

# PREA Facility Audit Report: Final

**Name of Facility:** South Idaho Correctional Institution

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 03/28/2023

**Date Final Report Submitted:** 07/28/2023

| Auditor Certification   |   |
|---|---|
| The contents of this report are accurate to the best of my knowledge.   | <input checked="" type="checkbox"/>         |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.   | <input checked="" 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 checked="" type="checkbox"/>         |
| <b>Auditor Full Name as Signed:</b> Bruce Kuennen   | <b>Date of Signature:</b><br>07/28/<br>2023 |

| AUDITOR INFORMATION                 |                     |
|-------------------------------------|---------------------|
| <b>Auditor name:</b>                | Kuennen, Bruce      |
| <b>Email:</b>                       | kuennennw@gmail.com |
| <b>Start Date of On-Site Audit:</b> | 02/21/2023          |
| <b>End Date of On-Site Audit:</b>   | 02/23/2023          |

| FACILITY INFORMATION              |   |
|-----------------------------------|---|
| <b>Facility name:</b>             | South Idaho Correctional Institution            |
| <b>Facility physical address:</b> | 13900 Pleasant Valley Road, Kuna, Idaho - 83634 |
| <b>Facility mailing address:</b>  |   |

| <b>Primary Contact</b>   |                         |
|--------------------------|-------------------------|
| <b>Name:</b>             | Terri Shewmaker         |
| <b>Email Address:</b>    | tshewmak@idoc.idaho.gov |
| <b>Telephone Number:</b> | 208-336-1260            |

| <b>Warden/Jail Administrator/Sheriff/Director</b> |                        |
|---|------------------------|
| <b>Name:</b>                                      | Noel Barlow-Hust       |
| <b>Email Address:</b>                             | nbarlow@idoc.idaho.gov |
| <b>Telephone Number:</b>                          | 208-336-1260           |

| <b>Facility PREA Compliance Manager</b> |                         |
|---|-------------------------|
| <b>Name:</b>                            | Terri Shewmaker         |
| <b>Email Address:</b>                   | tshewmak@idoc.idaho.gov |
| <b>Telephone Number:</b>                | O: 2083361260- 5102     |

| <b>Facility Health Service Administrator On-site</b> |                              |
|--|------------------------------|
| <b>Name:</b>   | Abby Luensmann               |
| <b>Email Address:</b>                                | aluensmann@TeamCenturion.com |
| <b>Telephone Number:</b>                             | 208-336-1260                 |

| <b>Facility Characteristics</b>  |     |
|--|-----|
| <b>Designed facility capacity:</b>   | 700 |
| <b>Current population of facility:</b>   | 659 |
| <b>Average daily population for the past 12 months:</b>                        | 659 |
| <b>Has the facility been over capacity at any point in the past 12 months?</b> | No  |

|  |  |
|--|--|
| <b>Which population(s) does the facility hold?</b>   | Both females and males   |
| <b>Age range of population:</b>  | 19-77  |
| <b>Facility security levels/inmate custody levels:</b>   | minimum-majority, medium and retained jurisdiction females-limited |
| <b>Does the facility hold youthful inmates?</b>  | No   |
| <b>Number of staff currently employed at the facility who may have contact with inmates:</b>                       | 118  |
| <b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b> | 23   |
| <b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>             | 121  |

#### AGENCY INFORMATION

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

#### Agency Chief Executive Officer Information:

|                          |                        |
|--------------------------|------------------------|
| <b>Name:</b>             | Josh Tewalt            |
| <b>Email Address:</b>    | jtewalt@idoc.idaho.gov |
| <b>Telephone Number:</b> | 2086582000             |

#### Agency-Wide PREA Coordinator Information

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

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

|   |  |
|---|--|
| 0 |  |
|---|--|

#### Number of standards met:

|    |  |
|----|--|
| 45 |  |
|----|--|

#### Number of standards not met:

|   |  |
|---|--|
| 0 |  |
|---|--|

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

|   |            |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2023-02-21 |
| 2. End date of the onsite portion of the audit:   | 2023-02-23 |

#### Outreach

|   |  |
|---|--|
| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No |
|---|--|

### AUDITED FACILITY INFORMATION

|  |  |
|--|--|
| 14. Designated facility capacity:  | 700  |
| 15. Average daily population for the past 12 months:                             | 659  |
| 16. Number of inmate/resident/detainee housing units:                            | 4  |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

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

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

|  |     |
|--|-----|
| <b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>   | 645 |
| <b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>  | 12  |
| <b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 63  |
| <b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>  | 3   |
| <b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>   | 2   |
| <b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>  | 2   |
| <b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>   | 66  |

|   |                                |
|---|--------------------------------|
| <p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>2</p>                       |
| <p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>6</p>                       |
| <p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>  | <p>184</p>                     |
| <p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>                                     | <p>0</p>                       |
| <p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p> | <p>No additional comments.</p> |
| <p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>   |                                |
| <p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>   | <p>118</p>                     |
| <p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>   | <p>5</p>                       |

|   |   |
|---|---|
| <p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>                        | <p>17</p>   |
| <p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p> | <p>No additional comments</p>   |
| <p><b>INTERVIEWS</b></p>  |   |
| <p><b>Inmate/Resident/Detainee Interviews</b></p>   |   |
| <p><b>Random Inmate/Resident/Detainee Interviews</b></p>  |   |
| <p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>  | <p>20</p>   |
| <p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>   | <p> <input type="checkbox"/> Age<br/> <input checked="" type="checkbox"/> Race<br/> <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br/> <input type="checkbox"/> Length of time in the facility<br/> <input checked="" type="checkbox"/> Housing assignment<br/> <input checked="" type="checkbox"/> Gender<br/> <input type="checkbox"/> Other<br/> <input type="checkbox"/> None </p> |
| <p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>  | <p>Random list generated, then checked to ensure that each unit was covered.</p>  |
| <p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>  | <p> <input checked="" type="radio"/> Yes<br/> <input type="radio"/> No </p>   |



|   |                        |
|---|------------------------|
| <b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>  | No additional comments |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>   |                        |
| <b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>   | 20                     |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> |                        |
| <b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 2                      |
| <b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>  | 5                      |
| <b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 1                      |

|  |    |
|--|----|
| <b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>   | 3  |
| <b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>  | 2  |
| <b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>                  | 8  |
| <b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>                    | 2  |
| <b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>  | 6  |
| <b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b> | 23 |

|   |   |
|---|---|
| <p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p> | <p>0</p>  |
| <p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>   | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>  | <p>Segregation is not used solely for this purpose</p>  |
| <p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>  | <p>No additional comments</p>   |
| <p><b>Staff, Volunteer, and Contractor Interviews</b></p>   |   |
| <p><b>Random Staff Interviews</b></p>   |   |
| <p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>  | <p>12</p>   |

|  |  |
|--|--|
| <p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>   | <p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>  | <p>None</p>  |
| <p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>   |  |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> |  |
| <p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>   | <p>13</p>  |
| <p><b>76. Were you able to interview the Agency Head?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |
| <p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>  |

|  |  |
|--|--|
| <b>78. Were you able to interview the PREA Coordinator?</b>        | <input checked="" type="radio"/> Yes<br><input type="radio"/> No   |
| <b>79. Were you able to interview the PREA Compliance Manager?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><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) |

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

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

|   |   |
|---|---|
|   | <input type="checkbox"/> Other  |
| <b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>  | 1   |
| <b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>  | <input checked="" type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input type="checkbox"/> Religious<br><input type="checkbox"/> Other   |
| <b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No  |
| <b>a. Enter the total number of CONTRACTORS who were interviewed:</b>   | 2   |
| <b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input type="checkbox"/> Security/detention<br><input type="checkbox"/> Education/programming<br><input checked="" type="checkbox"/> Medical/dental<br><input type="checkbox"/> Food service<br><input type="checkbox"/> Maintenance/construction<br><input type="checkbox"/> Other |
| <b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>   | None  |

## 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.

|  |  |
|--|--|
| <b>84. Did you have access to all areas of the facility?</b>   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>Was the site review an active, inquiring process that included the following:</b>   |  |
| <b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>                                      | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |
| <b>88. Informal conversations with staff during the site review (encouraged, not required)?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No |



|  |             |
|--|-------------|
| <p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p> | <p>None</p> |
|--|-------------|

**Documentation Sampling**

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

|  |  |
|--|--|
| <p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p> | <p><input checked="" type="radio"/> Yes<br/><input type="radio"/> No</p> |
|--|--|

|   |             |
|---|-------------|
| <p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> | <p>None</p> |
|---|-------------|

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

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

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

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

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

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

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

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 0         | 0               | 1             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 1         | 1               | 1             |
| <b>Total</b>                         | 0       | 1         | 1               | 2             |

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

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| <p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>                  |
| <p><b>Inmate-on-inmate sexual abuse investigation files</b></p>   |   |
| <p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>  | <p>1</p>  |
| <p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>  | <p><input 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><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>  | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p> |
| <p><b>Staff-on-inmate sexual abuse investigation files</b></p>  |   |
| <p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>   | <p>3</p>  |
| <p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>   | <p><input type="radio"/> Yes</p> <p><input 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><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p> |
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**Sexual Harassment Investigation Files Selected for Review**

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| <p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p> | <p>1</p> |
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| <p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p> | <p><input 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> |
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**Inmate-on-inmate sexual harassment investigation files**

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| <p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p> | <p>1</p> |
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| <p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
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| <p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p> | <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
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| <b>Staff-on-inmate sexual harassment investigation files</b>   |  |
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| <b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>  | 1  |
| <b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| <b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>  | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| <b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>  | None   |
| <b>SUPPORT STAFF INFORMATION</b>   |  |
| <b>DOJ-certified PREA Auditors Support Staff</b>   |  |
| <b>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b> | <input type="radio"/> Yes<br><input checked="" type="radio"/> No   |

## Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

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

The audited facility or its parent agency

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

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

Other



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

| <b>115.11</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>  |
|---------------|--|
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>  |
|               | <p><b>Auditor Discussion</b></p>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149 Version 4.0, Prison Rape Elimination, approved May 17, 2021</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, approved January 21, 2021</li> <li>• IDOC Field Memorandum 149.01 SICI, Prison Rape Elimination, approved February 6, 2023</li> <li>• IDOC Organizational Chart</li> <li>• Facility Organizational Chart</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with Director Josh Tewalt</li> <li>• Interviews with Agency PREA Coordinator Teresa Jones</li> <li>• Resident interviews</li> </ul> |

- Staff interviews

**Site Review Observations**

- Interactions between staff and residents
- Posted signs
- Discussions of staffing levels

The agency’s primary document which states its commitment to zero tolerance is IDOC Policy 149 Version 4.0, Prison Rape Elimination. IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination outlines in detail the policies, procedures, and approach to prevent, detect, and respond to sexual abuse and sexual harassment. IDOC Field Memorandum 149.01 SICI, Prison Rape Elimination, approved February 6, 2023 outlines specific procedures unique to SICI.

These policies, resident handbooks, posted signs, staff and resident interviews, observations of interaction between staff and residents all support the conclusion that a culture of zero tolerance is well established at the facility.

The agency’s PREA Coordinator is Teresa Jones. Her position is full-time, dedicated to overseeing the agency’s efforts to comply with PREA standards. She reports to a person of sufficient authority within the agency and supports designated PREA Managers at each of the department’s 14 correctional facilities, including SICI.

Evidence that the PREA Compliance Manager has sufficient time and authority to complete her job is the achievement of a high level of compliance with applicable PREA standards. The response from most interviewed residents that they felt safe being housed at this facility is further evidence that the purpose and intent of the standards is being met.

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| <b>115.12</b> | <b>Contracting with other entities for the confinement of inmates</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Contracts with two private agencies</li> <li>• PREA Audit reports for two contract prisons</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with agency contract administrator Stephen Grill</li> <li>• Interview with agency PREA Coordinator</li> </ul> |

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|  | <p>The Idaho State Department of Correction contracts with two private agencies who house their inmates in two prisons, one of which is outside the state of Idaho. Core Civic operates the Saguaro Correctional Center in Saguaro, Arizona, housing up to 477 Idaho residents in a prison with a capacity of 1,680. Management Training Corporation operates the Correctional Alternative Placement Program (CAPP) near Boise, with up to 442 residents. Both contracts require the private agencies to comply with PREA standards.</p> <p>Both facilities have been audited for compliance with PREA standards within the last three years, and both were found to be in 100% compliance. Mr. Grill holds the position of Deputy Warden within the IDOC; he actively monitors the compliance of the two facilities, including regular reporting and on-site audits.</p> <p>Based on this information, the auditor determined that the agency is in full compliance with this standard.</p> |
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| <b>115.13</b> | <b>Supervision and monitoring</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149 Version 4.0, Prison Rape Elimination, approved May 17, 2021</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, approved January 21, 2021</li> <li>• SICI Staffing Plan</li> <li>• Quarterly Meeting Agendas</li> <li>• Agency Annual Report 2020</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with Deputy Warden</li> <li>• Interview with Agency PREA Coordinator</li> <li>• Resident interviews</li> <li>• Staff interviews</li> </ul> <p><b>Site Review Observations</b></p> <ul style="list-style-type: none"> <li>• Discussions of staffing levels for each area of the facility</li> </ul> <p>The facility provided a seventeen-page detailed staffing plan that outlines the minimum staffing levels for both line and supervisory staff. The plan outlines how each of the requirements - (1) through (11) was met in setting the minimum staffing</p> |

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|  | <p>levels. In addition, the facility provided documentation of an annual meeting in which the staffing plan was reviewed.</p> <p>The plan indicates that the facility has 21 supervisory staff including the warden, two deputy wardens, two lieutenants, and eleven sergeants. It also has 11 corporals, 86 correctional officer positions, program and clinical staff, and administrative positions.</p> <p>The auditor confirmed the minimum staffing levels of each housing unit and other areas where residents are present during the site review. At each housing unit, he questioned facility staff as to the minimum level of staff that was always present on each unit. Staff shortages caused deviations from the staffing plan within the last year, but did not cause the facility to deviate from filling its mandatory positions.</p> <p>The facility is well-equipped with an extensive system of internal and external security cameras, and the camera data is recorded and stored for possible use to support or contradict allegations of sexual abuse or harassment.</p> <p>In the opinion of the auditor, the housing units are adequately staffed - i.e., the staffing levels met the minimum necessary to prevent, detect, and respond to incidents of sexual abuse and sexual harassment. Supervisory staff interviews and written documentation indicate that unannounced rounds are regularly conducted for all areas of the facility on all shifts.</p> <p>Quarterly PREA meeting agendas indicate that the staffing plan and staffing levels of each facility are discussed between the agency PREA Coordinator and the individual facility PREA Managers.</p> <p>The 2020 agency annual report indicated that there were two reports of sexual abuse at SICI in that year. The absence of substantiated reports of sexual abuse for the one-year period prior to the on-site visit is further evidence of the adequacy of staffing levels. Likewise, resident interviews that uncovered zero incidents of sexual abuse or harassment and the very high percentage of residents feeling safe is evidence that the facility meets this standard.</p> |
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| <b>115.14</b> | <b>Youthful inmates</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Pre-audit Questionnaire (PAQ)</li> </ul> <p><b>Interviews</b></p> |

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|  | <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p><b>Site Review Observations</b></p> <ul style="list-style-type: none"> <li>• Observation of apparent age of residents</li> </ul> <p>The facility’s response to the PAQ indicated that SICI does not house residents under the age of 18. On the site review (tour) the auditor observed no residents whose youthful appearance required him to ask for verification of age.</p> <p>Forty resident interviews were conducted. Some documents which contained the ages of residents were reviewed. None of these interviews or records indicated that a resident was under the age of 18.</p> <p>All evidence leads to a finding of compliance with standard 115.14.</p> |
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| <b>115.15</b> | <b>Limits to cross-gender viewing and searches</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 317.02.01.001, Version 2.0, Searches: Cells, Units, and residents</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, approved January 21, 2021</li> <li>• Random sample of staff training records</li> <li>• Memo describing corrective action steps taken</li> <li>• Text of the training module questions and answers</li> <li>• Spreadsheet documenting that all staff received the corrective training and passed the module test</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p><b>Site Review</b></p> <ul style="list-style-type: none"> <li>• Observation of opposite gender announcements</li> <li>• Observation of posted signs</li> </ul> <p>Statements of facts, staff interviews, and auditor observations consistently indicated</p> |

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|  | <p>that the facility does not conduct cross-gender visual body searches. One hundred percent of resident interviews indicated that the interviewed inmates had not been subject to such searches at this facility.</p> <p>IDOC SOP 317.02.01.001 requires that correctional officers make their best efforts to allow offenders to shower, perform bodily functions, and change clothing without 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. The auditor observed physical barriers including curtains in every shower facility. Inmate interviews all indicated the offenders had not been required to be fully naked before a female staff person at this facility.</p> <p>IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination requires that staff of the opposite gender announce their presence when entering an offender housing area. The auditor verified that this occurred consistently during the site review. Staff and inmate interviews indicated that this occurs in regular practice.</p> <p>The auditor confirmed that proper means of conducting resident pat searches were a part of both preservice and in-service training. Interviewed staff confirmed that they had received this training. However, staff interviews indicated that there was confusion among staff regarding the IDOC policy on searching transgender residents.</p> <p>Upon review of this evidence, the auditor concluded that the facility did not comply with provision 115.15(f) at the time of the onsite audit, but that It complied with the other provisions of this standard in all material ways.</p> <p>During the first 40 days of the corrective action period, the facility developed a re-training module for resident searches which included the department's policy concerning the searching of transgender residents. The training was provided to all correctional staff, and the facility provided documentation that all staff received the training and passed the test which demonstrated that they now understood the department's policy.</p> <p>Facility management and the agency PREA Coordinator participated in the development of the following corrective action plan.</p> <p>The auditor now finds that the facility meets this standard in all material ways.</p> |
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| <b>115.16</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b> |
|               | <b>Auditor Overall Determination:</b> Meets Standard                            |
|               | <b>Auditor Discussion</b>   |
|               | <b>Documents</b>  |

- IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination, approved January 21, 2021
- Verification of IDOC contract with Language Link
- Memo dated July 25 regarding efforts to communicate with residents with disabilities, date July 25, 2023
- Sign-in sheets to peer education classes for randomly chosen residents with disabilities
- "Language Check" Hand Out

### **Interviews**

- Agency head interview
- Staff interviews
- Resident interviews

### **Site Review Observations**

- Observations of Spanish versions of posted signs

IDOC Policy 149.01.01.001 outlines the agency's requirements to effectively communicate with residents with disabilities. Targeted resident interviews with randomly chosen residents from these groups indicated that most of these residents understood their rights and the means of reporting abuse or harassment.

The department maintains contracts with Language Link for interpretation services for languages other than English and with an American Sign Language interpreter. The PREA Video is available in English, Spanish, and Closed Captioned formats. Staff and resident interviews indicated that the facility does not rely solely on printed materials in English to communicate with residents for intake, education, acceptance of complaints and reports of abuse or harassment, and investigations all involve face-to-face staff/resident contact so that an assessment can be made of the resident's understanding of the communication.

However, the comprehensive education required by standard 115.33, was not being offered to any inmates at the time of the onsite visit, so in the I and the agency PREA Coordinator participated in the development of a Corrective Action Plan for this standard and standard 115.33. It involved merging PREA education into an already functioning peer mentoring program.

In the first 60 days of the corrective action period, the facility developed a process for delivering comprehensive education concerning PREA to all residents. That process now includes effective means to ensure that those who have disabilities or LEP receive the education and understand its content. The auditor verified that the systematic method of delivering comprehensive education concerning PREA to all new residents occurred within 30 days of their admission to the facility, including those who have disabilities or LEP.

The auditor also verified at the 120-day mark that the education was provided to all

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|  | <p>residents within thirty days of their arrival at the facility. In the auditor's judgment, the facility has institutionalized this process and it is working well. The facility now meets all provisions of this standard.</p> |
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| <b>115.17</b> | <b>Hiring and promotion decisions</b>  |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149 Version 4.0, Prison Rape Elimination, approved May 17, 2021</li> <li>• IDOC Policy 211.07.01.001, Hiring</li> <li>• IDOC Policy 150.01.01.003, Background Checks and Fingerprints, Version 1.0, approved November 9, 2015</li> <li>• Hiring / Promotional Examination Questions</li> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• Background investigation results</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with Agency PREA Coordinator</li> <li>• Interview with Facility PREA Manager</li> </ul> <p>Review of documents and staff interviews indicate that the facility ensures that it does not hire or promote anyone who will have contact with residents who has engaged in prior sexual abuse or harassment at a correctional facility by the following means:</p> <ul style="list-style-type: none"> <li>• Criminal background checks</li> <li>• Signed staff acknowledgment of affirmative duty to disclose such behavior.</li> <li>• Criminal background checks of all staff upon 5th anniversary of hire</li> <li>• Hiring / Promotional Examination Questions relating to PREA standard concerns</li> </ul> <p>The auditor requested and reviewed the evidence provided by the facility for randomly chosen employees - all had passed the background check process before they began work at the facility and those who had with IDOC longer than five years had all been checked, and passed, within the last five years.</p> <p>These same procedures are followed for volunteers and contractors who have contact with residents. PREA and other administrative staff interviews verified that this policy is followed in practice.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is</p> |



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|  | met in policy, procedure, and practice. |
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| <b>115.18</b> | <b>Upgrades to facilities and technologies</b>  |
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|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC Construction Project List, updated January 2023</li> <li>• Annual PREA Report 2007, documenting upgrade to camera system</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency head interview</li> <li>• Agency PREA Coordinator interview</li> </ul> <p><b>Site Review</b></p> <ul style="list-style-type: none"> <li>• Observation of new construction</li> <li>• View of blind spots</li> <li>• View of camera locations</li> <li>• Observation of video monitoring stations</li> <li>• Construction of a new housing unit with a capacity of 152 beds was underway at the time of the onsite audit. It is due to be completed in March 2023.</li> </ul> <p>The facility installed and upgraded its video camera system in 2017. The facility considered the effect of the facility design and camera placement upon the agency’s ability to protect residents from sexual abuse. The agency and the facility comply with this standard.</p> |

| <b>115.21</b> | <b>Evidence protocol and forensic medical examinations</b>   |
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|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> </ul> |

- IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination
- IDOC Policy 504.02.01.001, Version 4.0, Investigations and Intelligence Program
- IDOC Policy 116.02.01.001, Custody of Evidence, Revised February 14, 2003
- IDOC Field Memorandum 149.01 SICI, Prison Rape Elimination, approved February 6, 2023
- Email Correspondence with Ada County Sheriff re: Forensic Protocol
- MOU between IDOC and Ada County Sheriff
- Professional Services Agreement / Sexual Abuse Victim Advocate Services, June 21, 2022

### **Interviews**

- Agency head
- Investigator interview
- Staff interviews

IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination requires appropriate procedural steps for an investigation. The facility tracks the procedural steps required by this standard:

- Access to forensic medical examinations
- Examination by SAFE or SANE practitioners where available
- Access to a victim advocate where available

The Idaho Sexual Assault Kit Initiative Advisory Group (ISAKI) developed a protocol based on the national protocol. They recently added draft standards for prisons and jails. The standards are designed to deliver the same level of trauma-informed care to victims in custody as that delivered in the community.

The agency has a Professional Services Agreement / Sexual Abuse Victim Advocate Services with the Domestic Violence and Sexual Assault Center (DVSAC), dated September 2019 and extended to SICI and other facilities on June 21, 2022. The agreement specifies that the DVSAC will provide on-site victim advocacy services in the event of an alleged rape at the facility.

The facility does not employ SAFE or SANE staff. Forensic examinations are provided at one of the nearby hospitals.

Custody of evidence is governed by IDOC Policy 116.02.01.001. Criminal investigations are handled by the Ada County Sheriff's Office (ACSO), which has an MOU with the Department. The department has requested that the ACSO follow the protocols required by the standard.

The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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| <b>115.22</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |
|               | <p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 440 378"><b>Documents</b></p> <ul data-bbox="331 445 1270 517" style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> </ul> <p data-bbox="256 562 427 595"><b>Interviews</b></p> <ul data-bbox="331 663 868 696" style="list-style-type: none"> <li>• Agency PREA Coordinator interview</li> </ul> <p data-bbox="256 741 504 775"><b>Website review</b></p> <ul data-bbox="331 842 1050 875" style="list-style-type: none"> <li>• <a href="https://www.idoc.idaho.gov/content/prisons/prea">https://www.idoc.idaho.gov/content/prisons/prea</a></li> </ul> <p data-bbox="256 909 1461 1025">The agency has the above-listed policy and procedure which requires administrative and criminal investigations in the event of inmate or third-party allegations of sexual abuse or harassment.</p> <p data-bbox="256 1066 1461 1227">The policies clearly delineate the responsibilities of institution investigative staff and that of the investigative agencies, local law enforcement or the Idaho State Police. This policy delineation of responsibility is made available to the public via the agency’s website as required by the standard.</p> <p data-bbox="256 1267 1437 1339">The auditor’s review of this evidence leads him to the conclusion that this standard was fully met in policy, procedure, and practice at the time of the onsite audit.</p> |

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| <b>115.31</b> | <b>Employee training</b>   |
|               | <p data-bbox="256 1550 959 1583"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 1628 544 1662"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 1706 440 1740"><b>Documents</b></p> <ul data-bbox="331 1807 1445 2089" style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PREA New Employee Orientation PowerPoint Presentation, updated January 2021</li> <li>• PREA Preservice Training (POST) PowerPoint Presentation</li> <li>• PREA Preservice Training (POST) PowerPoint Presentation REVISED, effective September 2021</li> </ul> |

- PREA Inservice Training PowerPoint Presentation
- PREA First Responder “Pocket Card”
- PREA Definitions – Briefing Sheet
- PREA Reporting – Briefing Sheet
- Inservice Computer Training Presentation
- Attestation forms – New Employees & Contractors
- POST Academy (Correctional Officers) – PREA Test Questions
- General Staff Quiz – PREA Test Questions
- Attestation / PREA Test Questions – General Staff – Inservice Computer Training
- Training Memo outlining initial and ongoing training for all staff, contractors, and volunteers
- Training documentation and attestation forms for randomly chosen staff

### **Interviews**

- Agency PREA Coordinator interview
- Staff interviews

IDOC policies and directives require that all staff who have contact with residents receive PREA training upon hire (before being assigned to work on a unit), and annually thereafter. The training includes:

- Zero tolerance
- Prevention, detection, reporting, and response
- Residents’ rights
- Retaliation
- Sexual abuse and harassment in confinement
- Common reactions of victims
- Detection and response to threatened or actual abuse
- Inappropriate relationships with residents
- Communication with LGBTI residents
- Mandatory reporting

IDOC policies require, and auditor interviews and document review indicate that all staff receive this training and understand its content. The document review included a request for six randomly selected corrections staff; evidence was provided that all had completed and signed off as understanding the relevant initial or annual training in 2020. Eighteen facility staff were interviewed, and all demonstrated a good understanding of their responsibilities regarding the prevention, detection, and response to incidents of sexual abuse and harassment.

The department’s training materials are comprehensive, thoughtful, and well-designed. They go beyond just restating the words of the standards; they explain the details and intent. Post-tests are used to ensure that staff understand the content of the training. Briefing sheets are provided to supervisors to remind staff of key training

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|  | <p>points in between training sessions. Training is provided both in classroom sessions and through self-directed computer refresher sessions. Correctional officers are provided with “information cards” that they can carry with them and refer to in the event of a report or discovery of a sexual abuse incident. The cards outline the basics of a first responder’s duties.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is in policy, procedure, and practice.</p> |
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| <b>115.32</b> | <b>Volunteer and contractor training</b>   |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• IDOC Policy 606.02.01.001, Volunteer Services in Correctional Facilities</li> <li>• Limited Service Volunteer Application</li> <li>• PREA Orientation - Limited Service Volunteer</li> <li>• PREA - Volunteer Agreement</li> <li>• PREA Inservice Training PowerPoint Presentation</li> <li>• Inservice Computer Training Presentation</li> <li>• Training Memo outlining initial and ongoing training for all staff, contractors, and volunteers</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator interview</li> <li>• Two contractor interviews</li> <li>• One volunteer interview</li> </ul> <p>IDOC policies and directives require that all volunteers who have contact with inmates receive PREA training upon engagement (before being assigned to volunteer on a unit), and annually thereafter. The training includes:</p> <ul style="list-style-type: none"> <li>• Zero tolerance</li> <li>• Prevention, detection, reporting, and response</li> <li>• Inmates’ rights</li> <li>• Retaliation</li> <li>• Sexual abuse and harassment in confinement</li> <li>• Common reactions of victims</li> <li>• Detection and response to threatened or actual abuse</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• Inappropriate relationships with inmates</li> <li>• Communication with LGBTI inmates</li> <li>• Mandatory reporting</li> </ul> <p>Contractors receive the same training as employees. The auditor interviewed two contract staff (medical providers); they exhibited a good understanding of PREA-related responsibilities.</p> <p>One volunteer was interviewed; he demonstrated a good understanding of his responsibilities regarding the prevention, detection, and response to incidents of sexual abuse and harassment.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |
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| <b>115.33</b> | <b>Inmate education</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Resident Living Guide Resident Brochure – English, Spanish</li> <li>• Agency Electronic offender management system records</li> <li>• Verification of IDOC contract with Language Link</li> <li>• Memo from PREA Coordinator re: How to Use Language Link and How to Contact American Sign Language Interpreter</li> </ul> <p><b>Site Review</b></p> <ul style="list-style-type: none"> <li>• Posted Signs</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Resident interviews</li> </ul> <p>IDOC Policy requires that residents receive comprehensive PREA education within 30 days. This facility had not yet implemented this practice at the time of the onsite audit. Therefore, at the time of the on-site audit, the auditor had found that this standard was not met in practice.</p> |

Staff and resident interviews indicated that the facility did not rely solely on printed materials in English to communicate with residents at intake, Education, acceptance of complaints and reports of abuse or harassment, and investigations all involve face-to-face staff/resident contact so that an assessment can be made of the resident’s understanding of the communication.

In the development of the corrective action plan, the facility management indicated that they intended to use an existing resident mentorship program to meet this standard. The auditor advised them of the following answer to a Frequently Asked Question on the PREA Resource Center website:

“. . . DOJ has determined that a properly developed and executed inmate peer education program does not violate this provision for purposes of providing the inmate education required by standard 115.33. Consistent with the theme of the PREA standards requiring staff, contractors, and volunteers who have contact with inmates to be screened, trained, and supervised, so too must any inmate peer educators. Inmate peer educators must be effectively screened for appropriateness, be effectively trained in the requirements of the standard, utilize an effective inmate education curriculum, and be effectively supervised by qualified staff.” (National PREA Resource Center, April 23, 2014)

In the first 60 days of the corrective action period, the facility developed a process for delivering comprehensive education concerning PREA to all residents. The auditor verified that the systematic method of delivering comprehensive education concerning PREA to all new residents occurred within 30 days of their admission to the facility, including those who have disabilities or LEP.

The facility provided documentation that their method of providing this comprehensive education does indeed use other residents as mentors or “peer educators”. The facility modified its written policy and procedure to describe how the resident mentors

- are screened for appropriateness;
- are trained in the requirements of this standard;
- use an effective resident education curriculum; and
- how they are supervised by qualified staff'

The auditor also verified at the 120-day mark that the education was provided to all residents within thirty days of their arrival at the facility. In the auditor's judgment, the facility has institutionalized this process and it is working well. The facility now meets all provisions of this standard.

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| <b>115.34</b> | <b>Specialized training: Investigations</b>          |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |

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|  | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Updated Miranda Rights Waiver</li> <li>• PowerPoint Presentation for Basic Intelligence and Investigation Training</li> <li>• Certificates of Completion – NIC Course “PREA: Investigating Sexual Abuse in a Confinement Setting” and the “Advanced Investigations” Course</li> <li>• Certificate of Completion – Private Course “PREA Investigations: What Happens After an Investigation”</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff investigator interviews</li> </ul> <p>IDOC Policy 149.01.01.001 requires agency investigators to complete training relating to investigating sexual abuse in a confinement setting. All three of SICI’s investigators have completed two 3-hour NIC online courses on this topic, a private course, and a three-day course provided by the agency that included PREA-related investigative issues. In addition to this training, they attend an annual refresher training provided to all IDOC investigators.</p> <p>The onsite audit interviews of two of these investigators indicated a thorough understanding of the issues and requirements of this standard.</p> <p>Policy statements, investigator interviews, and document review all indicate compliance with this standard.</p> |
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| <b>115.35</b> | <b>Specialized training: Medical and mental health care</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Agency Responses to Pre-Audit Questionnaire</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• One randomly chosen health care staff</li> <li>• One randomly chosen mental health care staff</li> </ul> <p>IDOC policies and procedures require that this training is mandated and provided to</p> |



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|  | <p>all medical and mental health providers, whether they are contract or IDOC employees at both orientation and in-service training no less frequently than annually. Contract medical staff receive the same training that the Department provides to its own employees. The training includes:</p> <ul style="list-style-type: none"> <li>• How to detect and assess signs of sexual abuse and harassment</li> <li>• How to preserve physical evidence</li> <li>• How to respond effectively and professionally</li> <li>• How and to whom to report allegations or suspicions of sexual abuse or harassment</li> </ul> <p>Interviews indicated that this training was received and understood.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |
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| <b>115.41</b> | <b>Screening for risk of victimization and abusiveness</b>  |
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|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>   |
|               | <p><b>Auditor Discussion</b></p>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Screening and rescreening forms for 20 randomly chosen residents</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency PREA coordinator interview</li> <li>• Facility PREA manager interview</li> <li>• Resident interviews</li> </ul> <p>The screening forms require that the intake officer ask specific questions and make his or her observations of the presence of risk factors. In the auditor’s opinion, these criteria are objective in nature, and they are applied objectively. The criteria include:</p> <ul style="list-style-type: none"> <li>• Whether the resident has a mental, physical, or developmental disability</li> <li>• The age and physical build of the resident</li> <li>• Whether the resident has previously been incarcerated</li> <li>• Whether the resident's criminal history is exclusively nonviolent</li> <li>• Whether the resident has prior convictions for sex offenses</li> <li>• Whether the resident identifies or appears to the intake officer as LGBTQI or otherwise gender nonconforming</li> <li>• Previous sexual victimization</li> </ul> |

- The resident's own perception of vulnerability

In addition to screening residents for their vulnerability and risk factors for victimization, the form and intake process are used to assess their risk for being sexually abusive. Prior acts of sexual abuse, prior convictions for violent offenses, and prior history of institutional violence are considered.

Resident interviews indicated that a significant number of residents had missed either their screening or re-screening. Follow-up interviews with the Facility PREA manager indicated that there had been a gap of several months where screenings had been discontinued, although the reason was unknown.

The auditor randomly chose 20 residents and reviewed their screening and rescreening forms, where available. Approximately 30% of the cases reviewed had missed one or both screenings.

The auditor's review of this evidence led him to the conclusion that this standard was not met in practice at the time of the onsite audit.

Facility management and the agency PREA Coordinator participated in the development of a Corrective Action Plan. Within 60 days, they

- Reviewed the records of the then-current population
- Screened the residents not previously screened and re-screened those who were screened at intake but not re-screened.

To verify that this process was completed, the facility

- Provided the auditor with a full list of residents housed at the facility
- For a sample of these residents randomly chosen by the auditor, provided evidence that all had been screened and rescreened, thus showing whether this screening indicated that they were at risk of being victimized or at risk for being sexually abusive to others.

To comply with the corrective action plan, the facility also

- Provided the auditor with a full list of residents admitted between the time of the onsite audit and 30 days prior to the target date
- For a sample of these residents randomly chosen by the auditor, they provided evidence that all had been screened at the time of intake and rescreened within 30 days of intake,

Upon receipt of this documentation, the auditor determined that the facility is now in full compliance with the provisions of this standard.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents**

- IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination
- Completed Offender Screening Forms

**Interviews**

- Staff interviews
- Resident interviews
- Interview with agency PREA Coordinator
- Interview with agency head

Department policies and procedures govern the use of screening information in making housing, bed, work, education, and other program assignments. All describe an individualized process designed to ensure the safety of residents, staff, and the overall facility. Following through on completed Offender Screening Forms and other resident records indicated that referrals to various assignments were made on an individualized, case-by-case basis, when such screenings were performed.

Interviews with the agency deputy director and the agency PREA Coordinator indicated that LGBTI residents are not housed in dedicated facilities, units, or wings.

However, the gap in screening and re-screening noted for the previous standard (115.41) also caused a gap in these individualized referrals. Because a significant number of residents were not screened, the information was not available to ensure that such assignments were made appropriate to the individual resident. The goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive was not able to be fully met, because the determination of victimization and risk was not made for a significant, although relatively small number of residents.

The auditor's review of this evidence leads him to the conclusion that this standard was not fully met in practice at the time of the on-site audit.

Facility management and the agency PREA Coordinator participated in the development of a following Corrective Action Plan. This plan was a repeat of the corrective action plan for the previous standard, 115.41. The same process demonstrated compliance with both standards.

Upon successful completion of the requirements of the corrective action plan, the auditor determined that the facility is now compliant with this standard.

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|  | <b>Auditor Overall Determination:</b> Meets Standard   |
|  | <b>Auditor Discussion</b>  |
|  | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Inmate interviews</li> </ul> <p>A review of applicable IDOC policies, plans, and procedures indicates that alternatives are considered for all at risk offenders, not just those at risk of sexual victimization, prior to involuntary placement in segregated housing.</p> <p>The agency documents the basis for the facility’s concern for the resident's safety and the reasons why alternative means of separation cannot be arranged. Staff and inmate interviews indicated that these procedures are followed in actual practice.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |

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| <b>115.51</b> | <b>Inmate reporting</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination,</li> <li>• IDOC Policy 402.02.01.001, Mail Handling in Correctional Facilities</li> <li>• Resident handbooks</li> <li>• Memorandum of Agreement with Idaho Sheriffs’ Association</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p><b>Site Review Observations</b></p> <p>Posted signs</p> |

Residents learn that they can report sexual abuse or harassment in multiple ways, including:

- Resident handbook
- Posted signs
- Intake Briefing
- Brochures and pamphlets

The internal ways include:

- Verbal report to a correctional officer or other staff
- Written report via resident communication form to any IDOC staff person
- Verbal or written report to the facility PREA Compliance Manager
- Filing an offender grievance

The external ways include:

- PREA Hotline (\*773)
- Letter to the Agency PREA Coordinator
- Letter to the Idaho Sheriffs' Association
- Via a third-party, such as a family member or other community member

Policy specifies that a written complaint can be submitted anonymously; an anonymous report is accepted and investigated. Resident interviews consistently verified that most, but not all residents know of the various internal and external ways of reporting. The level of understanding these methods reflected the gaps in resident education noted above for standard 115.33

Staff interviews confirmed that they understand the importance of documenting verbal reports and the requirement to promptly pass all reports up the chain of command to be addressed. Staff interviews also verified their knowledge of policy regarding their own methods of privately reporting sexual abuse and harassment of residents.

A 1-800 telephone number and a generic email address, [victimservices@idoc.idaho.gov](mailto:victimservices@idoc.idaho.gov), are available for direct contact with the agency PREA Coordinator.

The department has a written agreement with the Idaho Sheriffs' Association (ISA); according to the agreement the ISA will accept resident complaints and refer the information back to the appropriate level of the department for investigation. Mail handling policies allow for such correspondence to be sent anonymously and confidentially.

Line staff interviews indicated that the normal means of notification is to shift commander, supervisor or the facility duty officer. Staff also indicated that they could report to others in the administration, including the facility manager, as opposed to a

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|  | <p>strict interpretation of the chain of command.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard was not fully met in practice at the time of the on-site audit.</p> <p>Facility management and the agency PREA Coordinator participated in the development of a corrective action plan for this standard which was simply the same as for standard 115.33. When the action items were completed and verified by random methods, both standards 115.33 and this one, 115.51, were brought into compliance.</p> |
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| <b>115.52</b> | <b>Exhaustion of administrative remedies</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination,</li> <li>• IDOC Policy 316.02.01.001, Grievance and Informal Resolution Procedure for Offenders</li> <li>• Agency responses to Pre-Audit Questionnaire</li> </ul> <p>The auditor’s review of IDOC Policy indicates that the institution has plans and procedures in place to ensure the following:</p> <ul style="list-style-type: none"> <li>• No time limit is imposed on when an inmate may submit a grievance regarding an instance of sexual abuse</li> <li>• Inmates are not required to use an informal grievance process to resolve an alleged incident of sexual abuse</li> <li>• Inmates are not required to submit a grievance to a staff member who is the subject of a complaint</li> <li>• Such grievances are not referred to a staff member who is the subject of a complaint</li> <li>• The agency issues a final decision within 90 days of the initial filing of the grievance, such 90-day period not including the inmate’s time preparing an administrative appeal</li> <li>• If the agency claims an extension of time to respond, it will notify the inmate in writing of the extension and provide a date by which a decision will be made</li> <li>• Third parties are permitted to assist inmates in filing requests for administrative remedies, and to file such requests on behalf of inmates</li> <li>• The agency will document an inmate’s decision to decline assistance</li> <li>• Emergency grievances may be filed if an inmate alleges that he is at</li> </ul> |

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|  | <p>substantial risk of imminent sexual abuse</p> <ul style="list-style-type: none"> <li>• Emergency grievances are immediately forwarded to a level of review at which corrective action can be taken, a response is provided within 48 hours, and a final agency decision is issued within five calendar days.</li> <li>• The determination of substantial risk and the action taken are documented</li> </ul> <p>Although there were no cases to review to test these plans and procedures in practice, facility responses indicated that such procedures would be followed. In the auditor's judgment, the facility complies in all material ways with this standard.</p> |
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| <b>115.53</b> | <b>Inmate access to outside confidential support services</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination,</li> <li>• IDOC Policy 402.02.01.001, Mail Handling in Correctional Facilities</li> <li>• Agency responses to Pre-Audit Questionnaire</li> <li>• Memorandum of Understanding between IDOC and Just Detention International</li> <li>• MOU between IDOC and the Idaho Suicide Prevention Hotline</li> <li>• Resident Brochures</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Interview with Agency PREA Coordinator</li> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p>Just Detention International (JDI) offers emotional support packets via the mail. The Idaho Suicide Prevention Hotline has a written agreement with the department to provide victim advocacy and support services to inmates who request these services while housed at SICI.</p> <p>Resident interviews conducted at the time of the on-site audit consistently indicated that very few knew how to access these services. The level of understanding of these methods is reflected in the gaps in inmate education noted above for standard 115.33.</p> <p>Inmates are advised of the availability of this service at the intake and via a brochure available to all inmates. The mailing address of JDI is available to inmates via a pamphlet distributed at intake.</p> |

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|  | <p>The auditor's review of this evidence led him to the conclusion that services are available and that methods exist for residents to contact the appropriate agencies, but the gaps in the resident PREA education led to a finding of "Does Not Meet" at the time of the on-site audit.</p> <p>Facility management and the agency PREA Coordinator participated in the development of a corrective action plan for this standard which was simply the same as for standard 115.33. When the action items were completed and verified by random methods, both standards 115.33 and this one, 115.53, were brought into compliance.</p> |
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| <b>115.54</b> | <b>Third-party reporting</b>   |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Inmate handbooks</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Inmate interviews</li> </ul> <p><b>Site Review Observations</b></p> <ul style="list-style-type: none"> <li>• Posted signs (visiting room)</li> </ul> <p>Third-party reporters such as family members can report incidents of sexual abuse and sexual harassment to a 1-800 telephone number and a generic email address, <a href="mailto:victimservices@idoc.idaho.gov">victimservices@idoc.idaho.gov</a>, for direct contact with the agency PREA Coordinator. Such reports are handled immediately in the same manner as first-person reports.</p> <p>Members of the public can learn of these means, and the agency PREA Coordinator's direct telephone number via the department website. The 1-800 number and email address are listed on posted signs in the facility visiting area as well. The auditor confirmed this service is available by interviews of inmates and staff.</p> <p>The auditor's review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |



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| <b>115.61</b> | <b>Staff and agency reporting duties</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Medical staff interviews</li> </ul> <p>IDOC policies and staff training require immediate reporting of circumstances placing an resident in immediate risk of sexual abuse, and action to protect the resident in danger. These same policies clarify that such reporting is limited to the extent necessary to allow administrators to make treatment, investigation, and other management decisions. Medical providers are required by policy, procedure, and initial training to report such circumstances, and to inform residents of this duty and the limits of confidentiality. Staff and contract medical staff interviews consistently demonstrated an understanding of these requirements.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |

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| <b>115.62</b> | <b>Agency protection duties</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Training Materials</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> </ul> <p>IDOC policies and staff training require immediate response to circumstances placing a resident in immediate risk of sexual abuse, including action to protect the resident in danger. Although there have been no circumstances of this severity at the facility, staff interviews consistently demonstrated an understanding of these requirements,</p> |

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|  | <p>which are clearly outlined in training materials.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |
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| <b>115.63</b> | <b>Reporting to other confinement facilities</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Facility responses to Pre-audit questionnaire</li> <li>• Training Materials</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> </ul> <p>IDOC policies and staff training require reporting to other facilities within 72 hours in the event of a report of sexual abuse or harassment at another facility. Although there have been no such at the facility in the past year, staff interviews consistently demonstrated an understanding of these requirements, which are clearly outlined in policy and training materials.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |

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| <b>115.64</b> | <b>Staff first responder duties</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Facility responses to Pre-audit questionnaire</li> <li>• Training Materials</li> <li>• First Responder Card</li> </ul> <p><b>Interviews</b></p> |

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|  | <ul style="list-style-type: none"> <li>• Staff interviews</li> </ul> <p>IDOC policies and staff training require separation of the alleged victim and abuser by the first responder, and actions to preserve the crime scene and preserve evidence. Policies also require these actions of non-custody staff if they are the first responders to the incident.</p> <p>These policies and training are reinforced by a “First Responder Card” which every staff member can carry with them outlining the specific steps required by the standard.</p> <p>Staff and contract staff interviews, training materials and the first responder card consistently supported that staff have an understanding of these requirements. The auditor’s review of this evidence leads him to a conclusion of full compliance with this standard.</p> |
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| <b>115.65</b> | <b>Coordinated response</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• IDOC Field Memorandum 149.01 SICI, Prison Rape Elimination</li> <li>• Professional Services Agreement / Domestic Violence and Sexual Assault Center</li> <li>• MOU with Ada County Sheriff</li> <li>• Facility responses to Pre-audit questionnaire</li> <li>• Training Materials</li> <li>• First Responder Card</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• PREA Compliance Manager interview</li> <li>• Contract medical staff interviews</li> <li>• Investigator interview</li> </ul> <p>IDOC policies and staff training require separation of the alleged victim and abuser by the first responder, and actions to preserve the crime scene and preserve evidence. A detailed coordinated response plan has been developed for SICI, outlining the responsibilities of corrections staff, medical and mental health providers, the facility PREA Compliance Manager, the rape crisis advocacy agency, investigators, and the</p> |

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|  | <p>Warden.</p> <p>Staff and contract staff interviews, and training materials consistently supported that staff have an understanding of their roles in this coordinated plan. The auditor’s review of this evidence leads him to a conclusion of full compliance with this standard.</p> |
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| <b>115.66</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Facility responses to pre-audit questionnaire</li> <li>• Memo from agency PREA Coordinator re: No Collective Bargaining Agreements</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency head interview</li> <li>• Agency PREA Coordinator interview</li> </ul> <p>The auditor’s review of the above-listed materials and the listed interviews found no evidence of a collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The agency and facility are in full compliance with this standard.</p> |

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| <b>115.67</b> | <b>Agency protection against retaliation</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Facility responses to Pre-audit questionnaire</li> <li>• Completed IDOC Retaliation monitoring forms</li> </ul> |

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|  | <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Deputy Warden / PREA Compliance Manager interview</li> <li>• Investigator interviews</li> </ul> <p>IDOC Policy and Procedure outlines the plan to monitor an inmate’s housing, program, and disciplinary status for 90 days following the investigation of an incident of sexual abuse. Policies dictate the prohibitions against retaliation and the disciplinary consequences for those who do so. The department has developed a form to document this monitoring.</p> <p>The auditor reviewed the documentation of investigations conducted in the past 12 months. One sexual abuse allegation was found to be substantiated, and the facility provided documentation that retaliation was monitored in compliance with the standard. No retaliation was discovered.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and in actual practice.</p> |
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| <b>115.68</b> | <b>Post-allegation protective custody</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Agency responses to PREA Pre-Audit Questionnaire</li> <li>• Investigative Reports</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p>A review of applicable IDOC policies, plans, and procedures indicates that alternatives are considered for all at risk offenders, not just those at risk of sexual victimization, prior to involuntary placement in restrictive housing. The facility is a minimum custody institution designed to transition residents back into the community. Transfers to other more secure facilities is used instead of restrictive housing.</p> <p>This process documents the basis for the facility’s concern for the resident's safety and the reasons why alternative means of separation cannot be arranged. Staff and resident interviews indicated that these procedures are followed in actual practice.</p> <p>This evidence leads the auditor to the conclusion that the standard is met in all</p> |

material ways in policy, procedure, and practice.

**115.71 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

**Documents**

- IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination
- Facility responses to Pre-audit questionnaire
- Idaho State Historical Society Records Retention Schedule
- Training records of staff investigator
- Review of completed investigations

**Interviews**

- Staff interviews
- Investigator interviews

IDOC policies and procedures require the following:

- Prompt, thorough, and objective investigations
- Investigation of all allegations, including those from third parties
- Use of available physical and DNA evidence and available electronic monitoring data (video)
- Interviews of alleged victims, suspected perpetrators, and witnesses
- Review of prior reports and complaints of sexual abuse involving the suspected perpetrator
- Assessment of the credibility of an alleged victim, suspect, or witness on an individual basis
- Efforts to determine whether staff actions or failures to act contributed to the abuse

Further, IDOC policies and procedures require

- Investigations performed by persons who have received specialized training to conduct such investigations
- Written reports which contain a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings
- That the departure of an alleged abuser or victim from the employment or custody of the agency does not provide a basis for terminating an

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|  | <p>investigation</p> <ul style="list-style-type: none"> <li>Records retention policies require that such records must be retained.</li> </ul> <p>Staff interviews, and the review of the last year’s investigations indicate that these policies and procedures are consistently followed.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in all substantial ways in policy, procedure, and practice.</p> |
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| <b>115.72</b> | <b>Evidentiary standard for administrative investigations</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>Facility responses to PREA Pre-Audit Questionnaire</li> <li>IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>Training materials</li> <li>All completed investigative files from the last year</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>Investigative staff interviews</li> </ul> <p>IDOC policies, training materials, and investigative staff interviews indicate that the standard determining whether allegations of sexual abuse or sexual harassment are substantiated is a preponderance of the evidence. A review of the completed investigations revealed no instances of applying a higher standard.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |

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| <b>115.73</b> | <b>Reporting to inmates</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> </ul> |

- Facility responses to PREA Pre-Audit Questionnaire
- All completed investigative files
- IDOC PREA Reporting to Inmate Form

**Interviews**

- Investigator interviews
- PREA Compliance Manager interview

IDOC policies and procedures require notification of the reporting resident of the results of administrative investigations, investigations by outside agencies, and investigations referred for criminal prosecution. The auditor reviewed the documentation of all investigations conducted in the year preceding the onsite audit. Documentation of resident notification was included in each case where it was required.

None of these cases alleged staff member abuse, but agency policy requires notification in such cases:

- When the staff member is no longer posted within the resident's unit
- When the staff member is no longer employed at the facility
- When the agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility
- When the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility

Further, IDOC policies and directives require notification of the reporting resident following his allegation that he or she has been sexually abused by another resident, when the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility:

The investigator interviews, review of IDOC policies and procedures, and detailed review of all investigative files for the year preceding the onsite audit all lead the auditor to the conclusion that this standard is met in policy, procedure, and practice.

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| <b>115.76</b> | <b>Disciplinary sanctions for staff</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• IDOC Policy 205.07.01.001, Corrective and Disciplinary Action</li> </ul> |



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|  | <ul style="list-style-type: none"> <li>• IDOC Policy 219, Sexual Misconduct with Offenders</li> <li>• Agency responses to PREA Pre-Audit Questionnaire</li> <li>• Completed investigative files</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager interview</li> </ul> <p>The language of the standard is repeated in IDOC Policy 149.01.01.001. No instances of staff violations of agency sexual abuse or sexual harassment policies have occurred in the past 12 months. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |
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| <b>115.77</b> | <b>Corrective action for contractors and volunteers</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• IDOC Policy 205.07.01.001, Corrective and Disciplinary Action</li> <li>• IDOC Policy 219, Sexual Misconduct with Offenders</li> <li>• Agency responses to PREA Pre-Audit Questionnaire</li> <li>• Completed investigative files</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• PREA Compliance Manager interview</li> <li>• Volunteer interview</li> <li>• Contractor interviews</li> </ul> <p>The language of the standard is repeated in IDOC Policy 149.01.01.001. No instances of contractor or volunteer violations of agency sexual abuse or sexual harassment policies have occurred in the past 12 months. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |

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| <b>115.78</b> | <b>Disciplinary sanctions for inmates</b>            |
|               | <b>Auditor Overall Determination:</b> Meets Standard |

## **Auditor Discussion**

### **Documents**

- IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination
- IDOC Disciplinary Offenses

### **Interviews**

- Staff interviews
- Contractor (medical) interviews

IDOC policies, plans, and directives require that:

- Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse, sexual harassment, extortion, substantiated acts of violence, or following a criminal finding of guilt for offender-on-offender sexual abuse.
- Sanctions are appropriate to the nature of abuse committed, the offender's disciplinary history, and the sanction imposed for comparable offenses by other offenders with similar histories.
- The disciplinary process considers whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, should be imposed.
- An offender may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.
- Disciplinary actions related to staff-on-offender sexual abuse or sexual harassment violations are handled in accordance with IDOC Policy.
- Sexual activity between offenders is prohibited and when discovered, it results in disciplinary sanctions in accordance with the IDOC policy. However, sexual activity between offenders is not considered sexual abuse if it is determined the activity is consensual.
- Engaging in consensual sexual acts with others, defined as "intentional contact between the genitals of one person and the genitals, mouth, anus, or hands of another person with the consent of both participants" is considered a lesser disciplinary violation.
- A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, does not in itself constitute falsely reporting an incident of lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- When the preponderance of evidence exists supporting a false allegation, the offender involved in the false allegation shall be disciplined in accordance with the IDOC policy.

Staff and contractor interviews indicate that these policies are followed in practice. The auditor's review of this evidence leads him to the conclusion that this standard is

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|  | met in policy, procedure, and practice. |
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| <b>115.81</b> | <b>Medical and mental health screenings; history of sexual abuse</b>   |
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|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Agency responses to PREA Pre-Audit Questionnaire</li> <li>• Completed Resident Screening forms</li> <li>• Completed PREA Resident Re-screen Evaluation forms</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Medical staff interviews</li> <li>• Resident interviews</li> </ul> <p>IDOC policies require that if the screening pursuant to this section indicates an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, medical staff ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>IDOC policy requires that the use of any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, who are assisting with making treatment plans and other management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.</p> <p>Review of resident records and staff, medical staff, and resident interviews indicated that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |

| <b>115.82</b> | <b>Access to emergency medical and mental health services</b> |
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|               | <b>Auditor Overall Determination:</b> Meets Standard          |
|               | <b>Auditor Discussion</b>                                     |

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|  | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• Investigation files</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p>IDOC Policies require:</p> <ul style="list-style-type: none"> <li>• That offender 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.</li> <li>• That if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, staff first responders take preliminary steps to protect the victim and immediately notify the appropriate on-call medical and mental health practitioners.</li> <li>• That offenders who become victims of sexual abuse while incarcerated shall be offered timely information about and access to emergency sexually transmitted infections prophylaxis, according to professionally accepted standards of care, where medically appropriate.</li> <li>• That treatment services are provided to the offender victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.</li> </ul> <p>Review of resident records and staff, contractor, and inmate interviews indicated that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |
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| <b>115.83</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |
|               | <b>Auditor Overall Determination:</b> Meets Standard  |
|               | <b>Auditor Discussion</b>   |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• IDOC Policy 303.02.01.001 Classification: Inmate</li> </ul> |

- Facility responses to PREA Pre-Audit Questionnaire

**Interviews**

- Staff interviews
- Medical staff interviews
- Resident interviews

IDOC Policies require:

- All offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit are offered medical and mental health evaluation and treatment, as appropriate.
- The evaluation and treatment of such offender victims include follow-up services, treatment plans, and, when necessary,
- Referrals for continued care following transfer to, or placement in other units in accordance with IDOC medical policies or their release from custody.
- Offender victims are provided medical and mental health services consistent with the community level of care.
- Offenders who become victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.
- A mental health evaluation of all known offender-on-offender abusers is attempted within 60 days of learning of the abuse and initial treatment.

Review of inmate records and staff, contractor, and resident interviews indicated that these policies are followed in practice. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.

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| <b>115.86 Sexual abuse incident reviews</b>   |
| <b>Auditor Overall Determination:</b> Meets Standard  |
| <b>Auditor Discussion</b>   |
| <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• IDOC Field Memorandum 149.01.01.001 SICI, Prison Rape Elimination</li> <li>• Sexual Abuse Incident Review of 2020 Incident</li> <li>• PREA Annual Reports -2018, 2019, 2020</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator interview</li> </ul> |

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|  | <p>IDOC Policies require an administrative review of all alleged sexual abuse and sexual harassment incidents, unless determined unfounded. The Warden is required to obtain input from supervisory staff, investigators, and medical or mental health practitioners when completing the review. The review team includes upper-level management, with input from line supervisors, investigators, and medical or mental health practitioners. The facility is required to implement recommendations that result from the review, or to document the reasons for not doing so.</p> <p>IDOC Policy requires the Warden or designee to conduct a prompt, thorough investigation, after reporting a serious or unusual incident and to complete an Administrative Incident Review. The review is required to include:</p> <ul style="list-style-type: none"> <li>• A review of the circumstances of the incident</li> <li>• The name(s) of the person(s) involved</li> <li>• Events leading up to and following the incident</li> <li>• A consideration of whether the actions taken were consistent with IDOC policies and procedures</li> <li>• A review of whether lesser alternative means of managing the situation were available</li> <li>• An identification of actions, if any, that could be taken to avoid future incidents of a similar nature and identification of training needs</li> <li>• A determination of whether employee action or inaction was a factor</li> <li>• Corrective action taken</li> </ul> <p>A review of the last 12 months' investigations indicated that a full review was completed in accordance with the standard in all cases for which it was required.</p> <p>The facility provided access to three annual reports, for calendar years 2018, 2019, and 2020. The 2019 and 2020 reports each contained an analysis of these incidents statewide and recommendations for addressing the issues.</p> <p>The auditor's review of all investigations records and staff interviews indicates that these policies and the other requirements of the standard are followed in practice. The auditor's review of the evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |
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| <b>115.87</b> | <b>Data collection</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PREA Annual Reports -2018, 2019, 2020</li> </ul> |

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|  | <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator interview</li> </ul> <p>IDOC Policies and Procedures require these statistics to be collected in accordance with Bureau of Justice Statistics (BJS) guidelines. The most recent statistical report and annual report at the time of the onsite audit was for calendar year 2020. The annual reports for 2018, 2019, and 2020 are available for access online.</p> <p>In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period.</p> |
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| <b>115.88</b> | <b>Data review for corrective action</b>   |
|               | <b>Auditor Overall Determination:</b> Meets Standard   |
|               | <b>Auditor Discussion</b>  |
|               | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PREA Annual Reports -2018, 2019, 2020</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator interview</li> </ul> <p>IDOC Policies and Procedures require these statistics to be used to evaluate and improve operations to enhance resident safety. The most recent statistical report and annual report at the time of the onsite audit was for calendar year 2020. The annual reports for 2018, 2019, and 2020 are available for access online. The 2020 report includes an analysis of the data compared to previous years and discusses changes considered and made to address issues suggested by the data.</p> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |

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| <b>115.89</b> | <b>Data storage, publication, and destruction</b>    |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |

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|  | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PREA Annual Report - 2020</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator interview</li> </ul> <p>IDOC Policy requires the maintenance of a retention schedule. That schedule requires PREA related data to be maintained for 10 years. No personally identifiable data is included in the information made available to the public. The 2020 annual report includes all aggregated sexual abuse data, from facilities under its direct control and the two private facilities which hold its inmates.</p> <p>In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period. The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |
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| <b>115.401</b> | <b>Frequency and scope of audits</b>  |
|                | <b>Auditor Overall Determination:</b> Meets Standard  |
|                | <b>Auditor Discussion</b>   |
|                | <p><b>Documents</b></p> <ul style="list-style-type: none"> <li>• Email attachments, notably time-stamped photographs of signs posted prior to audit</li> <li>• Inmate handbook</li> </ul> <p><b>Interviews</b></p> <ul style="list-style-type: none"> <li>• Staff interviews</li> <li>• Resident interviews</li> </ul> <p>The auditor had access to, and the ability to observe all areas of the audited facility. The auditor was given access to documents sufficient to make determinations of compliance; copies of all relevant documents were provided. Private interviews were conducted with 40 residents.</p> <p>Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> |



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|  | <p>The auditor was permitted to request and receive copies of all relevant documents (including electronically stored information).</p> <p>In the auditor’s judgment, this documentation demonstrates that the agency complies in all material ways with the standard for the relevant review period.</p> |
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| <b>115.403</b> | <b>Audit contents and findings</b>   |
|                | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Interview</b></p> <ul style="list-style-type: none"> <li>• Agency PREA Coordinator</li> </ul> <p><b>Website Review</b></p> <p>All previous audit reports are posted at <a href="https://www.idoc.idaho.gov/content/prisons/prea">https://www.idoc.idaho.gov/content/prisons/prea</a></p> <p>This includes the following:</p> <ul style="list-style-type: none"> <li>• TVCRC Audit Report, 2022</li> <li>• NCRC Audit Report, 2022</li> <li>• SBWCC Audit Report, 2022</li> <li>• EBCRC Audit Report, 2022</li> <li>• NICI Audit Report, 2022</li> <li>• ICIO Audit Report, 2022</li> <li>• IFCRC Audit Report, 2021</li> </ul> <p>The auditor’s review of this evidence leads him to the conclusion that this standard is met in policy, procedure, and practice.</p> |

| <b>Appendix: Provision Findings</b> |   |     |
|-------------------------------------|---|-----|
| <b>115.11 (a)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?  | yes |
|                                     | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?   | yes |
| <b>115.11 (b)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | Has the agency employed or designated an agency-wide PREA Coordinator?  | yes |
|                                     | Is the PREA Coordinator position in the upper-level of the agency hierarchy?  | yes |
|                                     | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  | yes |
| <b>115.11 (c)</b>                   | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>   |     |
|                                     | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)   | 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 |
| <b>115.12 (a)</b>                   | <b>Contracting with other entities for the confinement of inmates</b>   |     |
|                                     | 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 |
| <b>115.12 (b)</b>                   | <b>Contracting with other entities for the confinement of inmates</b>   |     |
|                                     | 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.)   |     |
| <b>115.13 (a)</b> | <b>Supervision and monitoring</b>   |     |
|                   | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect 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 |
| <b>115.13 (b)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)  | na  |
| <b>115.13 (c)</b> | <b>Supervision and monitoring</b>   |     |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?                     | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?     | yes |
|                   | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| <b>115.13 (d)</b> | <b>Supervision and monitoring</b>   |     |
|                   | 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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| <b>115.14 (a)</b> | <b>Youthful inmates</b>   |     |
|                   | 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  |
| <b>115.14 (b)</b> | <b>Youthful inmates</b>   |     |
|                   | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)   | 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  |
| <b>115.14 (c)</b> | <b>Youthful inmates</b>   |     |
|                   | 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  |
| <b>115.15 (a)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?   | yes |
| <b>115.15 (b)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from conducting cross-gender pat-down searches of female 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.)   |     |
| <b>115.15 (c)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  | yes |
|                   | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?   | yes |
| <b>115.15 (d)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | 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 |
| <b>115.15 (e)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  | yes |
|                   | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?          | yes |
| <b>115.15 (f)</b> | <b>Limits to cross-gender viewing and searches</b>  |     |
|                   | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | yes |
|                   | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?   | no  |

| <b>115.16 (a)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>  |     |
|-------------------|--|-----|
|                   | 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 |
|                   | 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   | yes |

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|                   | with inmates with disabilities including inmates who: Have intellectual disabilities?   |     |
|                   | 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 formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?  | yes |
| <b>115.16 (b)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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 |
| <b>115.16 (c)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>   |     |
|                   | 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 |
| <b>115.17 (a)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | 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  | yes |



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|                   | 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?   |     |
|                   | Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?   | yes |
|                   | 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 |
| <b>115.17 (b)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with 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 |
| <b>115.17 (c)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | 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 |
| <b>115.17 (d)</b> | <b>Hiring and promotion decisions</b>  |     |
|                   | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?   | yes |

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| <b>115.17 (e)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  | yes |
| <b>115.17 (f)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | 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 |
| <b>115.17 (g)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?   | yes |
| <b>115.17 (h)</b> | <b>Hiring and promotion decisions</b>   |     |
|                   | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  | yes |
| <b>115.18 (a)</b> | <b>Upgrades to facilities and technologies</b>  |     |
|                   | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| <b>115.18 (b)</b> | <b>Upgrades to facilities and technologies</b>  |     |

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|                   | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)                  | yes |
| <b>115.21 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
| <b>115.21 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  | yes |
|                   | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| <b>115.21 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>   |     |
|                   | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  | yes |
|                   | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?   | yes |
|                   | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?   | yes |

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|                   | Has the agency documented its efforts to provide SAFEs or SANEs?  | yes |
| <b>115.21 (d)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  | yes |
|                   | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)   | na  |
|                   | Has the agency documented its efforts to secure services from rape crisis centers?  | yes |
| <b>115.21 (e)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?   | yes |
|                   | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  | yes |
| <b>115.21 (f)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  | yes |
| <b>115.21 (h)</b> | <b>Evidence protocol and forensic medical examinations</b>  |     |
|                   | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na  |
| <b>115.22 (a)</b> | <b>Policies to ensure referrals of allegations for investigations</b>   |     |

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|                   | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?   | yes |
|                   | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?  | yes |
| <b>115.22 (b)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                   | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
|                   | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?  | yes |
|                   | Does the agency document all such referrals?   | yes |
| <b>115.22 (c)</b> | <b>Policies to ensure referrals of allegations for investigations</b>  |     |
|                   | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)                                 | yes |
| <b>115.31 (a)</b> | <b>Employee training</b>   |     |
|                   | 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 |

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|                   | 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 inmates on how to avoid inappropriate relationships with inmates?  | yes |
|                   | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
|                   | 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 |
| <b>115.31 (b)</b> | <b>Employee training</b>   |     |
|                   | 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 |
| <b>115.31 (c)</b> | <b>Employee training</b>   |     |
|                   | 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 |
| <b>115.31 (d)</b> | <b>Employee training</b>   |     |
|                   | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?  | yes |
| <b>115.32 (a)</b> | <b>Volunteer and contractor training</b>   |     |

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|                   | 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 |
| <b>115.32 (b)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| <b>115.32 (c)</b> | <b>Volunteer and contractor training</b>  |     |
|                   | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?   | yes |
| <b>115.33 (a)</b> | <b>Inmate education</b>   |     |
|                   | 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 |
| <b>115.33 (b)</b> | <b>Inmate education</b>   |     |
|                   | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  | yes |
|                   | 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 |
| <b>115.33 (c)</b> | <b>Inmate education</b>   |     |
|                   | Have all inmates received the comprehensive education referenced in 115.33(b)?  | yes |

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|                   | 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 |
| <b>115.33 (d)</b> | <b>Inmate education</b>   |     |
|                   | 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 |
|                   | 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 |
| <b>115.33 (e)</b> | <b>Inmate education</b>   |     |
|                   | Does the agency maintain documentation of inmate participation in these education sessions?   | yes |
| <b>115.33 (f)</b> | <b>Inmate education</b>   |     |
|                   | 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 |
| <b>115.34 (a)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | 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 |
| <b>115.34 (b)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |
|                   | Does this specialized training include proper use of Miranda and  | yes |



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|                   | Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)   |     |
|                   | 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 prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)   | yes |
| <b>115.34 (c)</b> | <b>Specialized training: Investigations</b>   |     |
|                   | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  | yes |
| <b>115.35 (a)</b> | <b>Specialized training: Medical and mental health care</b>   |     |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or   | yes |

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|                   | suspicious 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.)   |     |
| <b>115.35 (b)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                   | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)   | na  |
| <b>115.35 (c)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                   | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| <b>115.35 (d)</b> | <b>Specialized training: Medical and mental health care</b>  |     |
|                   | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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 |
| <b>115.41 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | 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 |
| <b>115.41 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?   | yes |
| <b>115.41 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | Are all PREA screening assessments conducted using an objective  | yes |

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|                   | screening instrument?  |     |
| <b>115.41 (d)</b> | <b>Screening for risk of victimization and abusiveness</b>   |     |
|                   | 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 |
|                   | 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 |
|                   | Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
|                   | 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)  | yes |

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|                   | Whether the inmate is detained solely for civil immigration purposes?   |     |
| <b>115.41 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | 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 |
| <b>115.41 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | 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 |
| <b>115.41 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | 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 |
| <b>115.41 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | 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 |
| <b>115.41 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>  |     |
|                   | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive  | yes |

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|                   | information is not exploited to the inmate's detriment by staff or other inmates?  |     |
| <b>115.42 (a)</b> | <b>Use of screening information</b>  |     |
|                   | 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 being sexually abusive, to inform: Work 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: 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 |
| <b>115.42 (b)</b> | <b>Use of screening information</b>  |     |
|                   | Does the agency make individualized determinations about how to ensure the safety of each inmate?  | yes |
| <b>115.42 (c)</b> | <b>Use of screening information</b>  |     |
|                   | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
|                   | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would  | yes |

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|                   | present management or security problems?   |     |
| <b>115.42 (d)</b> | <b>Use of screening information</b>  |     |
|                   | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?   | yes |
| <b>115.42 (e)</b> | <b>Use of screening information</b>  |     |
|                   | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  | yes |
| <b>115.42 (f)</b> | <b>Use of screening information</b>  |     |
|                   | Are transgender and intersex inmates given the opportunity to shower separately from other inmates?  | yes |
| <b>115.42 (g)</b> | <b>Use of screening information</b>  |     |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)                | yes |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing  | yes |

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|                   | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)  |     |
| <b>115.43 (a)</b> | <b>Protective Custody</b>   |     |
|                   | 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 |
| <b>115.43 (b)</b> | <b>Protective Custody</b>   |     |
|                   | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  | yes |
|                   | 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  |
| <b>115.43 (c)</b> | <b>Protective Custody</b>   |     |

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|                                      | 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 |
|                                      | Does such an assignment not ordinarily exceed a period of 30 days?  | yes |
| <b>115.43 (d) Protective Custody</b> |   |     |
|                                      | 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 |
| <b>115.43 (e) Protective Custody</b> |   |     |
|                                      | 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 |
| <b>115.51 (a) Inmate reporting</b>   |   |     |
|                                      | 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 |
| <b>115.51 (b) Inmate reporting</b>   |   |     |
|                                      | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?   | yes |
|                                      | 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   | yes |



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|                   | anonymous upon request?   |     |
|                   | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)   | na  |
| <b>115.51 (c)</b> | <b>Inmate reporting</b>   |     |
|                   | 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 |
| <b>115.51 (d)</b> | <b>Inmate reporting</b>   |     |
|                   | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?   | yes |
| <b>115.52 (a)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Is the agency exempt from this standard?<br>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  |
| <b>115.52 (b)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)   | yes |
|                   | 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 |
| <b>115.52 (c)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | 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   | yes |

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|                   | this standard.)  |     |
|                   | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)   | yes |
| <b>115.52 (d)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                   | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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 |
| <b>115.52 (e)</b> | <b>Exhaustion of administrative remedies</b>   |     |
|                   | 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 |
| <b>115.52 (f)</b> | <b>Exhaustion of administrative remedies</b>   |     |

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|                   | 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 |
|                   | 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 |
| <b>115.52 (g)</b> | <b>Exhaustion of administrative remedies</b>  |     |
|                   | 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 |
| <b>115.53 (a)</b> | <b>Inmate access to outside confidential support services</b>   |     |
|                   | 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,   | na  |

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|                   | 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.)  |     |
|                   | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?   | yes |
| <b>115.53 (b)</b> | <b>Inmate access to outside confidential support services</b>  |     |
|                   | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?               | yes |
| <b>115.53 (c)</b> | <b>Inmate access to outside confidential support services</b>  |     |
|                   | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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 |
| <b>115.54 (a)</b> | <b>Third-party reporting</b>   |     |
|                   | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?  | yes |
|                   | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?  | yes |
| <b>115.61 (a)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information 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                  | yes |

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|                   | abuse or sexual harassment or retaliation?   |     |
| <b>115.61 (b)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| <b>115.61 (c)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?   | yes |
|                   | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  | yes |
| <b>115.61 (d)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?   | yes |
| <b>115.61 (e)</b> | <b>Staff and agency reporting duties</b>   |     |
|                   | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?   | yes |
| <b>115.62 (a)</b> | <b>Agency protection duties</b>  |     |
|                   | 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 |
| <b>115.63 (a)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | 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 |
| <b>115.63 (b)</b> | <b>Reporting to other confinement facilities</b>   |     |
|                   | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  | yes |

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| <b>115.63 (c)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                   | Does the agency document that it has provided such notification?  | yes |
| <b>115.63 (d)</b> | <b>Reporting to other confinement facilities</b>  |     |
|                   | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?  | yes |
| <b>115.64 (a)</b> | <b>Staff first responder duties</b>   |     |
|                   | 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 |
| <b>115.64 (b)</b> | <b>Staff first responder duties</b>   |     |
|                   | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  | yes |
| <b>115.65 (a)</b> | <b>Coordinated response</b>   |     |
|                   | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in  | yes |

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|                   | response to an incident of sexual abuse?  |     |
| <b>115.66 (a)</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>   |     |
|                   | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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? | yes |
| <b>115.67 (a)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | 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 |
| <b>115.67 (b)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?   | yes |
| <b>115.67 (c)</b> | <b>Agency protection against retaliation</b>  |     |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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  | yes |

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|                   | 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?  |     |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?       | yes |
|                   | 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 |
| <b>115.67 (d)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | In the case of inmates, does such monitoring also include periodic status checks?  | yes |
| <b>115.67 (e)</b> | <b>Agency protection against retaliation</b>   |     |
|                   | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?                              | yes |
| <b>115.68 (a)</b> | <b>Post-allegation protective custody</b>  |     |
|                   | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  | yes |
| <b>115.71 (a)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When the agency conducts its own investigations into allegations   | yes |



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|                   | 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).)                   |     |
|                   | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| <b>115.71 (b)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?   | yes |
| <b>115.71 (c)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?  | yes |
|                   | Do investigators interview alleged victims, suspected perpetrators, and witnesses?  | yes |
|                   | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?   | yes |
| <b>115.71 (d)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?            | yes |
| <b>115.71 (e)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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 |
| <b>115.71 (f)</b> | <b>Criminal and administrative agency investigations</b>  |     |
|                   | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  | yes |

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|                   | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  | yes |
| <b>115.71 (g)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?   | yes |
| <b>115.71 (h)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?   | yes |
| <b>115.71 (i)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | 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 |
| <b>115.71 (j)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?   | yes |
| <b>115.71 (l)</b> | <b>Criminal and administrative agency investigations</b>   |     |
|                   | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| <b>115.72 (a)</b> | <b>Evidentiary standard for administrative investigations</b>  |     |
|                   | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?   | yes |
| <b>115.73 (a)</b> | <b>Reporting to inmates</b>  |     |
|                   | 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 |

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| <b>115.73 (b)</b> | <b>Reporting to inmates</b>  |     |
|                   | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  | yes |
| <b>115.73 (c)</b> | <b>Reporting to inmates</b>  |     |
|                   | 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 |
| <b>115.73 (d)</b> | <b>Reporting to inmates</b>  |     |
|                   | 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  | yes |

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|                   | 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?  |     |
| <b>115.73 (e)</b> | <b>Reporting to inmates</b>   |     |
|                   | Does the agency document all such notifications or attempted notifications?   | yes |
| <b>115.76 (a)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  | yes |
| <b>115.76 (b)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  | yes |
| <b>115.76 (c)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.76 (d)</b> | <b>Disciplinary sanctions for staff</b>   |     |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?   | yes |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?   | yes |
| <b>115.77 (a)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                   | 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 |

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|                   | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?  | yes |
| <b>115.77 (b)</b> | <b>Corrective action for contractors and volunteers</b>   |     |
|                   | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  | yes |
| <b>115.78 (a)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 |
| <b>115.78 (b)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  | yes |
| <b>115.78 (c)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 |
| <b>115.78 (d)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| <b>115.78 (e)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | 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 |
| <b>115.78 (f)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish   | yes |

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|                   | evidence sufficient to substantiate the allegation?   |     |
| <b>115.78 (g)</b> | <b>Disciplinary sanctions for inmates</b>   |     |
|                   | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  | yes |
| <b>115.81 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | 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 |
| <b>115.81 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)                            | yes |
| <b>115.81 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | 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  |
| <b>115.81 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| <b>115.81 (e)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>  |     |
|                   | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior  | yes |

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|                   | sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  |     |
| <b>115.82 (a)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | 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 |
| <b>115.82 (b)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?   | yes |
|                   | Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  | yes |
| <b>115.82 (c)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | 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 |
| <b>115.82 (d)</b> | <b>Access to emergency medical and mental health services</b>   |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.83 (a)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  | yes |
| <b>115.83 (b)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?      | yes |
| <b>115.83 (c)</b> | <b>Ongoing medical and mental health care for sexual abuse</b>  |     |

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|                   | <b>victims and abusers</b>  |     |
|                   | Does the facility provide such victims with medical and mental health services consistent with the community level of care?   | yes |
| <b>115.83 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | 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 |
| <b>115.83 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | If pregnancy results from the conduct described in paragraph § 115.83(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 |
| <b>115.83 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?   | yes |
| <b>115.83 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  | yes |
| <b>115.83 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>  |     |
|                   | 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 |



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| <b>115.86 (a)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?   | yes |
| <b>115.86 (b)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does such review ordinarily occur within 30 days of the conclusion of the investigation?  | yes |
| <b>115.86 (c)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?   | yes |
| <b>115.86 (d)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?   | yes |
|                   | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
|                   | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  | yes |
|                   | Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  | yes |
|                   | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  | yes |
|                   | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?     | yes |
| <b>115.86 (e)</b> | <b>Sexual abuse incident reviews</b>  |     |
|                   | Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  | yes |

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| <b>115.87 (a)</b> | <b>Data collection</b>  |     |
|                   | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  | yes |
| <b>115.87 (b)</b> | <b>Data collection</b>  |     |
|                   | Does the agency aggregate the incident-based sexual abuse data at least annually?   | yes |
| <b>115.87 (c)</b> | <b>Data collection</b>  |     |
|                   | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  | yes |
| <b>115.87 (d)</b> | <b>Data collection</b>  |     |
|                   | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  | yes |
| <b>115.87 (e)</b> | <b>Data collection</b>  |     |
|                   | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  | yes |
| <b>115.87 (f)</b> | <b>Data collection</b>  |     |
|                   | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  | yes |
| <b>115.88 (a)</b> | <b>Data review for corrective action</b>  |     |
|                   | 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   | yes |

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|                    | 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? |     |
| <b>115.88 (b)</b>  | <b>Data review for corrective action</b>   |     |
|                    | Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?  | yes |
| <b>115.88 (c)</b>  | <b>Data review for corrective action</b>   |     |
|                    | Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?   | yes |
| <b>115.88 (d)</b>  | <b>Data review for corrective action</b>   |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  | yes |
| <b>115.89 (a)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency ensure that data collected pursuant to § 115.87 are securely retained?   | yes |
| <b>115.89 (b)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?                      | yes |
| <b>115.89 (c)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?   | yes |
| <b>115.89 (d)</b>  | <b>Data storage, publication, and destruction</b>  |     |
|                    | 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 |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>   |     |

|                    |  |     |
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|                    | 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.)                        | no  |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)  | yes |
|                    | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)      | na  |
|                    | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na  |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?   | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?   | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>   |     |
|                    | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  | yes |
| <b>115.403</b>     | <b>Audit contents and findings</b>   |     |

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