any Protective Measures Taken:

The auditor reviewed 25 investigation reports, and none of the reports referenced any retaliation. There was no evidence discovered to support that retaliation occurred at the facility. This was verified through informal interviews with randomly selected staff and residents.

What was heard, as part of a systematic review of evidence:

Interview with Agency Head:

They stated that the facility conducts retaliation checks for 90-days after a sexual

abuse incident. Most of these focus on residents involved in sexual abuse allegations. The PREA compliance manager at the facility, working with investigators, determines the parties (staff, contractors, or residents) for which retaliation checks should be completed. The person assigned watches housing changes, disciplinary reports, and program changes for residents. Staff retaliation checks include monitoring performance reviews and reassignments to ensure no retaliation. The facilities perform an initial retaliation check after sexual harassment incidents, but don't continue retaliation checks unless a concern is identified or emerges.

Interview with Warden or Designee:

Via formal conversation, the Warden stated that they treat every retaliation seriously. They stated that there are multiple ways to ensure no retaliation at the facility occurs. Residents will be reassigned to suitable housing or a cell, and frequent face-to-face checks will be made. Staff will be reassigned when warranted until the process is complete and a disposition is provided. Also, any alleged perpetrator, whether staff or residents, will be held accountable in accordance with the Policy. The agency has a zero-tolerance policy when it comes to retaliation.

Interview with Designated Staff Member Charged with Monitoring:

Via formal conversation, the PREA Compliance Manager stated that they coordinate retaliation checks and perform the checks. Sometimes, they will ask specialized staff such as a case manager, investigator or mental health provider to participate in ensuring resident safety.

- Page 22 of IDOC SOP No.149.01.01.001 V. 6.0 policy confirmed that the PREA Compliance Manager is allowed the flexibility to utilize other staff members to monitor the conduct and treatment of residents or staff who reported the sexual abuse to determine if any activities suggest retaliation by other residents or staff and act promptly to remedy any such retaliation.

The PREA Compliance Manager stated that all allegations of sexual abuse and sexual harassment are monitored for retaliation. With a sexual abuse allegation, they will monitor for up to 90 days, and when warranted, beyond 90 days. The same thing applies to sexual harassment. They will initiate contact on the first day contact, 30, 60, and 90 days. Investigating staff will also monitor resident disciplinary sanctions, housing/program changes, and conduct periodic status checks (30, 60, and 90) days contacts. All retaliation checks are documented on the PREA Retaliation Monitoring form.

They stated that the agency allows the facility the flexibility to 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.

They stated that no cases have been reported within the past 24 months referencing

retaliation. They stated that both staff and residents are comfortable talking and sharing concerns. Any retaliation reported will be investigated.

Interview with Residents who Reported Sexual Abuse:

The auditor interviewed 2 residents who reported sexual abuse against another resident within the past 12 months while housed at the facility. Both residents confirmed that they feel protected enough against possible revenge from other residents. They stated that the facility investigator, Deputy Warden, and Clinical staff checked on them. They met with the investigator every 30 days. Also, the alleged residents were moved out of the housing unit and they have had no contact with them since the incident happened.

Interview with Residents in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse):

- There were no residents identified that met the criteria.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.67(c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No.149.01.01.001 V. 6.0 policy allows the facility to continue such monitoring for 90 days or beyond 90 days if the initial monitoring indicates a continuing need. The policy states that the PREA Retaliation Monitoring Form will be used for 90 days to track retaliation of sexual abuse.

- The facility reported that there have been zero (0) incidents of retaliation that occurred in the past 12 months.

Review of completed IDOC PREA Retaliation Monitoring Form:

The facility submitted 5 completed IDOC PREA Retaliation Monitoring forms as evidence. Reviews show that the facility monitors the alleged residents every 30 days and some were done more frequently. The form contains each resident's name, report number, the staff who monitored or had contact with the resident, the name of staff, the staff ID number, and the date of various dates. The form also allows the staff to provide additional information/ comments. The reviewed shows that the facility is following the IDOC established protocol. Upon the completion of the 90-day check, the form is distributed to the following authorized individuals:

- Original – PREA compliance manager, PCM facility file
- Copy – Facility head if possible, retaliation involving residents is noted
- Copy – Human resources if possible, retaliation involving staff is noted
- (Attach supporting documentation such as DORs, housing changes, etc.)

The form indicated that “continue monitoring if PREA compliance manager determines further monitoring is necessary.” This was verified via a formal conversation with the PREA Compliance Manager. The PREA Compliance Manager further stated that the same form is used for staff as well.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.67(d-e)

- See extension explanation in provision 115.67 (a-c).

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

| 115.68 | Post-allegation protective custody |
|--------|---|
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination • Records of Housing Assignments of Residents at High Risk of Sexual Victimization • Reference to PREA 115.43: <ul style="list-style-type: none"> ◦ Interview with Warden or Designee ◦ Interview with Staff who Supervise Residents in Segregated Housing ◦ Interview with Residents in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) <p>Reasoning and Analysis (by provision):</p> <p>115.68(a)</p> |

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency has a policy prohibiting the placement of residents who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

- The facility provided IDOC SOP No.149.01.01.001 V. 6.0 Prison Rape Elimination as evidence.

Page 13-14 of IDOC SOP No.149.01.01.001 V. 6.0 policy states that alleged sexual abuse victims should not be housed in the same unit as the alleged abusers. Sexual abuse victims should be housed in the least restrictive environment possible and should be allowed to retain personal property that does not present a legitimate security concern. After a sexual abuse exam has been completed (or refused), victims should be given access to a shower, food, and drink. Telephone calls to family, visits from clergy, community victim services coordinators, etc., should be allowed whenever possible.

If the initial response SART members cannot agree on a housing assignment, the shift commander must notify the facility duty officer. The facility duty officer then decides the sexual abuse victim's housing assignment.

There were zero number of residents who were alleged to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment, and for longer than 30 days while awaiting alternative placement.

Records of Housing Assignments of Residents at High Risk of Sexual Victimization:

The auditor reviewed the entire resident housing assignment to determine whether a resident was placed in restrictive housing for protective purposes or if the resident was at high risk of victimization. The review showed that no resident was placed in restrictive housing for protective purposes or for residents at high risk for sexual victimization. Also, the facility takes adequate measures to ensure individualized safety needs are considered.

What was heard, as part of a systematic review of evidence:

PREA Standard 115.43 contains detailed interviews for the following:

- Interview with Warden or Designee
- Interview with Staff who Supervise Residents in Segregated Housing

There were no residents identified that met the criteria, so no interviews were conducted for Inmates in Segregated Housing (for risk of sexual victimization/who were alleged to have suffered sexual abuse).

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| | <p>The auditor has determined that PWCC has not utilized restricted housing units to protect residents from sexual abuse, nor have there been any instances where restricted housing has been used. Interviews from various staff confirm the practice is consistent with policy.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.71 | Criminal and administrative agency investigations |
|--------|---|
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence relied upon in making Compliance determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No. 150.01.01.006 V.3.0 Administrative Investigations (revised 03/25/2019) • IDOC SOP No 504.02.01.001 V.4.0 Investigation and Intelligence Program • IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination • Review of § 115.34-Investigators Certificate • Sample of Investigative Records/Reports for Allegations of Sexual Abuse or Sexual Harassment • IDOC Relationship with Law Enforcement • Interview with Investigative Staff • Interview with Idaho State Police Staff • Interview with Residents who Reported Sexual Abuse <p>Reasoning and Analysis (by provision):</p> <p>115.71(a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>The agency/facility has a policy related to criminal and administrative agency investigations.</p> <p>The facility provided IDOC SOP No. 150.01.01.006 V.3.0 Administrative Investigations, and IDOC SOP No 504.02.01.001 V.4.0 Investigation and Intelligence Program as evidence.</p> <ul style="list-style-type: none"> • The facility indicated that Idaho State Police (ISP) handles all the criminal |

sexual abuse investigations, and both agencies have an MOU. This was explained in 115.21.

IDOC SOP No. 150.01.01.006 V.3.0 Administrative Investigations is the agency policy for administrative investigation, and IDOC SOP No 504.02.01.001 V.4.0 Investigation and Intelligence Program provides the outline mandated for all criminal investigations referral to the Idaho State Police.

The agency has trained staff that are responsible for conducting Administrative Investigation at the facility level and agency level. Special Investigation Unit has the director's authority to conduct investigations into allegations of employee misconduct, which includes Sexual Harassment and Sexual Misconduct with no criminal elements. SIU investigators shall have reasonable, unrestricted access to all department facilities, staff, offenders, visitors, records, documents, and equipment.

They are also responsible for coordinating and assisting the facility with preserving evidence related to criminal investigation until the authorized law enforcement department gets there. They work in conjunction with facility Investigators on cases related to sexual harassment and misconduct for staff, contractors, and volunteers.

Facility Investigators are responsible for conducting administrative investigations on resident-on-resident sexual harassment. They collaborate with the SIU division, and SIU agents assist them with staff-on-resident sexual harassment or misconduct. The facility investigators are trained to handle evidence and work side by side with the SIU team to handle evidence to the Idaho Police Department when warranted.

IDOC Relationship with Law Enforcement:

Page 12 of IDOC SOP No. 150.01.01.006 V.3.0 policy states that when an alleged crime involving a staff member has occurred, the SIU will be the designated authority for coordinating, requesting, and contacting the appropriate law enforcement agency. The management authority will contact the SIU to notify them of an outside law enforcement need. A referral to law enforcement may suspend the department's preliminary inquiry and/or investigation until further notice, as determined by the SIU chief investigator or designee.

Any related criminal investigation supersedes the administrative investigation. SIU investigators will not participate in an interview of the accused employee during the criminal investigation. The SIU chief investigator and the SIU investigator will monitor the progress of the criminal investigation to determine whether to or when to proceed with a separate administrative investigation.

Documentation Review:

Sample of Investigative Records/Reports for Allegations of Sexual Abuse or Sexual Harassment:

All investigation reports reviewed by the auditor were conducted by the facility investigator. The facility reported two sexual abuse allegations to the Idaho State

police. The resident later told the facility investigation staff that they made up the allegation due to their mental health reasons. Based on the information, the Idaho Police declined to proceed with the investigation, and this was deemed as Unfounded.

What was heard, as part of a systematic review of evidence:

Interview with Investigative Staff:

The SIU Chief and the Facility Investigator stated that allegations reported are initiated immediately. Case numbers will be generated, and a file will be opened. The Chief stated that when the allegation is reported by the facility staff, they will contact the facility investigation unit to start the preliminary process by gathering video footage, researching witnesses, and any other pertinent information prior to the SIU investigator arriving at the facility. The Facility Investigator stated that they will interview the alleged victim immediately to get more information, and based on what was reported, they will proceed with the rest of the investigation. They stated that some investigation will warrant the intervention from the SIU agent when staff members are involved; all criminal allegations will be turned over to SIU, where they will initiate the Idaho Police department to investigate.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(b)

What was read, as part of a systematic review of evidence:

Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.

The auditor reviewed the training record for all the Investigators assigned to the facility and the SIU team. Based on the information gathered, the auditor concluded that the agency is in compliance.

What was heard, as part of a systematic review of evidence:

Interview with Investigative Staff:

Both the SIU Chief and the Facility Investigator confirmed that they have received specialized training in conducting sexual abuse investigations in confinement settings. The evidence was provided by the facility in PREA standard 115.34. Page 8 of IDOC SOP No 149.01.01.001 V.6.0 mandates training requirements for all investigators. The training includes:

- Techniques for interviewing sexual abuse victims.
- Proper use of Miranda and Garrity warnings.
- Sexual abuse evidence collection in confinement settings.
- Criteria and evidence required to substantiate a case.

Interview with Idaho State Police Staff:

Via formal conversation, they stated that all ISP staff are trained on how to conduct sexual abuse and sexual harassment allegations in accordance with the Idaho state law and federal mandates. They confirmed handling multiple criminal investigations for the Idaho Department of Corrections. They advised that allegations received are investigated, and they will provide a summary of the report to the IDOC PREA Coordinator upon the completion of the investigation. They further stated that all sexual abuse allegations are forwarded for criminal prosecution based on evidence. They stated that they have a good working relationship with the IDOC SIU team and the PREA Unit team.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(c)

What was read, as part of a systematic review of evidence:

Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

Documentation Review:

The investigation reports reviewed supported the fact that the investigators consistently followed stated practice, including interviewing primary individuals identified in the case as well as both staff and resident witnesses. Written statements and video reviews were also documented in the case files. In addition to interviews with all parties present, they will also ask for written statements. The Auditor was able to see these and the summary notes from the interviews. The facility investigator stated that a language line will be used to interview a resident identified as having limited English Proficiency.

All records are kept electronically and are siloed, preventing others from accessing the information. Page 12 of IDOC SOP No. 150.01.01.006 V.3.0 policy states that the investigative file will be maintained in the SIU in accordance with SOP 150.01.01.005 Recordkeeping: Administrative Investigations. "The investigative file includes the original copy of the investigation report and any supplemental reports, supporting documents (or copies of such documents, if the original is considered an evidentiary document), photographs or copies of photographs, and the investigator's notes."

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(d)

What was read, as part of a systematic review of evidence:

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

The facility indicated that Idaho State Police (ISP) handles all the criminal sexual abuse investigations, and both agencies have an MOU. This was explained in 115.21.

The Idaho State Police staff stated that they will conduct compelled interviews only after consulting with the local county prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. No allegations reported by PWCC required the use of compelled interviews. They confirmed that they will have regular contact with the local county prosecutor before having a compelled interview.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(e)

What was read, as part of a systematic review of evidence:

The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as resident or staff. No agency shall require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

Documentation Review:

The investigation reports reviewed contain elements of credibility determination, such as reviewing prior reports, corroborated statements, disciplinary history, etc. The auditor is convinced that determining credibility is included in all investigations.

What was heard, as part of a systematic review of evidence:

Interview with Investigative Staff:

Via formal conversation, both the SIU Chief and the Facility Investigator, they confirmed that they will assess the credibility of an alleged victim, suspect, or witness on an individual basis, and not based on the person's status as a resident or staff. Both staff stated that they would not require a resident who alleges sexual abuse to submit to a polygraph examination or truth "telling device as a condition for proceeding with an investigation under any circumstances." Pages 9-10 of IDOC SOP No. 150.01.01.006 V.3.0 outline credibility assessment and areas to consider.

Interview with Residents who Reported Sexual Abuse:

Via formal conversation with two residents who reported allegations of sexual abuse, they advised that they were not required nor asked to take a polygraph test as a condition for proceeding with a sexual abuse investigation. They stated that the investigator treated them with respect and listened to them. They felt the investigators were fair and open.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(f)

What was read, as part of a systematic review of evidence:

The investigation report reviewed by the auditor meets the criteria outlined in this provision. IDOC SOP No. 150.01.01.006 V.3.0 policy outlines the requirement for an administrative investigation to assess staff actions. "Must include an effort to determine whether staff actions or failures to act contributed to the abuse." All administrative investigations are documented.

All criminal investigations potentially can include a referral for an administrative review if the evidence supports that a staff person's actions or inactions led to a resident-on-resident sexual assault. Administrative investigations into sexual harassment claims or other staff actions related to sexual misconduct can result in discipline that may include, but is not limited to, termination. All completed administrative investigations must have a related investigation file, which includes written or oral statements, video or other physical evidence, and the reasoning behind the conclusions reached.

The facility's Investigator completes an initial assessment to determine if there were potential criminal acts that they can identify, as well as administrative concerns that would warrant further investigation by either the SIU or the Idaho State Police. The investigator would review the staff's actions or inaction that led to the reported abuse.

What was observed, as part of a systematic review of evidence:

The facility has both an electronic database that stores investigation documents as well as physical copies kept in the investigator's office. All investigation folders are stored and locked. Only the investigators have access to the office and files.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(g)

What was read, as part of a systematic review of evidence:

Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. All criminal investigations that the Idaho Police Department completes result in a written report, as required by the agency's policies and related state law.

The Administrative investigative files reviewed by the Auditor included documentation of interviews, physical evidence, and videos or other documents reviewed as part of the investigatory process. All files also include an investigation checklist to facilitate the tracking of information obtained. Agency policy defines expected reporting requirements for administrative investigations in policy IDOC SOP No. 150.01.01.006 V.3.0.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(h)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The facility reported three (3) cases within the past 12 months were deemed substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit, whichever is later.

The facility provided evidence to support the referral of the cases listed in the PAQ. Per formal conversation with the ISP staff in charge, they stated that they cannot speak or comment on criminal investigation. They confirmed receipt of various criminal allegations received from IDOC.

They stated that criminal investigations reports include written reports that contain a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence feasible. They stated that all sexual abuse allegations are referred to for prosecution and it is up to the county prosecutor to decide whether they will pursue a criminal indictment or not.

What was heard, as part of a systematic review of evidence:

Interview with Investigative Staff:

Via formal conversation, both stated that when there is a criminal element like sexual abuse via penetration, rape, carnal knowledge, etc., they will make the referral to ISP and the facility level investigation ends.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(i)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy IDOC SOP No. 150.01.01.006 V.3.0. defines the requirements consistent with the standard: "All sexual abuse data collected must be maintained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise. The Idaho Department of Corrections' record retention requires a greater retention period than 5 years beyond the separation of the parties from the institution. This was confirmed through the investigator's interview.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(j)

What was read, as part of a systematic review of evidence:

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

The Idaho State Police Agents can conduct investigations outside the institution to continue pursuing information related to a case.

Agency policy and the Investigators interviewed confirmed that individuals' departure from the institution would not result in the case being closed. The investigation policy states, "The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation."

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.71(j)

Auditor is not required to audit this provision.

115.71(l)

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| | <p>What was read, as part of a systematic review of evidence:</p> <p>The facility provided IDOC SOP No. 150.01.01.006 V.3.0 Administrative Investigations, and IDOC SOP No 504.02.01.001 V.4.0 Investigation and Intelligence Program as evidence. Both policies mandate IDOC to cooperate with Idaho Police department and shall endeavor to remain informed about the progress of the investigation.</p> <p>What was heard, as part of a systematic review of evidence:</p> <p>Via formal conversations with the PREA Compliance Manager, Warden and Investigation staff, they all stated that they have an open line of communication among themselves as well as with Idaho Police department to keep them updated on all criminal investigations. The auditor discovered that the PREA Coordinator gets updated frequently from the Idaho Police department regarding criminal investigation. The PREA Coordinator then shares the information with the facility Warden, PREA Compliance Manager and the investigation team. The facility provided sample communication and update on the mist resent sexual abuse allegation that was deemed Unfounded.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.</p> <p>The auditor determined that the investigative staff was able to identify the steps taken to gather evidence, how the credibility of the various people involved is determined on an individual basis, and that polygraph exams would not be required for the initiation of an investigation. Consistent with policy, it was stated that investigative reports would be completed on all administrative and criminal investigations. The Auditor considered the stated information found in policies, actual investigative files, and interviews with investigative staff and residents who had been involved in the investigations in determining compliance.</p> |
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| 115.72 | Evidentiary standard for administrative investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making Compliance Determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No. 150.01.01.006 V.3.0 Administrative Investigations • Documentation of administrative findings for the proper standard of proof • Interview with Investigative Staff <p>Reasoning and Analysis (by provision):</p> |

115.72(a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No. 150.01.01.006 V.3.0 Administrative Investigations policy establishes that IDOC imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. IDOC has staff trained in the investigation of Sexual Assaults at the state correctional facilities, as noted in 115.34.

Documentation of administrative findings for the proper standard of proof:

The Auditor reviewed examples of investigation reports, including the basis for the determinations. The review indicated that the investigations are being conducted in accordance with the standard. The agency investigation report format provides a comprehensive review of facts used in making a determination. The report includes evidence considered, credibility assessments, evidence collected, interviews, and video or other electronic data.

In addition, IDOC PREA policy and the facility's Investigator training manual specify that the facility's standard of proof is to be the preponderance of the evidence.

What was heard, as part of a systematic review of evidence:

Interview with Investigative Staff:

Via formal conversation with the facility investigator and the SIU Chief, they both informed the auditor that the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment was based on the preponderance of evidence. Both described the process of determining whether there was a greater likelihood that the allegation occurred than it did not, in order to substantiate a case. Both Investigators were able to easily articulate an explanation of their interpretation and how they arrived at the basis of case determinations.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required. Compliance was based on the policy, the review of investigation files, and the interview with investigative staff.

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| 115.73 | Reporting to inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

Evidence relied upon in making Compliance Determinations:

- PWCC PAQ
- Interview with Residents who Reported Sexual Abuse:
- IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination
- Samples of Investigation Reports with Notification
- Interview with Warden or Designee
- Interview with Investigative Staff

Reasoning and Analysis (by provision):

115.73(a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency policy IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination mandates IDOC facilities to provide notification to residents by informing the victim of sexual abuse verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Page 23 of the policy states that “Notifications, the PREA compliance manager must ensure the victim is notified of key events, as noted below, during and after a sexual abuse investigation. All notifications will be documented on the PREA Finding Report. The PREA Finding Report must be signed by the staff delivering the notification. The signed PREA Finding Report is then filed in the PREA folder.”

For all allegations, the victim is notified of the investigation findings, and when criminal indictments or convictions occur. Findings for investigations involving outside agencies or SIU must be delivered in the same manner, with the PREA coordinator providing the information for delivery to the victim.

For investigations involving allegations against staff, the victim is also notified when the following occurs:

- The accused staff member is no longer posted within the victim’s unit.
- The accused staff member is no longer employed at the facility. Notifications are no longer required after the resident is released from the custody of the department.

Sixteen (16) criminal and/or administrative investigations of alleged resident sexual abuse were completed by the agency/ISP in the past 12 months. All sixteen (16) residents were notified verbally of the results of the investigation.

Documentation Review:

Samples of Investigation Reports with Notification:

All investigation reports reviewed by the auditor confirmed that the residents were notified by the investigator; the investigator initialed their name and dated the notifications.

What was heard, as part of a systematic review of evidence:

Interview with Warden or Designee:

The Warden confirmed that they are obligated to notify the residents of the outcome of the investigation.

Interview with Investigative Staff:

Both investigative staff confirmed that they are required to inform the resident of the outcome of the investigation, whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Interview with Residents who Reported Sexual Abuse:

Via formal conversation, both residents confirmed that they were notified of the outcome of the investigation verbally by the facility investigator.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.73(b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

If an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation.

Three (3) sexual abuse allegations were reported to ISP in the past 12 months. Two of those allegations were completed, one was deemed Unsubstantiated, the other was deemed Unfounded, and one case is still pending investigation. Both residents were notified of the outcome of the investigation by the agency's PREA Coordinator.

The auditor discovered that only one resident was present at the facility during the onsite audit. The other alleged victim was released from custody prior to the onsite audit. Unfortunately, the auditor was unable to interview one resident due to health and safety concerns.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.73(c)

What was read, as part of a systematic review of evidence:

The policy IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination uses the language consistent with this standard indicator to define the information that must be notified to the resident victim.

- 115.73 (a) contains the requirement and provides detailed information for this provision.

There were no allegations reported within the past 12 months that warrant the facility to notify the residents that “the staff member has been convicted on a charge related to sexual abuse within the facility.”

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.73(d)

What was read, as part of a systematic review of evidence:

The policy IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination covers the required notification for a resident-on-resident sexual abuse case. Following a resident’s allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever:

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

Additional sample documentation of notifications:

There was one resident-on-resident sexual abuse administrative investigation that was deemed Substantiated. The alleged victim was notified of the outcome of the investigation. However, the allegation did not meet the criteria where the resident was informed that “the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the alleged abuser has been convicted on a charge related to sexual abuse within the facility.” The alleged resident was released from IDOC custody prior to the onsite audit, so the auditor was unable to interview the alleged victim.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

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| | <p>115.73(e)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>The policy IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination covers the requirement in this provision. 115.73(a) contains the requirement.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>Recommendation:</p> <p>While the verbal notification met the criteria, the auditor is recommending that the facility leadership send a follow-up written notification to residents upon the completion of all investigations.</p> <p>115.73 (f)</p> <p>The auditor is not required to audit this provision.</p> |
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| 115.76 | Disciplinary sanctions for staff |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC Policy No.219 V2.0 Sexual Misconduct with Offenders • IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination • Facility Disciplinary Records for (Staff, Contractors, Intern & Volunteers) • Interview with Warden or Designee • Interview with Human Resource <p>Reasoning and analysis (by provision):</p> <p>115.76(a-d)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>The Idaho Department of Corrections has policies that govern staff conduct and disciplinary sanctions for violations.</p> |

- The facility provided IDOC Policy No.219 V2.0 Sexual Misconduct with Offenders as evidence. The specific standard is repeated in IDOC SOP No 149.01.01.001 V.6.0.

Page 24 of IDOC SOP No 149.01.01.001 V.6.0 policy states that “staff members are subject to disciplinary sanctions, up to and including termination, pursuant to Sexual Misconduct with Offenders," Policy 219, for

- Engaging in sexual abuse of a resident.
- Failing to report to a supervisor any suspected or known sexual abuse of a resident by another resident, or by a staff, contractor, or volunteer.
- Engaging in retaliatory conduct against a party involved in a sexual abuse or sexual harassment complaint.

A staff member who has “engaged in sexual misconduct with a resident may be subject to criminal prosecution. Information regarding termination of staff for sexual misconduct or sexual harassment is also reported to relevant licensing bodies.”

c). The policies again state that the disciplinary sanctions for violations of IDOC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

d). See explanation in 115.76 (a).

- Further, the policies add that “resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies (unless the activity was clearly not criminal) and to any relevant licensing bodies.”

Per the facility PAQ, there were no staff members terminated or resigned prior to termination for violating the agency’s sexual abuse or sexual harassment policies, nor warrant notification to law enforcement agencies, and any relevant licensing bodies in the past 12 months.

Facility Disciplinary Records for (Staff, Contractors, Interns, and Volunteers):

The auditor reviewed the facility’s disciplinary records for current and prior staff. The facility had experienced prior incidents, including staff terminations and one criminal indictment in previous years (2022-2023). However, there were no terminations in the past 12 months.

What was heard, as part of a systematic review of evidence:

Interview with Warden:

Via informal conversation, the warden stated IDOC has zero-tolerance for sexual

abuse and sexual harassment. Any staff who violates the policy will be disciplined in accordance with the policy. The warden stated that termination will be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. There had been terminations sanctioned against staff members in previous years for violations.

Interview with Human Resources:

Via formal conversation, they confirmed they are involved in all IDOC staff disciplinary processes. All terminations are handled at the Idaho Department of Corrections HQ for consistency.

Finding:

Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.

The Idaho Department of Corrections has in place the appropriate resources to thoroughly investigate staff sexual misconduct and apply discipline when deemed warranted. The agency has in place the ability to terminate staff for first offenses of sexual abuse of residents. Policies are in place, and interviews conducted support compliance. Since the facility had not disciplined a staff member, there was no investigation file to review.

| 115.77 | Corrective action for contractors and volunteers |
|--------|--|
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC Policy No.219 V2.0 Sexual Misconduct with Offenders • IDOC SOP No 149.01.01.001 V.6.0 Prison Rape Elimination • Facility Disciplinary Records for (Staff, Contractors, Intern & Volunteers) • Interview with Warden or Designee • Interview with SIU Chief <p>Reasoning and analysis (by provision):</p> <p>115.77(a-b)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>Agency policy requires that any contractor or volunteer who engages in sexual abuse</p> |

be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.

As indicated in PREA 115.76 (a), Idaho Department of Corrections has policies that govern IDOC staff members, contractors, interns, and volunteers, disciplinary sanctions for violations. IDOC Policy No.219 V2.0, and IDOC SOP No 149.01.01.001 V.6.0, are two relevant policies to this standard.

Page 25 of IDOC SOP No 149.01.01.001 V.6.0 policy states that “Contractors and Volunteers-any contractor or volunteer who engages in sexual abuse must be prohibited from contact with residents and must be reported to law enforcement agencies and to relevant licensing bodies.”

Per the facility PAQ, there were no contractors or volunteers terminated or resigned prior to termination for violating the agency’s sexual abuse or sexual harassment policies, nor warrant notification to law enforcement agencies, and any relevant licensing bodies in the past 12 months.

Facility Disciplinary Records for (Staff, Contractors, Interns, and Volunteers):

The auditor reviewed the facility’s disciplinary records for current and prior contractors and volunteers. There have been no terminations in the past 12 months. There have been no allegations against any contractor or volunteer in the past 12 months that would require the warden to order a person's access to be halted. The facility had experienced prior incidents in prior years, with contractors and the removal of a volunteer; however, none warranted notification to law enforcement or licensing bodies for violating the sexual abuse and sexual harassment policies of IDOC.

b. The facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Page 17-18 of IDOC SOP No 149.01.01.001 V.6.0 outlines this requirement.

What was heard, as part of a systematic review of evidence:

Interview with Warden or Designee:

Via formal conversation, they confirmed that in sexual misconduct cases involving contractors or volunteers, they will be notified immediately, and based on the issue at hand, they will render a decision, such as reassigning the contractor to where the victim is not housed or removing the contractor from the facility until further notice. They stated that this is a team effort between the SIU team, PREA Coordinator, and the facility. Also, all volunteers or visitors will be removed from the facility until future notice. They confirmed that they have had no case warranting the removal or termination of a contractor or a volunteer within the past 12 months.

Interview with SIU Chief:

Via formal conversation, they stated that in sexual misconduct cases involving

contractors or volunteers, SIU will send finding notifications to HR, the contractor, when relevant, and the PREA Coordinator. Notifications to licensing boards will be sent by the employer and copied to SIU and the PREA coordinator.

Finding:

Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.

The Idaho Department of Corrections has in place the appropriate resources to thoroughly investigate contractors and volunteers' sexual misconduct and apply discipline when deemed warranted. The agency has in place the ability to terminate contractors or volunteers for first offenses of sexual abuse of residents. Policies are in place, and interviews conducted support compliance. Since the facility had not disciplined a contractor or volunteer, there was no investigation file to review.

| 115.78 | Disciplinary sanctions for inmates |
|--------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon in making the compliance determinations:</p> <ul style="list-style-type: none">• PWCC PAQ• IDOC SOP No. 318.02.01.001 V.6.0 Disciplinary Procedures for Inmates• IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination• Facility Disciplinary Records for Residents• Interview with PREA Compliance Manager• Interview with Medical and Mental Health Staff: <p>Reasoning and analysis (by provision):</p> <p>115.78(a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated:</p> <p>Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an resident engaged in resident-on-resident sexual abuse.</p> <p>The facility reported three (3) cases of administrative findings of resident-on-resident sexual abuse that have occurred at the facility in the past 12 months; however, there were zero criminal findings of guilt for resident-on-resident sexual abuse that have</p> |

occurred at the facility in the past 12 months.

The facility provided IDOC SOP No. 318.02.01.001 V.6.0 Disciplinary Procedures for Inmates as evidence. The specific standard is repeated in DOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination, which provides the framework.

Page 25 of IDOC SOP No. 149.01.01.001 V.6.0 states that “residents involved in sexual abuse of other residents can face criminal charges and IDOC administrative disciplinary action. Residents are subject to IDOC disciplinary actions for false reports, sexual abuse, sexual harassment, and consensual sexual activity in accordance with Disciplinary Procedures: Residents, SOP 318.02.01.001. Disciplinary actions may be taken even if the resident is not criminally charged, criminal charges are dismissed, or they are not convicted of the criminal charge.

According to IDOC policy, residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. The policy describes the various steps in the disciplinary process and the potential consequences that can be assigned.

Finding:

Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.

115.78(b)

What was read, as part of a systematic review of evidence:

IDOC SOP No 318.02.01.001 V.6.0 provides the guideline that sanctions shall be 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.

Facility Disciplinary Records for Residents:

The auditor reviewed the facility's disciplinary records for current and prior residents. There were no disciplinary sanctions imposed on a resident for violating the sexual abuse policy in the past 12 months that were deemed criminal.

What was heard, as part of a systematic review of evidence:

Via formal conversation with facility leadership, they confirmed that violent residents may be required to return to a higher level of custody, including engaging in sexual acts by consent, which could result in consequences in the facility. The policy structure allows for a range of sanctions that the discipline committee can consider, ensuring that the consequences are similar to those imposed on other individuals who have committed similar acts in the facility.

Finding:

Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.

115.78(c)

What was read, as part of a systematic review of evidence:

IDOC SOP No 318.02.01.001 V.6.0 policy provides guidance required to be taken if the resident who is the potential subject of discipline has a mental disability or illness. The policy outlines the committee's steps prior to holding a disciplinary hearing. Action includes having the resident's case reviewed by a Qualified Mental Health Professional who can provide a clinical impression of the resident, the ability to understand their actions or the hearing process, and how actions such as specialized housing may impact their institutional stay.

There have been no reported cases of resident discipline at PWCC in the past 12 months. This was verified via the facility disciplinary records for residents, informal conversation with the facility mental health clinician, facility warden, and PREA compliance manager.

Finding:

Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.

115.78(d)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

PWCC offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse.

The facility provided IDOC SOP No. 607.26.01.014 V.6.0 Program Management for Inmates and PWCC memo as evidence.

Page 6 of IDOC SOP No. 607.26.01.014 V.6.0 states that the agency uses the University of Cincinnati Cognitive Behavioral Interventions for Sexual Offending (UC CBI SO). According to the policy, the program is a cognitive behavioral program that teaches strategies for avoiding sexual reoffending and related behaviors. Heavy emphasis is placed on skill-building activities to assist with cognitive, social, emotional, and coping skill development.

The Facility provided a memo stating the specific process of how services are offered to sexual abusers. The memo states that "if there is a PREA investigation, clinical staff follow-up with residents within 24 hours of PREA notification. During this

encounter, individual counseling sessions and the Beyond Violence Program are offered, and a PREA Mental Health Progress Report is sent to the Chief Psychologist and the PWCC PREA Compliance Manager. If the resident does not want to receive counseling services through an IDOC clinician, then clinical staff can coordinate counseling services for the resident through Family Service Alliance.”

Also, the standard practice is 6 sessions through Family Service Alliance. 30 days from the first encounter with the resident, clinical staff will meet with the resident again to assess for a PREA Service Adjustment. Another PREA Mental Health Progress Report is submitted to Chief Psychologist and PWCC PREA Compliance Manger and it is during this report that additional counseling services can be requested (if the resident previously chose to work with Family Service Alliance and is requesting more than 6 sessions) or if the resident declined counseling services in first encounter with clinical staff, they are offered counseling services once more.

What was heard, as part of a systematic review of evidence:

Interview with PREA Compliance Manager:

Via formal conversations, the PREA Compliance Manager stated that if the resident qualifies for the program but refuses such a class, it will impact their ability to parole. If an individual offends while incarcerated, a program exception request can be submitted for review from Central Office to determine if there is a need to have them complete sexual offending classes. If the individual is incarcerated on a current sex-related offense, they will be required to take sex offender classes.

Interview with Medical and Mental Health Staff:

The medical and mental staff members interviewed confirmed the process outlined in the memo as well as the specific programs in IDOC SOP No. 607.26.01.014 V.6.0 policy.

Finding:

Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.

115.78(e)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

The agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

IDOC SOP No 149.01.01.001 V.6.0 policy provides the framework regarding sexual abuse contact by a resident towards a staff member without the staff member’s consent. The policy stipulates that if the sexual abuse was between a staff member

and a resident, the resident can face criminal charges if evidence indicates that a staff member did not consent to sexual contact. And the administrative disciplinary process will proceed, regardless of whether the resident was charged criminally or not.

Facility Disciplinary Records for Residents:

The auditor reviewed the facility's disciplinary records for current and prior residents. There were no disciplinary sanctions imposed on a resident for sexual abuse toward a staff member without the staff member's consent in the past 12 months.

Finding:

Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.

115.78(f)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No 149.01.01.001 V.6.0 policy prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Facility Disciplinary Records for Residents:

The auditor reviewed the facility's disciplinary records for current and prior residents. There were no disciplinary sanctions imposed on a resident for reporting an allegation of sexual abuse in good faith, even if an investigation does not establish sufficient evidence to substantiate the allegation. This was verified via informal conversation with the facility leadership and residents.

Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.

115.78(g)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

Pocatello Women Correctional Center does not allow consensual sexual contact between residents and prohibits all sexual activity between residents. Residents will be disciplined for such activity unless the agency deems such activity to constitute sexual abuse, only if it determines that the activity is coerced.

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| | <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard and No corrective action is required.</p> <p>The Idaho Department of Corrections and the Pocatello Women’s Correctional Center have in place systems for holding individuals accountable for sexual misconduct. The policies require the disciplinary committee to consider factors related to the resident’s mental health and cognitive capacities. The facility has had no incidents in the last year that resulted in a formal discipline for the Auditor to review. The agency staff's interviews and policy language support the use of discipline for false reporting of PREA incidents, which would be done in a cautious manner to avoid impacting the overall population's willingness to report incidents. All disciplines related to sexual misconduct are required to be referred to the Regional PREA Analyst for review and consultation before a final consequence is rendered.</p> |
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| 115.81 | Medical and mental health screenings; history of sexual abuse |
|---------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied upon to make Compliance Determination:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No. 149.01.01.00 V.1.0 Prison Rape Elimination Screening and Cautions • 14 days Clinician Follow-up Tracking Form • Health Service Encounter Assessment Report • IDOC Consent for Mental Health Treatment/Evaluation: • Interview with Medical and Mental Health Staff • Interview with Residents who Disclose Sexual Victimization at Risk Screening • Interview with Staff Responsible for Risk Screening • Site Review <p>Reasoning and Analysis (by provision):</p> <p>115.81(a)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>PWCC PAQ indicated: IDOC SOP No. 149.01.01.00 V.1.0 establishes that all residents who disclose prior sexual victimization during the intake screening conducted pursuant to §115.41 must be offered a follow-up meeting with a medical or mental health practitioner within 14 days of the screening. Page 3 of the SOP states under “Mental Health Response” that</p> |

when a screening indicates a resident has experienced previously unreported sexual victimization, the resident must be offered the option to meet with a clinician. If the resident accepts, the visit must occur within 14 days.

Within the last 12 months, 67 percent of residents who disclosed prior victimization were offered a follow-up meeting with a medical or mental health practitioner.

Documentation Review:

14-Day Clinician Follow-up Tracking Form:

The facility provided a tracking form documenting follow-up for residents who reported prior victimization or previously perpetrated sexual abuse. The form lists resident names and numbers, indicates whether a clinician visit was requested, records the date of contact, and includes summary notes confirming whether the resident was seen or declined the opportunity. Staff also document reasons residents were unable to meet (such as transfer, discharge, or hospitalization). This review supports that the facility ensures all residents in these categories are offered follow-up with a clinician within 14 days, consistent with policy.

Health Service Encounter Assessment Report:

The auditor reviewed assessment reports stored electronically in ATLAS, the resident medical record system. The reports document when clinicians met with residents who disclosed prior victimization or previous perpetration. Even when a resident declines a meeting, clinicians record the refusal in ATLAS. Documentation demonstrates compliance with the 14-day time frame.

Samples of Completed PREA Screening Forms:

The facility provided 12 intake risk screening forms—one for each month—to show the timeline from screening to assessment. Each form reflects whether the resident accepted or declined the clinician meeting, and clinicians are notified regardless of the decision.

What was heard, as part of a systematic review of evidence:

Interviews with Residents Who Disclosed Sexual Victimization:

Three residents were interviewed. All confirmed that staff asked whether they wished to meet with a mental health clinician and stated they met with the clinician within a few days of arrival.

Interviews with Staff Responsible for Risk Screening:

Three staff members stated they offer clinician follow-up to all residents who disclose prior sexual victimization or previously perpetrated sexual abuse. Staff indicated that acceptance or refusal is recorded on the form and that both mental health staff and the PCM are notified. They reported clinicians typically meet with residents within a few days, sometimes on the same day.

Finding:

Based on the analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.81(b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No. 149.01.01.00 V.1.0 requires that all residents who disclose previous perpetration of sexual abuse during §115.41 screening be offered a follow-up meeting with a medical or mental health practitioner within 14 days. Page 3 of the SOP states under “Mental Health Response” that residents who indicate prior perpetration must be offered a clinician visit within 14 days when the offer is accepted.

Over the last 12 months, 78 percent of residents who disclosed prior perpetration were offered follow-up with a clinician.

Documentation Review:

The documentation reviewed under 115.81(a) also supports this provision, including:

- 14-Day Clinician Follow-up Tracking Form
- Health Service Encounter Assessment Report
- Samples of Completed PREA Screening Forms

The auditor did not interview any residents who previously perpetrated sexual abuse, which is not required.

Finding:

Based on the analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.81(c)

Not applicable—Pocatello Women’s Correctional Center is not a jail.

115.81(d)

What was read, as part of a systematic review of evidence:

PWCC’s PAQ indicated that Page 5 of IDOC SOP No. 149.01.01.00 V.1.0 strictly limits release of information related to sexual victimization or sexual abusiveness to medical and mental health practitioners and other staff as needed for treatment, security, and management decisions, including housing, bed, work, education, and program assignments.

What was observed, as part of a systematic review of evidence:

Through conversations with the PREA Compliance Manager, the auditor was informed that only a limited group of security decision-makers have access to confidential information. Medical information access is restricted.

All medical and mental health records are stored electronically in ATLAS and are accessible only to authorized staff. IDOC’s electronic case management system and EMR employ access controls that protect sensitive resident information and prevent misuse.

Finding:

Based on the analysis, the facility is substantially compliant with this

standard. No corrective action is required.

115.81(e)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated that Page 5 of IDOC SOP No. 149.01.01.00 V.1.0 requires medical and mental health practitioners to obtain informed consent before reporting prior sexual victimization that occurred outside an institutional setting, unless the resident is under 18. Idaho Code §16-1605 mandates reporting of abuse of a minor to the Department of Health and Welfare or law enforcement within 24 hours.

Documentation Review:

IDOC Consent for Mental Health Treatment/Evaluation:

The facility provided a sample consent form not completed by practitioners and residents. The form outlines treatment objectives, services, and circumstances under which confidential information may be disclosed without consent. Required disclosures include:

- When the resident poses a danger to self, others, or institutional security.
- When sexual assault victimization or perpetration is reported, including current sexual activity in the facility.
- When the clinician has reasonable belief of abuse or neglect of a minor, elderly person, or person with disabilities.
- There were no cases requiring external reporting for non-institutional sexual abuse, and no residents under age 18 were present at PWCC.

What was heard, as part of a systematic review of evidence:

Interviews with medical and mental health staff confirmed they obtain informed consent before reporting prior sexual victimization that occurred outside an institutional setting, using the IDOC consent form.

Finding:

Based on the analysis, the facility is substantially compliant with this standard. No corrective action is required.

The facility follows PREA requirements by offering all residents who disclose prior sexual victimization or previous perpetration a follow-up meeting with medical or mental health staff within 14 days. Documentation in ATLAS, tracking forms, and screening samples confirm timely follow-ups, even when residents decline. Staff and resident interviews validate that offers and meetings occur as required. Confidential information is restricted to authorized personnel, and informed consent is obtained before reporting non-institutional victimization. No minors were present, and no external reporting was required. PWCC is substantially compliant with all applicable sections, and no corrective action is needed.

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| 115.82 | Access to emergency medical and mental health services |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

Evidence relied upon in making Compliance Determinations:

- PWCC PAQ
- IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination
- Interview with Medical and Mental Health Staff
- Interview with the PREA Compliance Manager
- Interview with Security Staff and Non-Security Staff First Responders
- Interview with Residents who Reported Sexual Abuse

Reasoning and Analysis (by provision):

115.82(a)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No. 149.01.01.001 V.6.0 policy states that “Medical and Mental Health Services, “victims of sexual abuse receive prompt access to emergency medical treatment and crisis intervention based on the nature and scope of the abuse as determined by a medical or mental health professional. These services are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

The policy also ensures that medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Documentation Review:

There was no record available to be reviewed by the auditor. The resident who made the allegation of Sexual Abuse in the past 12 months was transported to the local hospital for a Forensic examination. All the necessary medical care was provided at the local hospital and not at the facility. The allegation was deemed Unfounded based on the self-admission of the resident that the reports were false due to mental health issues.

The facility provided a memo dated January 15, 2026, to support no evidence occurred in the past 12 months. The memo states that “during the audit period, no situations occurred that warranted Medical or Mental Health staff to maintain secondary materials like a form or log documenting the timeliness of emergency medical treatment and/or crisis intervention services that were provided to a resident.

The auditor reviewed shows that Pocatello Women’s Correctional Center has a full-

service medical clinic that operates around the clock. Registered nurses are available 24 hours per day at PWCC. After hours, on-call medical and mental health practitioners are also available. The services are diverse and consistent with community health clinics. Inmates report access to these services if they are in crisis. The policy and facility response plan supported immediate referrals to the facility's medical and mental health providers.

What was heard, as part of a systematic review of evidence:

Interview with Medical and Mental Health Staff:

They stated residents who are victims of sexual abuse will receive timely and unimpeded access to emergency medical treatment and crisis intervention services when warranted. These services are provided as soon as possible. They stated that these services are provided immediately.

The Medical staff reports having medical autonomy if the inmate must go out of the building for emergency services to facilitate that trip. The medical staff states the facility administration is supportive of the work they do, and they work to resolve issues when they arise.

Interview with Residents who Reported Sexual Abuse:

The two residents who were interviewed stated that they were offered mental health follow-up, and they met them the same day. They added that their allegation did not warrant being sent to the hospital, and there was no medical care needed.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.82(b)

What was read, as part of a systematic review of evidence:

If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Medical services are available 24 hours daily through on-site nursing. Residents in need of forensic exams will be sent to the local hospital in Pocatello. The Family Service Alliance (FSA) works with the local hospital so they will be able to respond when called and activated.

Some staff members knew, as part of their first responder duties, that immediate notification to medical personnel was required. Notification to medical is also stated in the facility's Sexual Assault Response plan.

What was heard, as part of a systematic review of evidence:

Interview with Security Staff and Non-Security Staff First Responders:

There were no staff identified who met this requirement within the past 12 months. However, the shift commander who was present during the last incident was interviewed. The staff member stated that when the incident was reported, they separated the alleged victim and abuser, instructed the alleged victim not to take any actions that could destroy physical evidence, and immediately notified medical and mental health practitioners. They notified the PREA Compliance manager accordingly to ensure all areas were covered.

Interview with Medical and Mental Health Staff:

An interview with the medical staff confirmed that if a practitioner is not on-site, the medical team will contact them. Interviews with medical and mental health staff confirmed that they are aware of ensuring medical and mental health services are offered promptly.

Interview with the PREA Compliance Manager:

The PREA Compliance Manager confirms that medical staff are always present to respond to resident medical needs.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.82(c)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

IDOC SOP No. 149.01.01.001 V.6.0 policy provides the framework for timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate for residents of sexual abuse while incarcerated.

Page 20 of the policy states that “when sexual abuse is reported five calendar days or more after the incident, facility medical staff provide appropriate treatment to include a medical assessment, mental health referral, treatment of all injuries, appropriate baseline labs, and prophylaxis for sexually transmitted diseases as described in A National Protocol for Sexual Assault Medical Forensic Examinations and the Centers for Disease Control (CDC) Treatment Guidelines.”

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| | <p>What was heard, as part of a systematic review of evidence:</p> <p>Medical and Mental Health Staff:</p> <p>They stated that residents who are victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis.</p> <p>Inmates who Reported Sexual Abuse:</p> <p>The alleged victim who was sent for forensic examination, was unable to be interviewed by the auditor for health and safety reasons. The other two residents who reported allegations of sexual abuse did not meet the criteria under this provision.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>115.82(d)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>The Auditor confirmed that medical services related to sexual assault victims are provided without cost. IDOC SOP No. 149.01.01.001 V.6.0 (p. 19) states that these treatment “services are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation.”</p> <p>The medical unit at PWCC would function as the aftercare by providing medical follow-up care and ensuring mental health services are offered.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> |
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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied upon to make Compliance Determination:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination • Interview with Medical and Mental Health Professionals |

- Interview with SANE

Reasoning and Analysis (by provision):

115.83(a)

What was read, as part of a systematic review of evidence:

The PWCC PAQ indicates that the facility offers medical and mental health evaluations and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

IDOC SOP No. 149.01.01.001 V.6.0 provides the framework ensuring that all residents in the Idaho Department of Correction are offered medical and mental health evaluations and, when appropriate, treatment following victimization.

PWCC ensures that all residents receive the appropriate level of medical and mental health services related to sexual abuse. Healthcare Services staff provide care based on how recently the abuse occurred. For recent incidents, residents are offered a forensic exam at the local hospital in Pocatello, Idaho.

For prior-life incidents, whether from another institution or the community—residents receive a health assessment and a mental health referral. If a resident prefers to speak with a rape crisis agency, the facility can refer them to Family Service Alliance for supportive counseling.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.83(b)

What was read, as part of a systematic review of evidence:

Evaluation and treatment for victims must include follow-up services, treatment plans, and referrals for continued care upon transfer or release.

Residents who are victims of sexual assault within IDOC facilities are immediately referred to mental health and medical services. This applies equally to incidents that occurred in the community or in a jail setting. Identified victims are referred to mental health staff for follow-up services and may also be referred to Family Service Alliance for additional support if they prefer.

Medical and Mental Health staff, along with the Family Service Alliance representative, confirmed that referrals would be made to ensure continuity of care when residents are transferred or released. Family Service Alliance, located approximately 2 miles from PWCC, is equipped to provide these services.

Documentation Review:

No applicable records were available for auditor review.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.83(c)

What was read, as part of a systematic review of evidence:

As described under 115.83(a), the PWCC medical clinic operates at a level comparable to an urban community medical clinic. It provides a full range of medical and mental health services, including dental and vision care. The infirmary supports a wide age range and diverse medical needs.

Mental health services include counseling, medication management, and a direct observation room within the clinic. Supportive care for victims of sexual abuse is consistent with community-level standards. The clinic includes infirmary beds, exam rooms, and a dental practice.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.83(d-e)

What was read, as part of a systematic review of evidence:

The PWCC PAQ reports that PWCC is a female facility. IDOC SOP No. 149.01.01.001 V.6.0 mandates that residents subjected to sexually abusive vaginal penetration must be offered pregnancy testing. When sexual abuse results in pregnancy, victims must receive comprehensive information and timely access to pregnancy-related services.

Documentation Review:

The facility confirmed that no incidents occurred that required pregnancy testing; therefore, no documentation was available for review.

Finding:

The facility is substantially compliant with this standard. No corrective action is required.

115.83(f)

What was read, as part of a systematic review of evidence:

IDOC SOP No. 149.01.01.001 V.6.0 states that when sexual abuse is reported five or more calendar days after the incident, medical staff must provide appropriate care, including medical assessment, mental health referrals, injury treatment, baseline labs, and prophylaxis for sexually transmitted diseases, consistent with national protocols and CDC guidelines.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.83(g)

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| | <p>What was read, as part of a systematic review of evidence:</p> <p>The Auditor confirmed that all medical services related to sexual assault are provided at no cost to victims. IDOC SOP No. 149.01.01.001 V.6.0 affirms that such services are free and do not depend on whether the victim identifies the abuser or cooperates with an investigation.</p> <p>PWCC’s medical unit provides aftercare, including follow-up medical services and ensuring access to mental health support.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>115.83(h)</p> <p>What was read, as part of a systematic review of evidence:</p> <p>The PWCC PAQ reports that all known resident-on-resident abusers receive a mental health evaluation within 60 days of the facility learning of their abuse history. Treatment is offered as deemed appropriate by mental health practitioners.</p> <p>All individuals involved in a sexual assault—victims and perpetrators—are referred for mental health assessments. Residents may decline to speak with healthcare staff, in which case referrals to Family Service Alliance are available. Family Service Alliance can provide telephone support, coordinate on-site assistance, and offer in-person services.</p> <p>Finding:</p> <p>Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>The facility is substantially compliant with all provisions of PREA Standard 115.83. PWCC provides timely medical and mental health services, ensures access to external support (Family Service Alliance), follows IDOC policy and CDC guidelines, offers services at no cost, and maintains appropriate follow-up and continuity of care. No corrective actions are required for any subsection.</p> |
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| 115.86 | Sexual abuse incident reviews |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied upon to make Compliance Determination:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC Field Memorandum (FM) PWCC No.149.01.01.001 V. 3.0 PREA (approved) |

02/1/2025)

- IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination
- Completed IDOC PREA Sexual Abuse Incident Review Reports
- Completed Investigations Reports
- PREA Annual Report 2023-Improvement
- Interview with Warden or Designee:
- Interview with PREA Compliance Manager:
- Interview with Incident Review Team Member

Reasoning and Analysis (by Provision)

115.86(a-b)

What was read, as part of a systematic review of evidence:

PWCC PAQ indicated:

IDOC SOP No. 149.01.01.001 V.6.0 requires PWCC to conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation within 30 calendar days, unless the allegation is determined to be unfounded. The Unit Head must assemble a review team composed of upper-level facility management and must seek input from line supervisors, investigations, and medical and mental health staff.

The review team is required to assess all factors outlined in the PREA Sexual Abuse Incident Review, provide recommendations for improvement, and submit the completed report to the facility head and the PREA Compliance Manager. The policy further requires the Unit Head to implement the recommendations or document the reasons for not doing so and then forward the completed review form to the PREA Coordinator.

The facility reported that 11 criminal and/or administrative investigations of alleged sexual abuse were completed in the past 12 months, excluding unfounded incidents. All 11 cases were followed by a sexual abuse incident review within 30 days of the investigation's completion, as required.

Documentation Review:

Review of Completed Investigation Reports and IDOC PREA Sexual Abuse Incident Review Reports:

The auditor reviewed 10 completed investigation reports to determine whether incident reviews were completed within the required 30-day timeframe. One report was unavailable because the Idaho State Police conducted that investigation and retains the report. The facility provided 11 completed PREA Sexual Abuse Incident Review reports, all showing timely completion within 30 days.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.86(c)

What was read, as part of a systematic review of evidence:

The PWCC PAQ indicated that the incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Page 24 of IDOC SOP No. 149.01.01.001 V.6.0 similarly mandates that the Unit Head assemble such a team.

Documentation Review:

Review of completed PREA Sexual Abuse Incident Review Reports confirmed that all 11 reports included the names and titles of review team members. These included the PREA Compliance Manager, Investigator, Shift Commander, Clinical Supervisor, and Director of Nursing.

What was heard, as part of a systematic review of evidence:

Interview with Warden or Designee:

The Warden confirmed that PWCC maintains a sexual abuse incident review team consisting of upper-level management officials as well as line supervisors, investigators, and medical or mental health practitioners. The process ensures appropriate and relevant input.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.86(d)

What was read, as part of a systematic review of evidence:

The PWCC PAQ indicated that page 24 of IDOC SOP No. 149.01.01.001 V.6.0 requires the facility to prepare a report of its findings from sexual abuse incident reviews. This report must include determinations required under paragraphs (d)(1)–(d)(5), along with any recommendations for improvement. The report must be submitted to the facility head and the PREA Compliance Manager.

Documentation Review:

Review of completed PREA Sexual Abuse Incident Review Reports showed that each report addressed all required elements under paragraphs (d)(1)–(d)(5). All questions were present and completed.

What was heard, as part of a systematic review of evidence:

Interview with Warden or Designee:

The Warden stated that the incident review process is used to evaluate policy implementation, identify training needs, and assess other measurable outcomes related to sexual safety. The Warden noted that not all cases result in policy or practice changes. The review team is required to consider:

1. Whether the allegation indicates a need to modify policy or practice.
2. Whether the incident may have been motivated by factors such as race, ethnicity, gender identity, LGBTI status or perceived status, gang affiliation, or other group dynamics.
3. The physical layout of the area where the incident allegedly occurred.
4. The adequacy of staffing levels in that area across all shifts.

5. Whether monitoring technology should be deployed or enhanced.

Interview with PREA Compliance Manager:

The PCM confirmed that the facility conducts incident reviews in accordance with policy and that the PCM is responsible for facilitating the meeting within 30 days of an investigation's completion. The PCM described the intake and triage process and explained how reports are assigned and monitored through closure.

Interview with Incident Review Team Member:

The team member confirmed that all required elements in Standard 115.86(d)(1)-(5) are reviewed and that recommendations are documented and submitted to the Warden through the PCM.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.86(e)

What was read, as part of a systematic review of evidence:

The PWCC PAQ indicated that the facility implements recommendations for improvement or documents reasons when recommendations are not adopted. PWCC provided its 2023 PREA Annual Report, which contained no recommendations for the facility for that year. The most recent recommendation implemented was in 2022, when 120 cameras were installed with a 30-day recording retention capability.

Interviews with the Warden, PREA Compliance Manager, and Statewide Quality Control Manager confirmed that systems are in place to ensure that information from incident reviews is used to support improvements. The Warden reported that if a review identifies needed changes, the facility takes immediate action to implement a corrective plan to reduce risk.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

| 115.87 | Data collection |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | Evidence Relied Upon in making Compliance Determinations: <ul style="list-style-type: none">• PWCC PAQ• IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination• Agency PREA Annual Report |

- Bureau of Justice Survey Report
- CoreCivic PREA Annual Report
- Interview with PREA Coordinator

Reasoning and Analysis (by provision):

115.87(a-f)

What was Read, and Heard, as part of a Systematic Review of Evidence:

The agency collects data in accordance with policy definitions that align with PREA standards. IDOC SOP No. 149.01.01.001 V.6.0 requires the department to collect and review data on all incidents of sexual abuse and sexual harassment occurring in correctional facilities. Annually, this data is used to assess and improve the effectiveness of policies, practices, and training related to sexual abuse prevention, detection, and response.

The PREA Coordinator aggregates required data to complete the Survey of Sexual Violence (SSV) conducted by the U.S. Department of Justice. The coordinator also prepares an annual report identifying problem areas and corrective actions taken. Once approved by the Director, this report is posted on the IDOC website (www.idoc.idaho.gov). All collected data is securely retained for 10 years following the date of initial collection.

Documentation Review

The agency provided DOJ sexual violence data from the previous calendar year for review. The most recent Survey of Sexual Victimization (2023) was available, and the auditor reviewed the data submitted to the Department of Justice.

During the audit cycle, the Idaho Department of Correction received data from a CoreCivic-contracted facility. Agency policy requires that incident-based and aggregated data be collected from every private facility that contracts with IDOC to confine residents.

The auditor confirmed that all elements required for the SSV are maintained and can be used to complete the report if requested. The PREA Coordinator affirmed that all required data elements are tracked. Investigatory files and incident tracking reports were also reviewed.

The auditor noted that IDOC maintains clear rules regarding record retention. Copies of criminal investigative files involving resident-on-resident contact are retained locally, with copies forwarded to the SIU office. The PREA Coordinator receives all incident outcomes and verifies the accuracy of the data.

Finding

Based on the analysis, the facility is substantially compliant with this standard. No corrective action is required.

The Idaho Department of Correction has an effective system in place for collecting uniform data suitable for completing the Survey of Sexual Violence. The agency's annual PREA report documents these efforts, and IDOC SOP No. 149.01.01.001 V.6.0

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| | demonstrates the agency's commitment to meeting the standard's data collection requirements. |
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| 115.88 | Data review for corrective action |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Evidence Relied upon to make Compliance Determination:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination • Agency PREA Annual Report • Interview with Agency Head • Interview with PREA Coordinator • Interview with PREA Compliance Manager <p>Reasoning and Analysis (by Provision)</p> <p>115.88(a)</p> <p>What was read, as part of a systematic review of evidence: The agency reviews data collected and aggregated pursuant to §115.87. The Idaho Department of Corrections (IDOC) uses data related to PREA incidents and other critical safety events to identify opportunities for program improvement. Both central office staff and facility-level administrative teams review critical incidents to enhance safety and inform decision-making.</p> <p>What was heard, as part of a systematic review of evidence: Interviews with the Warden and the Director of the Department of Corrections confirm that critical analysis occurs at both the facility and agency levels. The Warden noted that the team examines trends emerging from critical incidents to guide policy and procedural adjustments, as well as resource allocation. The Director emphasized that the agency is data-driven and utilizes specialized teams to analyze and disseminate information to all facilities.</p> <p>Finding: Based on the analysis, the facility is substantially compliant with this standard. No corrective action is required.</p> <p>115.88(b)</p> <p>What was read, as part of a systematic review of evidence: The annual report includes a comparison of current-year data and corrective actions with data from prior years. IDOC's annual report provides facility-by-facility comparisons of sexual assault and sexual harassment allegations, including the contracted facility. The data comparison includes whether the accused was a staff</p> |

member or an incarcerated person and documents the outcome determinations. The report also tracks PREA-related improvements across facilities and includes information on complaints reported through the state hotline to the SIU team and the PREA Coordinator's office.

Finding:

Based on the analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.88(c)

What was read, as part of a systematic review of evidence:

The agency makes its annual report readily available to the public through its website at least once per year. The annual reports are approved by the agency head prior to publication. The Director confirmed that she reviews and approves the PREA report prepared by the agency's PREA Coordinator before it is posted on the department's website.

Finding:

Based on the analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.88(d)

What was read, as part of a systematic review of evidence:

When information is redacted from an annual report prior to publication, IDOC limits redactions to material that, if released, would pose a clear and specific threat to facility safety and security. The agency identifies the nature of any redacted material. The auditor confirmed through documentation review that IDOC removes all identifying information from summary reports. Several PREA-related reports reviewed by the auditor presented cumulative data without the use of identifiers.

Finding:

Based on the analysis, the facility is substantially compliant with this standard. No corrective action is required.

| 115.89 | Data storage, publication, and destruction |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence Relied upon to make Compliance Determination:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination • Interviews with the PREA Compliance Manager • Interview with Statewide Quality Control Manager |

- Interviews with Investigators
- Interviews with Screening staff

Reasoning and Analysis (by Provision)

115.89(a)

What was reviewed as part of a systematic analysis of evidence:

The agency ensures that both incident-based and aggregate PREA data are securely retained. The Idaho Department of Corrections (IDOC) maintains policies addressing information security, including IDOC SOP No. 149.01.01.001 V.6.0, which requires that all collected data be securely stored for 10 years from the date of initial collection.

Interviews with the Statewide Quality Control Manager, staff responsible for screenings, the Investigator, and medical and mental health personnel confirmed that multiple layers of controls are in place to safeguard information and prevent unnecessary disclosure.

The Investigative Officer at Pocatello Women's Correctional Center maintains a secure office for investigative materials. Final investigative reports are also submitted to the PREA Office. Criminal cases involving staff are not retained on-site; instead, they are managed by the Special Investigations Unit or the Idaho State Police.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.89(b)

What was reviewed as part of a systematic analysis of evidence:

The Idaho Department of Corrections publishes annual PREA reports on its public website detailing PREA incidents and the agency's ongoing efforts to maintain a zero-tolerance culture. These reports describe both agency-wide and facility-specific actions to support PREA-safe environments. The website also includes PREA incident information for contracted facilities. A review of the state's website confirms that annual reports are available dating back to 2017.

115.89(c)

What was reviewed as part of a systematic analysis of evidence:

Review of the annual reports posted on the state's website indicates that no personal identifiers are included.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

115.89(d)

What was reviewed as part of a systematic analysis of evidence:

IDOC SOP No. 149.01.01.001 V.6.0 outlines the responsibilities of the Agency PREA Coordinator, including the requirement to collect and retain all PREA-related incident data. The policy specifies that such data must be securely maintained for 10 years

from the date of initial collection, unless otherwise required by federal, state, or local law. The Agency PREA Coordinator confirmed their understanding of this retention requirement.

Finding:

Based on this analysis, the facility is substantially compliant with this standard. No corrective action is required.

This conclusion is supported by a review of agency policies and procedures, direct observations, staff interviews, and documentation available at both the facility and on the agency's website.

| 115.401 | Frequency and scope of audits |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <hr/> <p>Evidence Relied upon to make Compliance Determination:</p> <ul style="list-style-type: none">• PWCC PAQ• IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination• Agency Website• Documentation review• Email attachments, including time-stamped photographs of signs posted prior to audit.• Interviews• Site Review/Tour Observation <p>Reasoning and Analysis (by provision):</p> <p>115.401(a-b, h,i, m-n,)</p> <p>A review of the agency's website and prior Final Audit Reports indicates that the IDOC remains compliant with this standard. During the previous three-year audit cycle, IDOC ensured that all facilities under its operation were audited at least once.</p> <p>The auditor was granted full access to all areas of the facility and was able to observe operations without restriction. Facility leadership provided unrestricted access to staff, inmates, and all relevant locations.</p> <p>The auditor received all documentation necessary to determine compliance, including copies of all pertinent records. Private interviews were conducted with residents, specialized staff, and a random sample of additional staff.</p> <p>Before the on-site review, the auditor's contact information was provided to the facility for posting in inmate living areas to announce the upcoming audit. These</p> |

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| | <p>notices were sent to agency and facility staff six weeks prior to the on-site visit and were observed posted throughout the facility.</p> <p>Residents were permitted to send confidential correspondence to the auditor in the same manner as communications with legal counsel; no correspondence was received.</p> <p>The auditor was permitted to request and obtain copies of any additional relevant documents, including electronically stored information.</p> <p>In the auditor’s judgment, these practices demonstrate that the agency was fully compliant with this standard in all material respects during the review period.</p> <p>Finding: Based on the evidence reviewed, the facility demonstrates substantial compliance with PREA Standard 115.401(a-b, h,i, m-n,). No corrective action is required.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>Evidence relied upon to make Compliance Determination:</p> <ul style="list-style-type: none"> • PWCC PAQ • IDOC SOP No. 149.01.01.001 V.6.0 Prison Rape Elimination • IDOC Website (https://www.idoc.idaho.gov/content/prisons/prea) • Interview with the PREA Compliance Manager • Interview with the Statewide Quality Control Manager <p>Reasoning and Analysis (by provision):</p> <p>115.403(f)</p> <p>The Idaho Department of Correction’s website has posted all previous PREA audits. This auditor reviewed the information available at https://www.idoc.idaho.gov/content/prisons/prea to assess compliance. The Department has published all PREA Final Audit Reports, which are accessible to the public. The following reports are currently available:</p> <p>IFCRC Audit Report, 2025 NICI Audit Report, 2025 ICIO Audit Report, 2025 ISCC Audit Report, 2024 IMSI Audit Report, 2024</p> |

EBCRC Audit Report, 2024
SBWCC Audit Report, 2024
SAWC Audit Report, 2024
TFCRC Audit Report, 2024
ISCI Audit Report, 2024
SICI Audit Report, 2023
PWCC Audit Report, 2023
TVCRC Audit Report, 2022
NCRC Audit Report, 2022
SBWCC Audit Report, 2022
EBCRC Audit Report, 2022
NICI Audit Report, 2022
ICIO Audit Report, 2022
IFCRC Audit Report, 2021

The Idaho Department of Correction demonstrates strong transparency and compliance with PREA Standard 115.403(f) by consistently posting Final Audit Reports and related PREA materials on its public website. The availability of multiple years of audit documentation, alongside agency policies and the Annual Report, reflects sustained adherence to federal requirements and a commitment to public accountability. The agency's practices fully satisfy the expectations of this standard.

Finding:

The agency is substantially compliant with this standard. No corrective action is required.

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | yes |
| 115.12 (b) | Contracting with other entities for the confinement of inmates | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure | yes |

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| | that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | |
| 115.13 (a) | Supervision and monitoring | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into | yes |

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| | consideration: Any applicable State or local laws, regulations, or standards? | |
| | 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 |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

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| 115.14 (a) Youthful inmates | | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) Youthful inmates | | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) Youthful inmates | | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) Limits to cross-gender viewing and searches | | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.15 (b) Limits to cross-gender viewing and searches | | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the | yes |

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| | facility does not have female inmates.) | |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | 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 inmates (N/A if the facility does not have female inmates)? | yes |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.15 (f) | Limits to cross-gender viewing and searches | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |

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| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates 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 inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in | yes |

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| | formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |
| 115.17 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 | yes |

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| | U.S.C. 1997)? | |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above? | yes |
| 115.17 (b) Hiring and promotion decisions | | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? | yes |
| | Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? | yes |
| 115.17 (c) Hiring and promotion decisions | | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) Hiring and promotion decisions | | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) Hiring and promotion decisions | | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |

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| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, | na |

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| | whichever is later.) | |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) | Evidence protocol and forensic medical examinations | |
| | 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 |
| 115.21 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |

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| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |

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| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | yes |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with | yes |

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| | inmates on how to avoid inappropriate relationships with inmates? | |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how | yes |

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| | to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.33 (a) | Inmate education | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) | Inmate education | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) | Inmate education | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |
| 115.33 (d) | Inmate education | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |

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| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |
| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or | yes |

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| | prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | |
| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |

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| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.41 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? | yes |

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| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? | yes |
| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |

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| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) Screening for risk of victimization and abusiveness | | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) Screening for risk of victimization and abusiveness | | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) Screening for risk of victimization and abusiveness | | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |
| 115.42 (a) Use of screening information | | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of | yes |

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| | being sexually abusive, to inform: Work Assignments? | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) | Use of screening information | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.42 (d) | Use of screening information | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.42 (e) | Use of screening information | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.42 (f) | Use of screening information | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.42 (g) | Use of screening information | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| 115.43 (a) | Protective Custody | |

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| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) Protective Custody | | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | na |
| 115.43 (c) Protective Custody | | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |

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| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) Protective Custody | | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) Protective Custody | | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) Inmate reporting | | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.51 (b) Inmate reporting | | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials | na |

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| | and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | no |
| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | 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 | yes |

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| | is exempt from this standard.) | |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |

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| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | 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 inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |
| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | yes |
| | Does the facility enable reasonable communication between | yes |

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| | inmates and these organizations and agencies, in as confidential a manner as possible? | |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |
| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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 |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a | yes |

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| | 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? | |
| 115.61 (c) | Staff and agency reporting duties | |
| | 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 inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | 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 |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |
| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |

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| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities | no |

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| | responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.67 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? | yes |
| | 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 | yes |

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| | of sexual abuse, does the agency: Monitor any inmate disciplinary reports? | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.67 (d) Agency protection against retaliation | | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) Agency protection against retaliation | | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) Post-allegation protective custody | | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | no |
| 115.71 (a) Criminal and administrative agency investigations | | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, | yes |

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| | including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |

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| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in | yes |

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| | order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | |
| 115.73 (c) Reporting to inmates | | |
| | Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate'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 an inmate'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 an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) Reporting to inmates | | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |

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| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |

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| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |
| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does | yes |

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| | the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | |
| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | yes |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | yes |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | na |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |
| 115.82 (a) | Access to emergency medical and mental health services | |

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| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |

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| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | yes |
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation | yes |

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| | has been determined to be unfounded? | |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |
| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | 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 §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |

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| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | yes |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |

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| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| 115.401 | Frequency and scope of audits | |

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| (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 |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse | yes |

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| | 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.) | |
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