

PREA Facility Audit Report: Final

Name of Facility: South Boise Women's Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: NA

Date Final Report Submitted: 10/09/2024

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
Auditor Full Name as Signed: Joy Catrett-Bell	Date of Signature: 10/09/2024

AUDITOR INFORMATION	
Auditor name:	Catrett-Bell, Joy
Email:	jcbell1111@gmail.com
Start Date of On-Site Audit:	09/23/2024
End Date of On-Site Audit:	09/24/2024

FACILITY INFORMATION	
Facility name:	South Boise Women's Correctional Center
Facility physical address:	13200 Pleasant Valley Road , Kuna , Idaho - 83634
Facility mailing address:	1299 N. Orchard, Suite #110 St., Suite #110,

Primary Contact

Name:	Teresa Jones
Email Address:	tjones@idoc.idaho.gov
Telephone Number:	2086054772

Warden/Jail Administrator/Sheriff/Director	
Name:	Nicholas Baird
Email Address:	nbaird@idoc.idaho.gov
Telephone Number:	208-334-2731

Facility PREA Compliance Manager	
Name:	Ambrose Richardson
Email Address:	arichard@idoc.idaho.gov
Telephone Number:	O: (208) 334-2731

Facility Health Service Administrator On-site	
Name:	Amanda Parker
Email Address:	amparker@idoc.idaho.gov
Telephone Number:	208-334-2731

Facility Characteristics	
Designed facility capacity:	309
Current population of facility:	306
Average daily population for the past 12 months:	304
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Females

Age range of population:	19-71
Facility security levels/inmate custody levels:	Minimum
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	54
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	31
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	111

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

Agency Chief Executive Officer Information:	
Name:	Josh Tewalt
Email Address:	jtewalt@idoc.idaho.gov
Telephone Number:	2086582000

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

Facility AUDIT FINDINGS

Summary of Audit Findings

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:

1

- 115.76 - Disciplinary sanctions for staff

Number of standards met:

44

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:	2024-09-23
2. End date of the onsite portion of the audit:	2024-09-24

Outreach

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

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	309
15. Average daily population for the past 12 months:	305
16. Number of inmate/resident/detainee housing units:	2
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	306
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:	32
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:	15
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:	0
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:	0
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:	2
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:	34

<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>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:</p>	<p>135</p>
<p>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:</p>	<p>0</p>
<p>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):</p>	<p>The population of inmates meeting the criteria in certain categories were not present.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>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:</p>	<p>56</p>
<p>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:</p>	<p>111</p>

<p>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:</p>	<p>31</p>
<p>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:</p>	<p>None</p>
<p>INTERVIEWS</p>	
<p>Inmate/Resident/Detainee Interviews</p>	
<p>Random Inmate/Resident/Detainee Interviews</p>	
<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>13</p>
<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Auditor reviewed roster and selected based upon the above factors.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p> <input checked="" type="radio"/> Yes <input type="radio"/> No </p>

<p>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):</p>	<p>The Auditor began conducting inmate interviews the first day of the on-site portion of the audit. Based upon the inmate population on day one of the audit, the PREA Auditor Handbook required that the auditor interview a minimum of 26 inmates, 13 random and 13 targeted. A total of 28 inmate interviews were conducted. All interviews with inmates occurred in a secure area to ensure privacy. Inmate interviews were conducted using the established DOJ interview protocols. If a randomly selected inmate had refused to be interviewed, an additional inmate from the same housing area would be selected in an attempt to get a cross section from the entire general population. There were no instances of refusal of selected inmates for interviews.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>18</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<p>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:</p>	<p>1</p>

<p>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:</p>	<p>2</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population of inmates meeting the criteria in certain categories were not present. Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population of inmates meeting the criteria in certain categories were not present. Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>1</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population of inmates meeting the criteria in certain categories were not present. Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>
<p>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:</p>	<p>9</p>
<p>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:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The population of inmates meeting the criteria in certain categories were not present. Based on information received in the PAQ, site documentation review, and interviews with staff and inmates. There were no inmates who disclosed this information during the facility screening process.</p>

70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	The population of inmates meeting the criteria in certain categories were not present.
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
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72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
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73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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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):	Random staff were selected from all shift assignments. There were no barriers in completing interviews.
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Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	19
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76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	Random staff were selected and there were no barriers in completing interviews.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

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

<p>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).</p>	<p>The Auditor had full, unimpeded access to all areas of the facility. During the review of the physical plant, the Auditor observed the facility layout, staff supervision of inmates, security rounds, interaction between staff and inmates, shower and toilet areas for inmates, observation of availability of PREA information located adjacent to and in the inmate housing areas, observation of staff communication in inmate housing units, search procedures, and availability access of medical and mental health services. The Auditor observed and made note of the video monitoring system and camera placement throughout the facility, including reviewing control room monitors.</p>
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Documentation Sampling

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

<p>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?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

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

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	1	0	1	0
Total	1	0	1	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
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	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
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	1	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	1	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:	0
a. Explain why you were unable to review any sexual abuse investigation files:	The facility reported there had been no offenses committed to file.

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

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	The facility reported there had been no offenses committed to file.
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
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.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff	
<p>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-on-site through the post-on-site phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:</p>	<p>1</p>
AUDITING ARRANGEMENTS AND COMPENSATION	
<p>121. Who paid you to conduct this audit?</p>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<p>Identify the name of the third-party auditing entity</p>	<p>AB Management and consulting</p>

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01 Sexual Abuse and Sexual Harassment of Prisoners</p> <p>Director’s Office Memorandum</p> <p>IDOC Organizational Chart</p> <p>Position Descriptions</p> <p>Interview with the PREA Manager</p> <p>Interview with the PREA Coordinator</p>

	<p>Operating Procedure policy 149.01.01.001, outlines the facility's approach to implementing practices covered by the agency policy and the agency PREA Manual. The IDOC has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment and provides definitions of prohibited behaviors. In accordance with the standard there are sanctions for those who have been found to have participated in prohibited behaviors which are consistent and in compliance with PREA definitions. The policy details the agency's overall approach to preventing, detecting, and responding to sexual abuse and harassment. Policy 149.01 serves to establish the Agency's zero tolerance policy and outline the agency's approach to implementing the PREA standards. The Auditor reviewed these documents in their entirety to determine compliance with provisions.</p> <p>The agency PREA policy is a document that serves to unify the agency's approach to implementing the PREA standards, in detail, which were previously covered by a network of policies relative to such areas as segregation, employee training, inmate placement, and health care. The agency's PREA Coordinator oversees and coordinates the efforts of IDOC to comply with Federal PREA Standards including development and implementation of policy, staff training and inmate education. The PC coordinates the collection of data, and the preparation for each three-year cycle of audits required by the standards.</p> <p>In response to the standards, each IDOC facility has assigned a PREA Manager with sufficient time and authority to coordinate the facility's efforts to comply with the standards. The PM ensures the facility works to achieve compliance in all areas of the standards and the PC is responsible for monitoring and aiding in areas such as staff training, education, reporting, documentation, and investigation of PREA-related allegations. The PM may serve as members of the Incident review team and serve as contact for people outside the agency on issues related to PREA requirements.</p> <p>Conclusion: Based on Auditor's review of related policy, memorandums, facility organization charts, and staff interviews, it is determined that South Boise Women's Correctional Center (SBWCC) meets the mandate for this standard.</p>
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12 Contracting with other entities for the confinement of Inmates.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC Policy 149.01 Prison Rape Elimination Act (PREA)</p> <p>Interviews with Staff</p>

	<p>Private Agency Contracts</p> <p>Contract management-147.06.06.001</p> <p>According to the IDOC policy, the agency shall include in any new contract or contract extension, pertaining to the confinement of inmates, the obligation for the contractor to adopt and comply with the PREA Standards. The facility shall provide contract monitoring for any new contract or contract extension listed above to ensure the contractor is complying with the PREA Standards. The contractor must comply with the Federal Prison Rape Elimination Act (PREA), 28 CFR Part 115 and must immediately refer any allegations of sexual abuse or sexual harassment made by a Violator to the State's on-site Agent. The contractor shall ensure compliance with the National Standards to Prevent, Detect and Respond to Prison Rape, effective August 20, 2012, as noted in their PREA standards. If the contractor does not abide by these standards, it is considered a breach of contract of the agreement.</p> <p>The Management Services Division within the Idaho Department of Corrections (IDOC) oversees IDOC's contracts and will ensure that the contractor delivers services according to the contract requirements. The State contract manager or designee will serve as the lead for all contract related issues and will assist in facilitating meetings, determining service level agreements, overseeing the transition, and working with the IDOC program staff to ensure the contractual requirements are being met. The agency currently has continued the contract with Core Civic for confinement of their inmates and operates the Saguaro Correctional Center in Saguaro, Arizona.</p> <p>Conclusion: Based on staff interviews and document review, SBWCC meets this standard.</p>
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115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13 Supervision and monitoring</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC Policy 149.01 Prison Rape Elimination Act (PREA)</p> <p>Staffing Plan</p> <p>IDOC Field Memorandum SBWCC</p> <p>Deviation Memorandum</p>

PREA Annual Staffing Review

Interviews Supervisors

Staff Interviews

In accordance with the provisions of the staffing plan, the PREA manager and PREA coordinator review the staffing plan to see whether adjustments are needed for the staffing plan, monitoring technology, or allocation of facility/agency resources to commit to the staffing plan to ensure compliance. This was documented on the staffing plan review, and signed and acknowledged by the Warden, PC and PREA manager.

The review shall be documented on the appropriate annual Staffing Plan review form and will be maintained by the facility with a copy forwarded to the PC. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The Warden, Deputy Warden, and supervisory staff will conduct and document rounds for PREA audit purposes. Staff are prohibited from alerting other staff members when supervisory rounds are occurring unless such an announcement is related to the legitimate operational functions of the facility.

The Auditor observed staff conducting daily rounds to ensure visibility, increased safety of staff and inmates, and opportunity for informal access to administrators. While conducting rounds, staff shall conduct a complete and thorough assessment to identify unusual activity and safety, security, policy, and procedural violations. Staff shall take necessary, timely, and appropriate action to address any unusual activity or violations.

The facility staffing plan is developed with minimum operational staffing levels in mind and a daily staff roster is reviewed to ensure adequate staff in accordance with the stated staffing plan for Critical and Non-Critical Post. The daily rosters identify positions, staffing requirements for positions and reconciles staffing deployment in accordance with the position requirements outlined in the staffing plan. The Administrative Lieutenant manages the security staff post assignments and is responsible for submitting the quarterly Post Assignment schedule each quarter for the Wardens approval.

The Auditor reviewed the Post Assignment which is developed to ensure appropriate staffing levels are determined. The most recent post assignments include all full-time staff and ensures there is sufficient security staffing to safely manage the inmate population. The facility accurately documents justifications for deviations from the staffing plan and most common reasons for deviations are short term disability, emergency medical leave, inmate medical transportation, In-service/training, vacations, and retirements.

Management staff support all efforts to provide adequate staffing levels and make necessary adjustments to comply with the facility's staffing plan requirements. The facility utilizes overtime and draft procedures to fill any vacated critical post during a

	<p>shift. Daily security staff rosters requested and reviewed by the Auditor reflected changes made and the reason for each change. Review of post assignment rosters identified that correctional staff were able to maintain compliance within the staffing plan requirements to include staff reassignment while ensuring all critical posts were staffed.</p> <p>The staffing plan appears satisfactory in the facility's effort to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure safety for the facility's current population of inmates that require more intensive or specialized staffing. This population includes LGBTI inmates, inmates with medical or mental health needs, disabled inmates, and limited English proficient inmates. The Auditor observed cameras in all areas of the facility and observed formal and informal interactions between staff and inmates.</p> <p>The PCM provided documents to verify that an unannounced inspection is conducted monthly and are randomly conducted to identify and deter sexual abuse and sexual harassment at the facility. The shift supervisor, Unit managers, Warden, and other executive staff shall conduct and document random unannounced rounds. The Auditor reviewed housing unit logs while touring the facility and observations were made of notations of opposite gender announcements for female staff.</p> <p>Supervisory staff document their unannounced rounds as "Unannounced PREA Inspection and/or Unannounced PREA Inspection/Security Check" in the housing unit logs and confirmation of supervisory rounds were also provided during interviews with supervisory staff. Supervisory staff stated they alternate their rounds and do not have a set schedule or pattern in when they conduct their PREA rounds. They ensure the rounds are conducted in a manner that staff and inmates are unable to determine their anticipated arrival to the housing units or program areas. Control room log entries confirmed a variety of times in which these rounds were conducted.</p> <p>Conclusion:</p> <p>Based on the review of the Staffing Plan, quarterly post assignment schedules submitted for approval by the Warden, daily post assignment rosters, interviews, review of unannounced rounds, the facility meets the mandate for the standard.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14 Youthful Offenders</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p>

	<p>IDOC Policy 149.01 Prison Rape Elimination Act (PREA)</p> <p>Idaho Correctional Facility Website</p> <p>Interviews: Warden, PREA Manager and PREA Coordinator</p> <p>Policy directives and Prisoner Placement and Transfer policy, outlines the Agency's' approach to housing youthful inmates and was reviewed in determining compliance. The auditor reviewed IDOC policy, which states that youthful offenders will not be placed in a housing unit in which the inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>IDOC policy requires direct supervision by institutional staff when a youthful offender and an adult offender have sight, sound, or physical contact with one another. The agency assigns youthful offenders to a specialized unit to meet these requirements, unless the assignment creates a risk to the safe, secure, and orderly operation of the institution. Youthful offenders may be placed in a restrictive housing unit if exigent circumstances require such. The SBWCC does not house youthful offenders.</p> <p>The Auditors interviewed random and specialized staff which indicated no staff had knowledge that a youthful offender had been housed at the facility during this audit cycle. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the facility.</p> <p>Conclusion:</p> <p>During the audit tour and through interviews with the Warden, PREA Manager, PREA Coordinator, it was observed that the facility does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.</p>
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115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15 Limits to cross-gender viewing and searches.</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC Policy 149.01 Prison Rape Elimination Act (PREA)</p> <p>Policy Directive IDOC 317.02.01.001, Search and Arrest in Correctional Facilities</p> <p>Training Personal Searches, Instructor's Module</p> <p>Interviews</p>

The IDOC policy states that a strip search shall be performed only by employees of the same sex as the prisoner being searched. A strip search also shall be performed only in the presence of employees of the same sex as the prisoner being searched except that it may be conducted in the presence of a supervisory employee of the opposite sex when a supervisor's presence is required by policy and a supervisor of the same sex as the prisoner being searched is not available.

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

Policy states that a body cavity search must be conducted by a licensed physician, physician's assistant, or nurse practitioner. Medical personnel who perform a body cavity search need not be of the same sex as the prisoner being searched. However, all other persons who are present during the search shall be of the same sex as the prisoner and there always shall be at least one staff member present who is the same sex as the prisoner being searched.

A written report of the search shall be completed as soon as possible but not later than the end of the shift after which the search occurred, and the Strip Search/ Body Cavity Search Report form shall be used for this purpose. If an inmate's status is unknown, it may be determined by conversation with the inmate, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. If there is uncertainty as to a person's gender, the responsible officer shall use best judgment as to how the person presents, as male or female, and shall arrange for an officer of the gender to conduct the search. If the subject of the search, then objects based on gender, an officer of the person's preferred gender shall conduct the search. All staff interviewed reported the facility prohibits staff from searching or physically examining transgender or intersex inmates for the sole purpose of determining genital status.

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

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

of staff. The facility provides training on LGBTI Searches, restraints, and scanning devices. Training topics and definitions were found to be consistent with the standards.

The PAQ noted that 100% of staff have received training and confirmation of Pre-service search training was provided. Additionally, random staff interviews indicated they received training during pre-service and annual service training sessions. The auditor was provided training rosters identifying all security staff's completion of the required training during the post audit phase and training provided was taken from the SBWCC "Search Training" lesson plan.

Interviews with staff and inmate population confirmed the female inmate population are frisk searched by female staff members. The Auditor reviewed shift assignments and discovered each shift was assigned both male and female staff. Supervisors informed the Auditor the facility maintains a balance of male and females on each shift to ensure inmates can be searched by a staff member of the same sex as the inmate.

Signage is noted on each housing door that opposite gender staff must announce themselves when entering the housing unit and this practice was observed during the tour. Inmates acknowledged that when a male staff entered the female housing units, the opposite gender announcement was made by assigned housing unit officer or by staff entering. This practice was observed throughout the Auditor's tour.

Observation during the tour of the institution confirmed procedures were developed in the structural planning that allow inmates to shower, change clothes, and use the toilet without being viewed by staff of the opposite gender. The Auditor conducted a detailed tour of the facility and was granted access to all inmate housing units and other support areas. The Auditor observed all shower and restroom areas in the facility and confirmed that inmates could shower and use the restroom without security staff of the opposite gender seeing them naked. All showers are made available to transgender and intersex inmates during facility counts during the time other inmates are restricted to their bed area.

Conclusion: Based on the review of policies, documents, confirmation of completed search training, interviews and analysis, the facility has demonstrated compliance and meets the provisions of this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.16 Inmates with disabilities and inmates who are limited English proficient

Policy, Materials, Interviews and Other Evidence Reviewed:

IDOC Policy 149.01.01.001 Prison Rape Elimination Act (PREA)

Linguistic International Contract

Bi-Lingual Informed Consent Poster and Privacy Notice Sign

Interviews

IDOC operating procedures takes appropriate steps to ensure that inmates with disabilities, including those who are deaf, blind or have intellectual limitations have an equal opportunity to participate and benefit from all aspects of the facility's efforts to prevent, detects, and respond to sexual abuse and harassment. IDOC policy is written in accordance with Standard 115.16 and indicates that the PREA manager is responsible for development and distribution of educational materials related to the education of inmates regarding the Agency's zero tolerance for sexual abuse and sexual harassment of inmates, how to report conduct or threats prohibited by this policy, and inmates' right to be free from retaliation for reporting or participating in a related investigation. Educational materials include information on treatment, advocacy, and counseling services.

IDOC PREA policy states that the facility will provide PREA inmate education in formats understandable by the entire inmate population and if needed, the facility will seek the assistance of Interpreters or inmate reader assistants only in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties as outlined in this manual

The Auditor reviewed the inmate handbook in determining compliance with provision (a) of the standard. The agency also produces a PREA specific brochure in Spanish, as well as publishing their inmate handbooks in Spanish and a sign language interpreting service is available. The Agency Administrator confirmed that the agency is taking significant steps to ensure that materials are provided in various formats to include captioning of the PREA inmate video in multiple languages.

Posters displaying PREA reporting information were observed to be posted in each housing unit in English and Spanish. The Auditor utilized the translation service provided by the facility to confirm that the facility has an active interpretation services account to aid LEP inmates. Each inmate entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided PREA education within 30 days of arriving at the facility. Inmates are required to sign the Preventing Sexual Abuse and Assault Training acknowledgement form for verification of receipt of the inmate handbook and PREA education.

Conclusion:

The Auditor conducted a thorough review of the Agency's policies, procedures, Inmate

	<p>Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, PREA educational video, interpretive services contracts, inmate records, and training records. Through staff & inmate interviews and observations, the Auditor determined the facility meets the requirements of this standard.</p>
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115.17 Hiring and promotion decisions	
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.17 Hiring and promotion decisions</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 150.01.01.003, Employment Screening</p> <p>IDOC PREA Manual</p> <p>PD 211.07.01.001-Hiring process</p> <p>Employee Handbook</p> <p>Employee Records</p> <p>Contractor Records</p> <p>Background Investigation Questionnaire</p> <p>Employment Application</p> <p>Employee Self-Assessment Form</p> <p>Interviews with Human Resource Supervisor</p> <p>Completed Pre-Audit Questionnaire (PAQ)</p> <p>Policy states that the facility will not knowingly hire any new employee, promote any existing employee, or enlist the services of any contractor who has contact with inmates and has; Engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 1997); been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or Been civilly or administratively adjudicated to have engaged in the activity described above.</p> <p>The policy requires that once every five years criminal history checks are processed</p>

for all IDOC employees but does not preclude the IDOC from conducting a check at any time within the five-year period, if determined necessary. The five-year criminal history checks are completed and documented to include a review for personal protection orders and domestic violence offenses.

Any information produced from the criminal history check that has not been previously reported or investigated shall be referred by the reviewing staff for investigation. Criminal history checks shall be completed by Central Office supervisors and conducted for all staff who work at a correctional facility. Contractors who have contact with prisoners at the facilities shall have an annual criminal history check processed. Criminal background checks shall also be conducted on facility volunteers and information discovered from a criminal background check that has not been previously reported or investigated, shall be referred for investigation. The facility does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard.

The IDOC requires that all applicants apply for positions and complete the employment application packet which includes the required PREA questions. If any of the PREA questions are confirmed with a "yes" by the applicant, the application process is stopped, and HR contacts the applicant to ensure the applicant understood the question. The applicant will be ineligible for employment if an abuse or harassment is confirmed. The application also contains a statement that must be acknowledged by the applicant stating they understand that any false information provided could result in termination or prosecution. The IDOC Human Resource and Background Unit conduct the initial background check on those that are chosen to advance through the hiring process. Any instances of sexual harassment are used in determining whether to hire or promote anyone or enlist the services of contractors who may have contact with inmates. Each new employee and contractor will undergo a background check and is not offered employment if there is disqualifying information discovered.

Reference checks are performed at this level of the process and if the applicant has worked at another correctional facility, the facility will be contacted. The institution's Human Resource office tracks the required background checks which are conducted at a minimum of every five years and are required as part of the promotion process.

In addition, any applicant applying for a promotion is required to answer the PREA questions regarding any PREA related cases in which they were implicated. These questions are required and documented for each employee during their annual performance review process. Contractors and volunteers are required to have background checks prior to contact with inmates at the facility. The Auditor concluded the facility is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors or promoting staff.

Conclusion:

The Auditor conducted a thorough review of the Agency's policies, procedures,

	employee records, contractor records, Background Investigations, interviewed staff and determined the facility meets the requirements of this standard.
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18 Upgrades to facilities and technologies</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC Construction Project Review and Application</p> <p>Interviews</p> <p>Observations</p> <p>IDOC PREA Manual (Facility and Technology Upgrades)</p> <p>IDOC policy states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion, or modification and the facility’s ability to protect inmates from sexual abuse, shall be considered. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the ability to protect prisoners from sexual abuse shall be carefully reviewed.</p> <p>During interviews with the agency PREA coordinator and facility PREA manager, it was noted that the facility maintenance supervisor and the PM would discuss any projects at the facility to ensure compliance with the PREA standards.</p> <p>The Warden and PC stated that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility considers how such technology may enhance their ability to protect inmates from sexual abuse. Facility staff monitor the cameras to ensure they are operational and to identify any areas that may need additional coverage.</p> <p>Conclusion:</p> <p>Through the review of project documentation and interviews with staff, the Auditor determined that the facility meets the provisions of this standard.</p>

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

Auditor Discussion

115.21 Evidence protocol and forensic medical examinations

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 149.01 Sexual Abuse Sexual Harassment of Prisoners-PREA

Policy Directive 504.02.01.001, Investigations, and Intelligence Program

PD 116.02.01.001, Custody of Evidence

Memorandum of Understanding with the Ada County Sheriff's Office

Basic Investigator Training Packet

Training Record (Victim Advocates)

Sexual Abuse Victim Advocate Services Agreement

Interviews

Per IDOC policy, investigations of sexual abuse/sexual harassment shall only be completed by staff who have received specialized investigator training as outlined in the PREA policy. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment Investigations protocol. Facility trained investigators conduct administrative investigations and allegations of sexual abuse and sexual harassment. Cases that appear criminal in nature are referred to the State Patrol office. Facility staff are required to preserve any crime scene until an outside Investigator arrives to collect and process physical evidence from the scene. The facility investigation shall be coordinated as necessary with the investigating law enforcement agency to ensure all efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. However, the facility's investigation shall proceed in accordance with PD 116.02.01.01, "Internal Affairs" regardless of whether the referral results in criminal prosecution.

The Auditor reviewed training records for the facility investigators and determined that those staff responsible for administrative investigations have been trained as required. When receiving an allegation of sexual abuse or sexual harassment, facility staff ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation, in conjunction with the facility's administrative investigation. Referrals to law enforcement shall be documented in the facility's investigative report, to include PREA investigation documents and computerized database entries.

During interviews with facility medical staff and investigators, it was reported that the facility is not responsible for collecting forensic evidence from those involved in criminal sexual abuse investigations. Inmates are transported to SAFE/SANE facility to include any clothing worn during an alleged incident of sexual abuse. The facility's

protocol, which is outlined in the PREA and Custody of Evidence Standard Operating Procedures demonstrates that the agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene.

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 those delivered in the community. The agency has a Professional Services Agreement / Sexual Abuse Victim Advocate Services with the Advocates against Family Violence and has been extended to SBWCC and other facilities on June 21, 2022. The agreement specifies that the AAFV 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 therefore forensic examinations are provided at one of the nearby hospitals.

IDOC Investigators are trained using Crime Scene Management and Preservation training modules and the facility provides documentation of the training that investigative staff receive. The training included material reference and sources from the U.S. Department of Justice's office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, PREA Audit Reporting, Idaho Department of Corrections Sexual Violence Response and Investigation Guide, and Crime Scene Management & Preservation. Additionally, investigative staff completed the NIC PREA investigator training.

The Auditor determined through staff interviews that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence. Uniform evidence protocol is covered in Crime Scene Preservation and Management Manual. Training materials provide technical details to aid first responders in preserving available evidence. Youthful inmates are not housed at this facility; however, staff are adequately prepared to address the needs of this population through training materials and the PREA policy.

Policy supports the requirements of the provisions and protocols are in place to ensure an incarcerated individual is transported to a hospital for a SANE exam when allegations are made to support a referral. State law and institutional policy support that a qualified advocate is available through the hospital. Agency trained investigators have become certified for evidence collection and photographing of crime scenes, ensuring a uniform accurate evidence protocol is followed.

Conclusion:

The Auditor determined that the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.22 Policies to ensure referrals of allegations for Investigations

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 149.01 Sexual Abuse Sexual Harassment of Prisoners-PREA

Policy Directive 504.02.01.001, Internal Affairs Intelligence Program

Idaho State Policy letter regarding criminal investigations

Internal Affairs Policy Directive

Interviews

The IDOC policy is written in accordance with Standard 115.22 and requires that an investigation be completed for all allegations of sexual abuse and harassment. Wardens shall ensure that information on all allegations of prisoner-on-prisoner sexual abuse/sexual harassment, employee sexual abuse/sexual harassment, or employee overfamiliarity accusations, are entered into the IDOC computerized database at their respective facilities and promptly investigated. Policy also dictates that allegations are referred for a criminal investigation, if warranted.

Each sexual abuse or sexual harassment investigation has a PREA Sexual Abuse or Sexual Harassment investigation worksheet completed in its entirety and all cases reported verbally, in writing, anonymously, or from third parties, shall be entered into the Agency's computerized investigation database. The Warden will refer the allegation as soon as possible, but no later than one business day after the report was made to the Internal Affairs Division in accordance with policy.

The facility PM, supervisors and investigators work closely to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly and if an inmate alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will make the initial report. The supervisor will complete the PREA First Responder Checklist and complete the Request for Investigation packet, will be forwarded to the PM for review. The investigator coordinates as needed with the PM to determine the course of action and the PC is also notified. The Idaho State Police conduct all criminal investigations for the facility and will be notified if there is suspected potential criminal charges. If the case is prosecutable, the ISP will make a referral for prosecutorial efforts.

Conclusion:

The Auditor reviewed investigative files, conducted administrative interviews, and observed daily assignments at SBWCC and determined the facility is compliant with provisions of this standard.

115.31	Employee training
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.31 Employee Training</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Training Records</p> <p>Policy Directive 149.01 Version 6, Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>IDOC Training Plan 2023</p> <p>PREA In-service report</p> <p>Staff Interviews</p> <p>IDOC Training Modules</p> <p>Policy requires that facility employees, student assistants, unpaid student interns, and contractors if they work inside a correctional facility or field office, which includes employees of other State agencies, are required to successfully complete in service training in accordance with the requirements set forth in IDOC Policy directives. In accordance with the PREA manual, employees are required to complete PREA training at a minimum every two years. However, the training is completed annually at the facility to aid in fulfillment of annual training requirements and to ensure each employee remains up to date on the IDOC policies and procedures regarding sexual abuse and harassment.</p> <p>During the pre-audit, the Auditor was provided copies of the facility's PREA curriculum, training logs, certificates of completion, and training acknowledgement forms. They included topics referencing Zero tolerance, definitions of sexual abuse and sexual harassment, staff duty to report third party allegations, staff neglect and misconduct, anonymous allegations, how to report and investigate allegations, supervision and monitoring, employee training, and limits to cross gender viewing.</p> <p>The facility training materials that were provided for review, adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. Additional training materials are provided to employees that house female inmates which include Collaborative Case Management for Women, what is gender responsive, and Prison Rape Elimination Act policy. These training supplements are relevant for those working with female offenders on a regular basis.</p> <p>Conclusion:</p> <p>The Auditor determined the facility meets the requirements of this standard.</p>

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32 Volunteer and Contractor training</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>Policy 606.02.01.01 Volunteer Services Program</p> <p>IDOC Correctional Facilities Administration</p> <p>PREA Training Progress Summary</p> <p>Interviews</p> <p>PREA Volunteer Agreement</p> <p>The IDOC Correctional Facilities Administration provides standardized training and orientation training required for all new employees, contractors, vendors, skilled trades, construction workers, student interns and volunteers who provide services at facilities. Vendors who have direct continuous supervision or escorted by facility staff are required to review the PREA module and provide a signature as understanding of requirements.</p> <p>The Auditor reviewed the training curriculum and verified it included information required by the standard. Training rosters and random training files were reviewed to verify and ensure all contracted employees and volunteers have received the required training. New contractors and volunteers are given PREA training during their orientation before assuming their duties and signing a verification form as acknowledgment they have received the information. All volunteers and contractors, who may have contact with inmates, have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>Interviews with contract staff verified that they were provided the employee training module for IDOC employees. The training procedures given provides information about respectful interactions with transgender inmates, physical boundaries, and overfamiliarity. Interviews with contractors demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to function as a first responder to preserve potential evidence and who there were to report to. The facility's training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures.</p> <p>Conclusion:</p>

	<p>The Auditor concluded the facility is appropriately training volunteers, contractors, and staff, to ensure documentation of training is maintained. The Auditor determined through a review of agency policies, procedures, training curriculum, acknowledgment forms and interviews, the facility meets the requirements of this standard.</p>
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115.33	Inmate education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.33 Inmate education</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01 Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>Reception Facility Services directive</p> <p>Prisoner Orientation Packet</p> <p>Prisoner PREA Education Form/ and 72-hour form</p> <p>Language Link (English and Spanish)</p> <p>Sexual Abuse Poster (English and Spanish)</p> <p>Inmate Handbook</p> <p>Interviews</p> <p>The IDOC Operating procedure is written in accordance with Standard 115.33 which states all inmates will receive comprehensive PREA education during intake and upon transfer to another facility within 30 days of arrival. Upon 72 hours of arrival at a facility, an inmate shall receive educational material on Zero tolerance, how to report, name of the facility PM, contact information for outside reporting, victim advocate services, and emotional support services. In accordance with policy, inmates shall receive orientation upon arrival at an IDOC facility and the Warden will develop and maintain an orientation program for newly arrived inmates.</p> <p>During intake processing, inmates receive comprehensive information explaining the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This information is provided in writing and by video presentation. Topics covered during</p>

inmate education include Inmates' rights to be free from sexual abuse and sexual harassment and/or retaliation for reporting such incidents, available methods to report incidents, and agency policies and procedures for responding to such incidents. Upon transfer, inmates shall receive education to the extent that policies and procedures of the inmate's new facility differ from those of the previous facility.

Interviews with the PM and inmates verified the training is provided to inmates by the prison counselor or other unit management staff. Staff also issue a brochure that covers the Zero-tolerance policy, definitions of sexual abuse- sexual harassment-retaliation, how to report sexual abuse, process required following a report, available services to victims, and sexual abuse avoidance.

During intake processing, each counselor is required to create file review to ensure that documentation of this education session is verified. If documentation of this education is missing, the inmate is immediately scheduled for a repeat of this education at the facility. During the audit tour, the Auditor randomly sampled inmate files and requested that IDOC staff show movement records to verify that education was provided in a timely manner. As part of the facility's intake and receptions procedures, each new reception file is reviewed, and it is verified that the inmate has documented receipt of training within the file.

The facility utilizes a phone system that contracts an outside vendor as proof of its provision of interpretative services for disabled or LEP inmates during the intake education process. The facility also maintains copies of PREA training materials, The PREA Resource Center's "An End to Silence", Agency PREA publications. These periodicals are available on Kiosks, tablets, and in printed form if requested.

The Agency publishes written educational materials, such as the PREA brochure, PREA posters, and Prisoner Guidebook, in English and Spanish. The PREA video is closed captioned for the deaf or hard of hearing population and each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes. During a tour of the facility, "Zero Tolerance" posters were visible throughout the housing units, common areas of the facility, and work locations. The Auditor observed the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility,

Conclusion:

The Auditor determines compliance, and the facility meets the requirements of this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.34 Specialized training: Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01, Sexual Abuse Sexual Harassment of Prisoners-PREA</p> <p>Basic Investigator Training Manual</p> <p>Investigation Training</p> <p>NIC PREA Online Training Program Completion Certificates</p> <p>Basic Investigator Training Exception and Completion Report</p> <p>Interviews</p> <p>Agency policy is written in accordance with standard 115.34. Investigations of sexual abuse/sexual harassment shall be completed by employees who have received specialized investigator training as outlined in the PREA manual. All investigations shall be conducted promptly, thoroughly, and objectively in accordance with the Sexual Abuse/Sexual Harassment investigations portion of the PREA manual. In accordance with the policy, facility investigators are required to receive specialized training to conduct sexual abuse investigations in confinement settings.</p> <p>The facility utilizes the Basic Investigator training manual which provides additional specialized training for investigators to assist in PREA administrative investigations. This investigative course covers PREA topics that include, Dynamics of sexual abuse within confinement settings, Interview techniques for victims of sexual abuse, Preservation of evidence, employee rights, and Garrity and Miranda rights. The evidentiary standard of preponderance of evidence is noted within the training referencing administrative investigations. The training provides guidance on the requirements and procedures for referring potential criminal acts for criminal investigation and prosecution. The Auditor verified investigator training for investigators and the facility maintains electronic documentation of investigator training in the employee's training file.</p> <p>Conclusion:</p> <p>The Auditor concluded the facility has provided appropriate training to its investigators on investigative techniques. The Auditor conducted a review of policies, directives, training curriculum, Presentations, training records, investigative reports and conducted interviews with investigators to determine the facility meets the requirements of this standard.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.35 Specialized training: Medical and mental health care

Policy, Materials, Interviews and Other Evidence Reviewed

In-service Training

IDOC PREA Plan

PREA Health Care and Mental Health Training

Interviews

IDOC Operating Procedure requires that all staff members receive PREA training in accordance with Standard 115.31. Furthermore, the policy requires that all part- and full-time mental health and medical staff members receive additional specialized training. Student assistants, unpaid student interns, all Agency employees, and if they work inside a correctional facility or field office, and contractual employees are required to successfully complete in-service training in accordance with the requirements set forth in policy and the In-Service Training Plan.

The Auditor reviewed the facility training curriculum specific to medical and mental health staff. These materials coincide with the Basic training module which covers the four points required by the standards. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and sexual harassment, and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. Student assistants, unpaid student interns, all agency employees, and contractual employees, are required to successfully complete in-service training in accordance with the requirements set forth in this policy and the In-Service Training Plan.

Medical and mental health practitioners with the IDOC receive training beyond the standard's minimal requirements. PREA policy establishes procedures for ensuring facility employees and contract staff, are adequately trained based on their positions within the facility. The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific departments. Through formal and informal interviews during the audit tour, both medical and mental health staff confirmed that they have received computer-based training that covers the standard requirements.

Facility staff do not conduct forensic examinations, therefore training records consistent with provision (b) of the standard are not required to be reviewed. The facility provided documentation of medical and mental health practitioners' completion of the specialized training documents. The Auditor interviewed medical and mental health supervisors who were knowledgeable of the training offered and confirmed having received the general and specialized training during part of their hiring protocol and annually at in-service. A review of their training documentation

	<p>provides evidence the training has been provided and the participants understand the requirements of PREA.</p> <p>Conclusion:</p> <p>Based on the Auditor review of the agency's policies, procedures, inmate records, and interviews, determined the facility meets the requirements of this standard.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.41 Screening for risk of victimization and abusiveness</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.1.01 Sexual Abuse and Sexual Harassment of Prisoners</p> <p>Prisoner Placement and Transfer</p> <p>PREA Risk Assessments</p> <p>Training Module</p> <p>Interviews</p> <p>DOC Operating Procedure states that a transferred inmate shall be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the inmate's risk of sexual victimization. Staff shall complete the PREA risk assessments in accordance with the policy. The Auditor interviewed staff who explained the initial intake process for inmates during their initial arrival at the facility. Interviews with various staff verified that within 72 hours of admission, inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior and are referred to medical if needed. During interviews with inmates, they stated they were asked PREA related questions during intake orientation.</p> <p>Policy indicates that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The Agency's computerized database and risk assessment tools shall be used to determine an inmate's risk. The assessment shall be completed using information contained in the inmate's file and from computerized databases available to employees and inmate interview. Inmates interviewed will not be disciplined for refusing to answer interview questions. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.</p>

	<p>Policy requires all inmates to be screened for risk of sexual victimization or risk of sexual abuse of other inmates within 72 hours of their intake. Interviews with inmates confirmed that they were screened within 72 hours of their intake. Random review of inmates' files supports initial screening within 72 hours, psychological screening, and reassessment within 30 days from date of arrival. An inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information of an inmate's risk of sexual victimization or abusiveness. The PM stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member and interviews the screening staff also indicated that an inmate's risk level is reassessed based upon a request, referral, or incident of sexual assault. Inmates are asked their sexual orientation, in addition to reviewing staff's perception.</p> <p>Staff meet face to face with inmates and document the reassessment and inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked. However, any refusal is documented in accordance with policy. According to the PAQ, inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.</p> <p>The Auditors interviewed staff who complete the screenings, and they stated the risk screening is completed within 72 hours and any previous PREA risk assessments are reviewed. The Auditor reviewed random inmate files, intake records and risk screenings to confirm risk screenings within 72 hours of intake were documented. The staff responsible for risk screening and PM confirmed that 30-day reassessments are being completed for inmates and include an in-house meeting with the inmates.</p> <p>Conclusion:</p> <p>The Auditor conducted a thorough review of policies, procedures, inmate records, made observations and interviewed staff and inmates to determine the facility meets the requirements of this standard.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.42 Use of Screening information

Policy, Materials, Interviews and Other Evidence Reviewed:

SOP Prisoner Placement and Transfer

Policy Directive-Gender Dysphoria

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

Interviews

IDOC Policy 303.02.01.001 Classification: Inmate

The Auditor reviewed inmate classification records that confirmed facility staff made individualized considerations when determining inmate housing, bed, work, and other assignments to ensure each inmate was housed safely in the facility. The Auditor observed that classification staff utilize information obtained from the Risk Screening to assign facility housing, bed, and work assignments and ensure vulnerable inmates are protected. The risk screener ensures information is entered in the IDOC electronic system to ensure inmates identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers.

The Auditor verified that staff conduct risk screening for each inmate during the intake process and consider an inmate's own perceptions of their safety before making classification decisions. The screening tool includes sections for the staff to document his/her own perceptions of the inmate. The Auditor conducted a formal interview with inmates who identified as gay or bisexual and each confirmed they had not been housed in a unit that is designated for LGBTI inmates. The Auditor reviewed the facility's High Risk of Sexual Victimization and High Risk of Sexual Abusiveness (HRSV/HRSA: Facility-PPV & PPA) Electronic log which confirmed the facility is keeping those identified as HRSA separated from those identified as HRSV through normal housing assignments.

The Auditor toured housing units in the facility and observed shower and restroom areas which have a partition that blocks view into the shower area. Inmates can shower, change clothes, and use the restroom without staff of the opposite gender seeing them fully naked. Transgender and intersex inmates are allowed to shower separately from other inmates during the facility's count times or when the showers are closed to the general inmate population.

The facility uses a computerized assessment process to arrive at an inmate classification for risk and the results generated from the assessment prevents housing potential victims with potential abusers. When an inmate is determined to be high risk for victimization or high risk for abusiveness, it is the responsibility of the staff member conducting the screening to enter the results and make appropriate referrals. An inmate that is determined to be at high risk for victimization will not be placed in the same cell or general area as an inmate that has been determined to be high risk for abusiveness. It is the responsibility of the staff to check each inmate being placed in a job that has been determined as an area where there should not be victims and abusers working together. All program and education areas are staffed

	<p>when in operation and are monitored by cameras.</p> <p>IDOC Operating Procedure requires that the facility will consider housing for transgender or intersex inmates' case-by-case basis to ensure the health and safety of the inmate and take into consideration any potential management or security problems. The policy requires that a transgender or intersex inmate's own view about their safety shall be given serious consideration, and that transgender or intersex inmates are given the opportunity to shower separately from other inmates. The policy also stipulates that LGBTI inmates will not be placed in a dedicated facility, unit, or wing solely based on such identification or status, unless the placement is established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.</p> <p>Staff are aware of their responsibilities should they receive a transgender inmate regarding this standard and interviews with facility staff indicate that placement of any transgender or intersex offenders is made on a case-by-case determination. Agency policy stipulates that placement and programming assignments for transgender inmates will be reassessed at least twice a year to review any threats to safety and a transgender inmate's views with respect to his or her safety will be given serious consideration.</p> <p>The Auditor reviewed documentation that inmates' housing was based upon objective finding and LGBTI inmates were not placed in isolated units. A review of the roster indicated that identified LGBTI inmates are in different units, buildings, wings, and bed areas throughout the facility. SBWCC was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates.</p> <p>Conclusion: The Auditor conducted a thorough review of policies, procedures, inmate records, made observations and interviewed staff and inmates to determine the facility meets the requirements of this standard.</p>
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115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43 Protective Custody</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>OP Segregation Standards</p> <p>IDOC PREA Plan 149.01.01</p> <p>Interviews</p>

IDOC Policy states that inmates at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is completed, and a determination has been made that no less restrictive means of separation from likely abusers exists. If the review cannot be conducted immediately, the inmate may be held in temporary segregation for up to 24 hours while the review is completed.

IDOC PREA policy states that inmates at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete, and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the inmate may be held in temporary segregation for up to 24 hours while the review is completed. If no less restrictive means of separation from the abuser or likely abusers exist, the inmate shall be assigned to temporary segregation in accordance with IOP "Segregation Standards" for a period not to ordinarily exceed thirty calendar days.

The Auditor observed on-site and through documentation, that the facility has an electronic assessment bed management system to ensure that inmates at high risk of victimization are not housed with inmates at high risk of predatory behavior. As evident during the tour and through informal interviews with inmates, the facility takes adequate measures to ensure individualized safety needs are considered. The facility reported that there were no instances of inmates being placed into involuntary segregation for risk of victimization. The Warden stated that segregation is not used to protect inmates at high risk of sexual victimization unless it is the only means of keeping an individual safe. Such placement is limited to a brief period (less than 24 hours), before the inmate can be reviewed by the security housing committee for appropriate housing within the facility or transferred to another location that can afford safety.

The facility ensures that inmates maintain access to recreation, educational programming, and religious programming to the extent they are administratively feasible and can be safely afforded. In the event of restrictions, the facility is required to document the nature of the restrictions.

Staff are aware of the IDOC Policy and their responsibilities regarding this standard and would conduct an immediate assessment and review of available housing alternatives prior to placing inmates in special management housing. Staff must assess and document all available alternatives and decide that no available alternative means of separation from likely abusers exists prior to placing an inmate at high risk of sexual victimization or an inmate who has alleged sexual abuse or sexual harassment in involuntary segregated housing. Staff indicate that an inmate identified as high risk would be moved to another housing location and not placed in segregation unless it was a temporary placement to keep the inmate safe until the investigation was complete, or the inmate requested PC. The PREA manager verified there were no inmates during the audit period have been placed in restrictive housing involuntarily to separate them from potential abusers. Staff indicated that there was sufficient space and housing units to find a suitable place for an otherwise orderly

	<p>inmate.</p> <p>Conclusion:</p> <p>The Auditor reviewed IDOC policies, procedures, Sexual Abuse/Sexual Harassment available alternatives, assessment form, observations, interviewed staff and inmates. Based on the reviews, the facility has demonstrated compliance with all the provisions and meets this standard.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51 Inmate reporting</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 402.02.01 Correctional Facility Mail</p> <p>IDOC Prisoner Handbook</p> <p>Discharge Reporting Information</p> <p>IDOC directive-Identifying and Addressing Sexual Abuse and Sexual Harassment</p> <p>New Employee PREA Training</p> <p>Reporting Posters</p> <p>Interviews</p> <p>IDOC policy states facilities must provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities, which may have contributed to such incidents. During interviews with both inmates and staff, it was clear that these options are well publicized. The IDOC policy designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other inmates or staff, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. The facility PREA Plan states that inmates may privately report sexual abuse, sexual harassment, retaliation by other inmates or staff for reporting sexual abuse or sexual harassment, and staff neglect or dereliction of duty that may have contributed to such incidents verbally, in writing, anonymously or through third parties. Inmates can file such reports through verbal and/or written reports to any staff member, the IDOC Sexual Abuse Hotline, via third parties, or informing the Idaho Special Investigative Unit.</p>

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

When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation. Inmates may report sexual abuse or sexual harassment to the Idaho Sheriffs Association. Upon receipt of a complaint, the complaint shall immediately forward the complaint in writing to the institutional PREA Manager on a (PREA) Sexual Abuse/Harassment Referral form.

Facility staff were aware of their obligations to accept reports from inmates and were aware of the availability to make written reports through the various means and were aware of the PREA hotline. Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or Warden directly. Staff can also report sexual abuse or harassment through the established hotline and staff members are informed of these avenues during PREA training. Staff interviews revealed that they are aware they can contact any facility administration employee or PREA coordinator, to report sexual abuse and harassment of inmates.

During interviews, residents stated that they could talk to any of the staff if they had any issue. Inmates expressed that they felt safe and knew of the PREA safety postings on the bulletin boards in the housing units, dining hall, and other shared areas.

Conclusion:

The Auditor reviewed the agency's policies, procedures, Inmate Handbook, grievances, investigative records, and conducted interviews with staff and inmates to determine the facility meets the requirements of this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.52 Exhaustion of administrative remedies

	<p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Completed Pre-Audit Questionnaire (PAQ)</p> <p>IDOC Policy 316.02.01 Grievance and Informal Resolution Procedure for Inmate</p> <p>Inmate Handbook</p> <p>Investigative Reports</p> <p>Observations</p> <p>PCM interview</p> <p>Inmate interviews</p> <p>Agency policy states that the IDOC has a grievance procedure in place for addressing inmate grievances regarding sexual abuse. The Inmates are not required to use an informal grievance process to resolve an alleged incident of sexual abuse and are not required to submit a grievance to a staff member who is the subject of a complaint.</p> <p>The Agency issues a final decision within 90 days of the initial filing of the grievance which does not include the inmate’s time preparing an administrative appeal. 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.</p> <p>Third parties are permitted to assist inmates in filing requests for administrative remedies, and to file such requests on behalf of inmate and emergency grievances may be filed if an inmate alleges that he is at substantial risk of imminent sexual abuse. Emergency grievances are immediately forwarded to a level of review at which corrective action can be taken, in which a response is provided within 48 hours and a final agency decision is issued within five calendar days.</p> <p>Conclusion:</p> <p>Based on the review of policies, investigations, notification of the investigation findings, interviews and analysis, the facility has demonstrated compliance with all the provisions and meets this standard.</p>
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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.53 Inmate access to outside confidential support services

Policy, Materials, Interviews and Other Evidence Reviewed:

Directive 149.01.01 Sexual Abuse and Sexual Harassment of Prisoners (PREA)

Policy Directive 402.02.01 Prisoner Telephone Use and Mail Handling

PREA Posters (English and Spanish)

Inmate Handbook

Interviews

The Auditor determined the agency and facility work collaboratively to establish relationships with outside support services. Just Detention International (JDI) has provided victim advocate services and Idaho Crisis and Suicide Hotline provides confidential emotional support services to residents. These services included referral to survivor outreach services, suicide prevention and providing limited immediate emotional support services. Information for inmates to contact JDI and ICSH was visible and available in the inmate housing units.

The IDOC had established a MOU with JDI who provide confidential emotional support to inmate survivors of sexual abuse and sexual harassment housed within the IDOC. The service is available via confidential mail.

The Auditor observed that the facility advertises the availability of these resources on inmate bulletin boards within the housing units, ensuring that the inmate population is provided with contact information. Inmates are made aware of how communications are monitored, and which lines of communication are not monitored for confidentiality purposes. Signs posted on the inmate housing units included statements that the calls may be anonymous and will not be monitored.

Policy requires that inmates and staff be allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform inmates of their limits of confidentiality. Interviews with medical and mental health staff reveal they are aware of their obligations to inform the inmates of the limits of confidentiality. The Auditors reviewed documentation that verified this is being conveyed to the inmates. There were also posters located throughout the medical and mental health areas with contact information provided. Inmates are informed of the services during intake and the facility provides inmates information regarding confidential support services through the PREA brochure that they receive during orientation. Mailroom staff interviewed stated that outgoing mail is not opened or searched and there are no restrictions on inmates sending mail to external reporting entities, outside emotional support services, and legal mail.

SBWCC has an MOU with Idaho Crisis and Suicide Hotline phone service for confidential support services. The Auditor was provided with a copy of the MOU and verified the agreement. A test call to the hotline was conducted to verify the authenticity and availability. During this review, there have been no inmates detained solely for civil or immigration purposes.

	<p>Conclusion: Based on policy review, interviews, and correspondence review, the facility meets the requirements of this standard.</p>
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115.54	Third-party reporting
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.54 Third-party reporting</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>Policy Directive 149.01.01 Sexual Abuse and Sexual Harassment of Prisoners (PREA)</p> <p>IDOC Website Reporting</p> <p>Just Detention International Posters (English and Spanish)</p> <p>Interviews</p> <p>The Auditor reviewed the agency operating procedure and Prohibited Sexual Conduct Involving Inmates which states inmates may report allegations of conducted prohibited. Threats of such conduct and retaliation for reporting such conduct can be reported verbally or in writing to any facility staff member, through the IDOC Sexual Abuse Hotline, 800 numbers and third-party avenues.</p> <p>The facility responded that they provide a method to receive third-party reports of inmate sexual abuse or sexual harassment. The facility provided samples of documents that could be completed on behalf of alleged sexual abuse or sexual harassment victim. These items include information for third-party submission and instructions for use of a Legislative Corrections Ombudsman and any claims received will be immediately forwarded to IDOC officials.</p> <p>Third parties can use the IDOC’s website to report PREA allegations electronically on behalf of inmates. The facility also responded positively in the questionnaire that the agency publicly distributes information on how to report inmate sexual abuse or sexual harassment on behalf of inmates. Policies were reviewed that indicated that third parties, inmates, staff members, family members, attorneys, and outside advocates shall be permitted to assist inmates in reporting on an inmate’s behalf.</p> <p>During the onsite phase of the audit, the Audit team observed PREA posters displayed throughout the facility which indicates that inmates, staff, or the public can report PREA allegations through the PREA Hotline or electronically through the Idaho Corrections website. The website states that all allegations of sexual abuse should be reported and will be investigated. Third parties can report by contacting the facility,</p>

	<p>Special Investigations, Prison Rape Elimination Office Sexual Abuse Hotline, electronically, or through written correspondence with the Prison Rape Elimination Office.</p> <p>Conclusion:</p> <p>The Auditor reviewed materials, policies and made observations during the facility tour and determined the facility meets all requirements for the standard.</p>
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115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61 Staff and Agency reporting duties</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01.01 Sexual Abuse and Sexual Harassment of Prisoners (PREA)</p> <p>Special Investigative Unit</p> <p>Medical Screenings, Classification and Levels of Care</p> <p>Inmate Services Investigative Records</p> <p>Training Curriculum</p> <p>Training Records</p> <p>Staff Interviews</p> <p>Inmate interviews</p> <p>IDOC policy requires confidentiality of all information of sexual abuse or harassment beyond what is required to be shared as a part of the reporting, treatment, or investigation. Policy indicates that reasonable steps shall be taken to ensure the confidentiality of information obtained during the risk assessment process. Persons interviewed as part of an investigation shall be specifically warned not to discuss the investigation with others and staff that intentionally compromise this confidentiality shall be subject to discipline in accordance with the "Employee Discipline" policy. This does not prevent staff from discussing such matters with their attorneys or in accordance with policy.</p> <p>IDOC requires that all staff report sexual abuse and sexual harassment immediately to a supervisor or other staff member of a higher rank. Once the abuse is reported, staff are instructed and required by policy not to discuss the situation/allegation with anyone else unless those staff are investigating, making security decisions, or</p>

	<p>providing services to the inmate victim. During the interviews, the Auditor determined all staff were clear that they should report any suspicions they have regarding sexual abuse or sexual harassment of an inmate.</p> <p>The Auditor reviewed agency training curriculum for staff, volunteers and contractors which included training they received on reporting of sexual abuse and sexual harassment allegations. Each staff member is required to read the agency's policies and sign receipt of attendance on an annual basis. The Auditor verified staff, contractors, and volunteers, had received training, and reviewed the policies on how to report serious or unusual information related to PREA. During staff interviews, staff were asked about their requirements for maintaining confidentiality. The staff understand the need to keep the information limited to those that need to know to preserve the integrity of the investigation. Staff interviewed stated that details related to either inmate allegations or staff allegations should remain confidential, and they would only discuss details with supervisors and investigators.</p> <p>Policy requires that all medical and mental health personnel inform inmates of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Policy requires medical and mental health staff report any knowledge of sexual abuse within an institutional setting and clinicians are required to disclose their duties to report. Medical and mental health providers were able to discuss the limits to confidentiality and how they provide that information to inmates during any medical or mental health session.</p> <p>Conclusion:</p> <p>It was determined through review of policies and interviews with PREA compliance manager, medical, mental health practitioners, and investigator, that the facility meets the provisions for the standard.</p>
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115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62 Agency Protection Duties</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive Prisoner Placement and Transfer</p> <p>Investigative records</p> <p>Transfer memo</p>

	<p>Interviews</p> <p>IDOC Operating Procedure is written in compliance with the standard and requires that whenever there is a report of an incident of sexual abuse or harassment, the victim should be immediately protected. The Auditor reviewed the facility policy which states that when an inmate is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the inmate by ensuring no contact between the alleged abuser and the alleged victim. Such actions can include housing changes, temporary segregation, reassignment, stop orders and transfers that must be documented, including the time between report and when the action was taken.</p> <p>Staff interviewed by the Auditor were able to answer questions regarding what immediate actions were required if staff learned an inmate was at imminent risk of sexual abuse. Higher level staff interviewed by the Auditor were knowledgeable of the options they have available to protect inmates if these circumstances were to arise at their facility. These options included relocating the inmate to a different housing unit at the facility or transferring the inmate to another facility and would be determined on a case-by-case basis and with the best interest of the inmate in mind. The Warden is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims.</p> <p>Policy requires Medical and Mental Health Professionals immediately consult with the Warden or designee and recommend housing interventions or other immediate action to protect an inmate when it is determined the inmate is subject to a substantial risk. If medical staff determine during an assessment that an inmate is at risk of imminent sexual abuse or is considered at risk sexual victimization, they will collaborate closely with the Warden and unit team staff to provide alternative housing placement.</p> <p>Conclusion:</p> <p>The Auditor reviewed policy, procedures, investigative records, conducted interviews with staff and inmates, made observations and determined the facility meets the requirements of this standard.</p>
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63 Reporting to other confinement facilities</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01.01 Sexual Abuse and Sexual Harassment of Prisoners (PREA)</p> <p>Memo</p>

	<p>Interviews</p> <p>The IDOC's policy is written in accordance with the PREA standard and requires that if the Warden or his/her designee receives an allegation regarding an incident of sexual abuse that occurred at another facility, he/she must make notification within 72 hours. The standard states that if an inmate alleges, they were sexually abused while confined at a different facility, including, but not limited to county jails, state prison, federal prison, or substance abuse program facility, staff shall forward the allegation to the Warden or Administrator at the inmate's current facility. Whether or not the inmate indicates the allegation was investigated, the Warden or Administrator shall provide email notification immediately, but no later than 72 hours, to the Warden or Administrator of the other location where the incident was alleged to have occurred.</p> <p>When a PREA allegation is received by any IDOC office or location other than a correctional facility, it shall be reported using the PREA email located on the IDOC website. This includes any allegation received regarding sexual abuse and sexual harassment at a County jail, State or Federal prison, IDOC facility, or a juvenile detention facility. If any documents related to the allegation are available, they must be made available to the PREA Manager for review.</p> <p>The Auditor conducted interviews with facility staff and on actions they would take if an inmate alleged to have been sexually abused while confined at another facility. Staff stated they would immediately report the allegation to their supervisor and submit an incident report including the details of the allegation as reported to them. The Warden and PM stated that if they receive such a notice, they will immediately report the allegation to the Warden or Administrator of the other facility and document. The Warden stated that an allegation that an inmate alleges suffering sexual abuse at another facility is received, they would place a telephone call followed by an email to Warden at the facility of the allegation to complete the notification process. The Warden stated they would ensure their facility investigator is notified, and an investigation would immediately be conducted.</p> <p>Conclusion:</p> <p>Compliance with this standard was verified by reviewing policy, interviews with investigators, PREA compliance manager, and Warden. It is determined that the facility meets the requirements for this standard.</p>
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115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.64 Staff first responder duties

Policy, Materials, Interviews and Other Evidence Reviewed:

Basic Investigator Training

IDOC Sexual Violence Response Investigation Guide

PREA Course for All Employees

Interviews

The Auditor conducted interviews with supervisory staff to determine what their role would be following a report of sexual assault. The supervisors stated that they would ensure the alleged victim and alleged abuser were removed from the area where the incident occurred and kept separately in the facility. The area of the incident would be secured, and a staff would ensure no one entered the area and disturbed the evidence. The alleged victim would be taken to the medical for treatment of any emergent needs and transported to the local hospital for a forensic exam, if needed.

Random staff who responded as first responders indicated during interviews with the Auditor, that they were aware of their responsibility regarding their duties. A review of the investigation files supported that staff acted appropriately when responding to allegation of sexual abuse by taking the appropriate steps to separate the alleged victim from alleged abuser, preserve the crime scene, protect evidence, and report.

IDOC Policy requires that if the first responder is not a security staff member, they immediately notify a security staff member. The Auditor conducted interviews with non-security personnel and asked what actions they would take following an alleged sexual abuse that is reported to them. Staff stated they would ensure the victim remains with them and immediately inform an officer or supervisor and would also request the victim not take action to destroy evidence.

Medical personnel interviewed stated they would first ensure a victim's emergency medical needs are met and would request the victim not to use the restroom, shower, or take any other actions which could destroy evidence. Medical staff informed the Auditor they would immediately notify a supervisor if they were the first person to be notified of an alleged sexual abuse and the victim would be transported off-site for a forensic exam, if needed. The Auditor reviewed the facility's training records and the records verified that sexual abuse training had been conducted and training was documented. The training records of staff, contractors, and volunteers verified they had received training to appropriately respond to incidents of sexual abuse.

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed as part of this onsite audit visit were all well versed in their responsibilities as a first responder to an allegation of sexual abuse or sexual harassment.

Conclusion: The Auditor reviewed policies, procedures, coordinated response Plan, Sexual Assault Response Checklist, investigative reports, interviewed staff and determined the facility meets the requirements of this standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65 Coordinated response</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Operating Procedure-Prohibited Sexual Conduct Involving Prisoners</p> <p>IDOC PREA Manual</p> <p>Interviews</p> <p>Coordinated Response Plan</p> <p>The IDOC policy requires each facility to develop a written plan to coordinate actions taken in response to an incident of sexual abuse. The facility has developed its own operating procedures for the coordinated response plan. IDOC policy describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. A Sexual Assault First Responder checklist has been created which supplements the facility operating procedures and outlines staff duties in response to a sexual assault incident. IDOC policy directs each correctional facility shall include in their operating procedures an institutional plan to coordinate actions taken in response to an allegation of sexual abuse. The plan includes:</p> <ol style="list-style-type: none"> 1. Staff, Volunteer, and Contractor Responsibilities 2. First Responder (Security/Non-Security) 3. Watch Commander 4. Medical Response 5. Investigator 6. Mental Health 7. PREA Compliance Manager 8. Administrative Response <p>The Auditor conducted interviews with staff listed in the facility’s coordinated response plan and staff were knowledgeable regarding their specific duties. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor interviewed the Warden, investigator, medical staff, mental health staff, and PM, regarding the initiation of the coordinated response in the case of an allegation of sexual abuse or harassment. Staff understood their responsibilities and stated that investigations are completed timely, and a finding is</p>

	<p>assigned. They stated that cases may be referred for criminal prosecution or managed administratively. Staff stated that monitoring for retaliation is conducted and that a notice to the inmate victim disclosing the outcome of the case would be delivered once a determination is completed. The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and has appropriately trained their personnel to follow the plan.</p> <p>Conclusion:</p> <p>The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained their personnel to follow the plan. Based on a review of the facility's policies, procedures, coordinated response plan, sexual assault response checklist, training records, and interviews with staff and inmates, the Auditor determined that facility meets the requirements of this standard.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.66 Preservation of ability to protect inmates from contact with abusers</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC PREA Manual</p> <p>Staff Interviews</p> <p>A review indicated that there are no collective bargaining agreements that preserve the ability of the facility to remove alleged staff abusers from contact with inmates, consistent with provisions of the standard. Specifically, when warranted, the facility may take actions that include suspension of an employee during an investigation and this suspension may continue until disciplinary actions are determined. The Agency Head confirmed that the facility maintains the right to assign staff.</p> <p>This Auditor confirmed that the Agency has the right and ability as the employer, to remove alleged staff abusers from contact with inmates, consistent with provision (a) of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during an investigation. This suspension may continue until the time when disciplinary actions are determined. There are no terms within any bargaining contracts that prevent the employer from removing staff for cause during an investigation.</p>

	<p>Conclusion:</p> <p>The Auditor finds the facility compliant with this standard and meets the requirements.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67 Agency protection against retaliation</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>PD-Prohibited Sexual Conduct Involving Prisoners (PREA)</p> <p>PREA Sexual Abuse Retaliation Monitoring</p> <p>Interviews</p> <p>The facility has protection and reporting measures for inmates relevant to Standard 115.67. The policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. Any use of involuntary segregated housing for the inmate who alleged suffering sexual abuse shall only be used after an assessment determines there is a form for documenting retaliation.</p> <p>Staff interviews verified the PM monitors retaliation for up to 90 days and retaliation may be monitored beyond 90 days, if warranted. If a staff member were involved, the staff member would be separated from the inmate and may receive disciplinary action commensurate with the type of behavior taken. If an inmate retaliates against another inmate, they would be kept separate from one another. Other options to protect against retaliation may include protective custody, housing reassignments, or transfer to another facility.</p> <p>The IDOC's policy is written in accordance with the standard and states retaliation by or against any party, staff, or inmate, who participates in a complaint or report of sexual abuse or sexual harassment, shall be prohibited. Facility policy states both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The facility designates a supervisory staff member other than the direct supervisor, to monitor the incident. The staff member assigned will monitor retaliatory performance reviews, reassignments, and other retaliatory actions not substantiated as legitimate discipline or performance based. Supervisory staff shall also monitor disciplinary sanctions, housing/program changes, and conduct periodic status checks for inmates who report or have reported alleged victimization. Retaliation shall be grounds for disciplinary</p>

	<p>action and will be investigated. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take measures to protect that individual against retaliation, including ninety calendar day retaliation monitoring if deemed necessary and retaliation monitoring ceases when an allegation is unfounded.</p> <p>Administrative staff have the authority to move inmates within the facility or to request transfers to other facilities or take other measures to ensure inmates are not retaliated against. Inmates are not held in the special management housing unless requested by the inmate and the Auditor verified the facility has multiple housing units where inmates can be placed.</p> <p>Conclusion</p> <p>: Staff interviews confirmed their knowledge of the requirements for protection from retaliation for both inmates and staff members. The auditor reviewed documents and determined the facility is compliant with this standard.</p>
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115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 Post-allegation protective custody</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>PD PREA Segregation Standards</p> <p>IDOC PREA Manual</p> <p>Interviews</p> <p>The IDOC's policy is written in accordance with the standard and requires the use of segregated housing be subjected to the requirements of PREA standard 115.43. Facility policy prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from abusers.</p> <p>The Auditor determined by reviewing documentation and conducting interviews, that no inmates have been placed in involuntary segregation due to risk of victimization in the 12 months preceding this audit. The facility PREA Compliance Manager noted the facility did not place any inmate in protective housing due to being at high risk for sexual victimization during the past 12 months and will not use protective housing as a protective measure for a victim at high risk of sexual victimization unless requested by the inmate. This was confirmed during interviews with the Warden, PM, and review</p>

	<p>of investigative files. Interviews with other supervisory staff confirmed their knowledge of their requirements to appropriately adhere to the standard after a victim's allegation of abuse. There were no instances where protective custody or restrictive housing was used at this facility and none of the inmates interviewed by the Auditor had been placed in restrictive housing for their protection from sexual abuse.</p> <p>Conclusion:</p> <p>The Auditor reviewed policy, interviewed supervisory staff, PC, and PREA compliance manager, documentation, and made observations. The Auditor determined the facility meets this standard.</p>
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115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.71 Criminal and administrative agency investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive-Sexual Abuse and Harassment of Prisoners</p> <p>Policy Directive-Internal Affairs</p> <p>IDOC Operating Procedure -Internal Affairs</p> <p>IDOC Sexual Violence Response and Investigation Guide</p> <p>Interviews</p> <p>The IDOC Operating Procedure is written in accordance with Standard 115.71 and states that all investigations into allegations of sexual abuse and sexual harassment will be conducted promptly, thoroughly, and objectively to include third party and anonymous reports. These documents indicate that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it will be investigated. Staff will ensure all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation in conjunction with the facility's administrative investigation. Referrals to law enforcement will be documented in the facility's investigative report, PREA investigation, and electronic database.</p> <p>The Warden or designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division creating an entry for each alleged incident. Facility policy requires that all reports, regardless of their source of</p>

origination, be referred for investigation. SBWCC conducts investigations on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports and IDOC policy states that each sexual abuse allegation will have an assigned investigator complete a PREA sexual abuse investigation form or sexual harassment form.

A facility investigator acknowledged that investigations are required to be initiated within 72 hours of being reported and facility practice is less than 24 hours. All reports of sexual abuse and sexual harassment, including anonymous or third-party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made. Facility policy requires administrative investigations include efforts to determine whether staff actions or failure to act, contributed to sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, credibility assessments, and investigative facts/findings. Credibility assessments are conducted as part of the investigative process with the institutional investigators and the assessments are conducted on all involved parties in the investigation.

Every investigation goes through specific levels of review to ensure thoroughness of the investigation. The facility is required to maintain written investigative reports for as long as the alleged abuser is incarcerated or employed by the facility, plus an additional time in accordance with IDOC policy. Policy prohibits the termination of an investigation if an inmate is released, or a staff member is terminated or resigns.

The Auditor reviewed investigation files and found the facility identified and interviewed applicable witnesses, reviewed video surveillance, and retained physical evidence as required by policy. An interview with a facility investigator confirmed that it is practice for all parties to be interviewed in-person. Additionally, all inmate interviews are video/audio recorded and electronic data is securely maintained with investigative files locked in an area with limited access.

Conclusion:

The review of policy, investigative reports, interview with facility investigators, SIU investigators and Warden, confirmed the facility meets requirements for this standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.72 Evidentiary standard for administrative investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC PREA Manual</p> <p>Basic Investigator Training Manual</p> <p>Investigation Reports</p> <p>Interviews</p> <p>The IDOC's policy is following the requirements of Standard 115.72 and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews at SBWCC with the investigator and PM confirmed that staff responsible for administrative adjudication of investigations are knowledgeable of the requirements for the evidentiary standard.</p> <p>The investigators were able to articulate what preponderance meant and how they arrive at the basis for case determinations. The Auditor reviewed examples of both substantiated and unsubstantiated allegations, including the basis for the determinations which indicated that the investigations are being conducted in accordance with the standard. The PREA manual and the facility's Basic Investigator training manual specify that the facility's standard of proof is to be the preponderance of the evidence. Through a review of investigations, there appears to be sufficient application of this standard to find compliance.</p> <p>Conclusion:</p> <p>Based on policy review, investigative file review, and interviews noted above, SBWCC meets requirements of this standard.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.73 Reporting to inmates</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC PREA Manual</p> <p>Policy Directive- PREA and Prohibited Sexual Conduct Involving Prisoners</p>

Prisoner Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action

IDOC PREA Annual Report

Interviews

The IDOC Operating Procedure is written in accordance with Standard 115.73 which requires that an inmate be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy states that following investigation of an allegation that an inmate suffered sexual abuse in a facility, the appropriate Warden or Administrator shall ensure the victim is notified in writing as to whether the allegation has been Substantiated, Unsubstantiated/Insufficient Evidence, or Unfounded. Following an allegation that a staff member committed sexual abuse against an inmate, the facility conducting the investigation shall inform the inmate of their determination and such notifications shall be documented using the appropriate form. If notification is unable to be provided, the attempts shall be documented as well as the rationale for the inability to notify and a copy of the form shall be maintained for the PREA audit. The Facility's obligation to provide notification as outlined in this section shall terminate if the inmate is paroled, discharged from his/her sentence, is vacated, or pardoned.

SBWCC provided examples of Inmate notification of sexual abuse and sexual harassment investigative findings and action forms (Report to Resident). The form verified that inmates are notified regarding the following: Investigative Findings, Sufficient Evidence Findings-Staff Suspect Disciplinary Action, no longer assigned to housing unit, no longer employed at the incident location, indicted on a charge related to the allegation, or convicted on a charge related to the allegation. Document reviews and interviews with the PREA Coordinator, Administrative staff, Investigators, and inmates, verified that inmates are receiving notifications as required by policy.

Criminal investigations are conducted by local law enforcement in conjunction with the facility administrative investigators and the facility investigator is the liaison between the two entities. Local law enforcement communicates with the facility and will forward any relevant updates relating to criminal charges or convictions.

Conclusion:

Interviews with the PREA Compliance Manager, administrative staff, investigator, and inmates, verified that inmates are receiving notifications, and the facility meets compliance with the standard.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

115.76 Disciplinary sanctions for staff

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 149.01.01 PREA and Prohibited Sexual Conduct Involving Prisoners

Policy Directive-Humane Treatment and Living Conditions for Prisoners

Policy Directive 205.07.01 Employee Discipline

IDOC PD 219 Sexual Misconduct with Inmates

IDOC Employee Handbook

Ethics Standards 217.07.01.01

Interviews

IDOC PREA policies were reviewed and are following the requirements of Standard 115.76. Staff found guilty of violations are subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. The policy requires that staff found responsible for sexual abuse of an inmate shall be terminated from employment. Employees who are found to have violated facility policy related to sexual abuse and harassment, but not actually engaging in sexual abuse shall be disciplined in a manner commensurate with the nature and circumstances or the acts as well as the previous disciplinary history of the staff and comparable to other comparable offenses in cases with similar disciplinary histories.

IDOC policy states that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with the standard. Violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, previous discipline history, and other comparable disciplinary actions. According to IDOC policy, IDOC's human resource professionals manage any progressive disciplinary processes requiring more than three levels of instruction or warning, up to termination.

SBWCC policy indicates that termination is the presumptive action for those employees that are found to have a substantiated case of sexual abuse against them. These cases will be referred for criminal prosecution and will be reported to any relevant licensing bodies. Additionally, disciplinary sanctions will take into consideration the staff member's disciplinary history, sanctions imposed for similar offenses by other staff and take into consideration the nature of the acts committed.

The Auditor interviewed the Warden regarding the facility's staff disciplinary policy, and it was determined that if a staff member is terminated for violating the facility's sexual assault and harassment policy, the case would be referred for criminal

	<p>prosecution if criminal in nature.</p> <p>The facility investigator and PM verified that if an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, that the resignation does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment. The Auditor observed the facility's policy which included a provision to notify law enforcement agencies of criminal violations of sexual abuse and requires the PM notify relevant licensing bodies. The Auditor discussed the requirement for the facility to notify law enforcement and relevant licensing bodies with facility executive staff who were clear on the requirement following a criminal act of sexual abuse.</p> <p>The Auditor determined the facility has appropriate policies and practices in place, which ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The facility makes termination the presumptive discipline measure for engaging in acts of sexual violence and reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies.</p> <p>Conclusion: Interviews with the Warden, Investigator, and PM, support all allegations against staff for sexual abuse, sexual harassment, retaliation, or neglect are investigated and disciplinary actions sanctioned. The facility exceeds compliance with the standard.</p>
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115.77 Corrective action for contractors and volunteers	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.77 Corrective action for contractors and volunteers</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC PREA Manual</p> <p>Memo-Investigation of Contractual Employees</p> <p>Interviews</p> <p>Policy Directive 149.01.01 PREA and Prohibited Sexual Conduct Involving Prisoners</p> <p>IDOC policy hold both contractors and volunteers to the same standards as employees directly hired by the facility when disciplinary action for engaging in sexual abuse and sexual harassment is conducted. Therefore, any contractor or</p>

volunteer engaging in these behaviors would be terminated or prohibited from entering an IDOC facility. Facility policy contains specific language to provide consideration for terminating contracts and prohibiting further contact with inmates in the case of any other violation of PREA sexual abuse and sexual harassment policies. Conduct of this nature by volunteers or contractors requires reports to law enforcement and relevant licensing bodies.

Contractual Employees' allegations of employee misconduct must be documented, and an appropriate investigation conducted. The contracting agency may perform a separate investigation and remove the employee. Whether a contractual employee should remain at a particular facility will be determined by the Warden/Administrator at that facility and will vary depending on the severity of the alleged misconduct. Once an investigation is initiated involving a contractual employee, the contract monitor shall be notified by Internal Affairs and contractual employees who are the subject of the investigation are permitted to have representation during the investigatory interview. The investigator must advise the employee of this and arrange a date and time that does not delay the investigation. The contractual employee is responsible for obtaining his/her representative and that person cannot be an IDOC employee. Investigations shall be completed in accordance with Internal Affairs policy directives as an IA monitored investigation unless otherwise assigned by Internal Affairs. All completed investigations regarding contractual employees need to be sent to Internal Affairs for final review and closure.

An interview with the Warden confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from inmate contact or the facility depending on substantiation of the allegations. Contractors and volunteers who violate the sexual abuse or sexual harassment policies will have their security clearance revoked immediately. Contract staff would be terminated by the contract employer and if the conduct is criminal in nature, it will be referred to local law enforcement for investigation and prosecution, as well as reported to any relevant licensing bodies.

Conclusion:

The interview with the Warden confirmed the option to temporarily suspend volunteers and contract staff from entering the facility if there is a suspicion of PREA violations. The Auditor reviewed documentation, policy, and interviewed staff, and found the standard to meet compliance.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.78 Disciplinary sanctions for inmates

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 149.01.01 PREA and Prohibited Sexual Conduct Involving Prisoners

Policy Directive-Prisoner Disciplinary Offenses

IDOC PREA Manual

Interviews

The IDOC has zero tolerance for inmate-on-inmate sexual harassment, assault, or abuse. IDOC policy directives state that consensual sexual activity among inmates is prohibited and if an inmate is found to have engaged in sexual activity, the inmate will be subject to disciplinary action. If an inmate reports sexual abuse and the report is made in good faith, based upon a reasonable belief that the alleged conduct occurred, they will not be charged for reporting if it is determined to be Unfounded. If it is determined that the inmate did commit sexual abuse in the correctional setting, they will be subject to disciplinary sanctions commensurate with the level of the infraction, and other disciplinary sanctions of others with the same or similar infractions for those who violate sexual abuse and sexual harassment policies. In addition to potential disciplinary segregation, inmates may have their custody levels raised or may be transferred to another location as determined by the security classification committee.

Interviews with staff and inmates confirm that the facility is adhering to the provisions of standard 115.78. A review of facility investigations demonstrates that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven. The Auditor found no evidence to suggest an inmate received a disciplinary charge for making an allegation of sexual abuse or sexual harassment in good faith. There is consideration for mental disabilities and mental illness when considering the appropriate type of sanction to be imposed. Agency policy directs facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse, consider placing offending inmates into such programs.

Agency policy states that inmates who engage in consensual sexual activity may be disciplined and sanctioned accordingly. However, the activity will not be considered sexual abuse unless it is determined that the sexual contact was the result of coerced consent or protective pairing. Review of available documentation coupled with random staff, inmate, PM, investigators, and administration staff interviews, indicated that inmates were only subject to disciplinary action when there was substantial evidence that the alleged allegation did not occur, and the allegation was not made in good faith. The facility reported there were no inmates disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months. The Auditor reviewed the records of inmates and did not discover any evidence an inmate had been disciplined for making an allegation of sexual abuse.

Conclusion: Based on policy review and interviews, the facility meets requirements of this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81 Medical and mental health screenings; history of sexual abuse</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01.01 PREA and Prohibited Sexual Conduct Involving Prisoners</p> <p>Policy Directive-Health Services</p> <p>Policy Directive-Prisoner Health Information</p> <p>Policy Directive- Reception Facility Services</p> <p>Authorization for Release of Information</p> <p>Interviews</p> <p>IDOC policy states that if a PREA Risk Assessment or PREA Risk Assessment Review indicates an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the inmate is referred for a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening. Inmates identified as having a history of physical or sexual abuse, or who pose a reasonable concern that they may be sexually victimized while incarcerated due to age, physical stature, history, or physical or mental disabilities shall be similarly referred. IDOC policy states that all inmates shall have access to health services as described in this policy, regardless of custody level or security classification. An inmate whose health care needs cannot be met at the facility where housed, shall be transferred to a facility where those needs can be met.</p> <p>An intake screening for history of sexual or physical abuse form shall be completed by staff as part of this screening process. Qualified Mental Health Professionals (QMHP's) shall be available to provide mental health services. Inmates in need of mental health services shall be identified in a timely manner, have reasonable access to care, and be afforded continuity of care, including aftercare planning and follow-up as indicated.</p> <p>The policy requires staff to offer a follow-up meeting with medical or mental health staff within 14 days of arrival at the facility for an inmate that reports sexual victimization, either in an institutional setting or in the community. It is the policy of the IDOC to identify, monitor and counsel inmates who are at risk of sexual victimization, as well as those who have a history of sexually assaultive behavior.</p> <p>A review of inmate files indicated the screenings were being conducted in accordance with policy. In addition, there were documented files provided by the facility of inmates who were identified as needing follow-up care and were offered follow-up care within the 14-day period prescribed by the standards. Medical staff and mental</p>

	<p>health staff confirmed that if an inmate answers "yes" to previous victimization, they are referred to mental health and the inmate is offered a follow-up meeting. The mental health provider indicated that the 14-day follow-ups entailed a meeting with the inmate. Staff also stated that the follow-up meetings typically occur sooner than 14 days. Staff will notify inmates identified as high-risk of sexual victimization and high-risk of sexual abusiveness of the availability for a follow-up meeting with a mental health practitioner and inform the inmate of available treatment and programming.</p> <p>IDOC Operating Procedure states that medical and mental health personnel will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of eighteen. The facility displayed signage throughout the departments, which explain the limitations of confidentiality, which were observed to be prominently displayed in each medical and mental health provider area. An interview with the staff confirmed that information related to sexual victimization and sexual abusiveness is kept secure and confidential. This information is limited access and only used to make housing, bed, work, education, and other program assignments, in accordance with facility policy. The PAQ notes that 100% of incarcerated individuals who disclosed prior victimization during screening were offered a follow-up meeting with medical or mental health staff.</p> <p>Conclusion:</p> <p>Based on interviews with medical staff, mental health, and document review, the facility meets all requirements of this standard.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82 Access to emergency medical and mental health services</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive-Health Services</p> <p>Policy Directive 149.01.01 PREA and Prohibited Sexual Conduct Involving Prisoners</p> <p>Policy Directive-Medical Emergencies</p> <p>IDOC PREA Manual</p> <p>Interviews</p> <p>The IDOC policy is written in compliance with Standard 115.82 and states that all</p>

inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with the policy "Medical Emergencies and Mental Health Services," inmate victims of sexual abuse shall receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff.

If no qualified medical or mental health staff are on duty at the time an allegation of recent abuse is made, custody staff first responders shall take preliminary steps to protect the victim in accordance with the protective custody policy and shall immediately provide notification to the appropriate medical and mental health staff. Inmate victims of sexual abuse while incarcerated shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with PREA policy referencing "Health Care Management of Reported Sexual Assaults of Inmates in IDOC Facilities." Treatment services shall be provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation of the incident.

Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services and staff are aware of their responsibilities regarding protection of the victim and evidence in the case of a report of sexual assault. In addition, medical and mental health facility staff are available 24 hours per day in the case of emergency and/or for crisis intervention services. Psychology staff will initiate contact with the victim and provide evaluation and treatment as appropriate. The psychology staff will complete a Sexual Assault assessment and recommend subsequent services as indicated. For services that are outside the scope of their experience, the inmate can be treated at the local hospital emergency department. Forensic exams are conducted off-site by qualified forensic nurse examiners and an advocate is available at the request of the inmate to provide emotional support services and accompany the inmate to the hospital.

Agency policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) without a financial cost to the victim. Interviews with medical staff confirm that inmate victims of sexual abuse would not be charged for services received because of a sexual abuse incident. The facility policy states that an inmate, who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination.

If a SAFE or SANE cannot be made available, the examination can be performed by another qualified medical practitioner(s) and the facility shall document its efforts to provide the examination. A copy of the completed PREA forensic examination completed at local hospital and any notes evidencing the facility's efforts shall be maintained with the investigation packet. When the incident is alleged to have occurred more than 96 hours previously, a forensic examination is not required. However, the inmate shall be referred to health care and mental health services in accordance with policy.

Through staff interviews and review of the facility investigations, it was determined

	<p>that the facility has an established practice of providing timely and unimpeded access to emergency medical and crisis intervention services according to the professional judgement of clinicians when emergency responses were required. Interviews with facility staff indicate their awareness of the provisions of the standard and their responsibilities. The Auditor noted that inmate victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense.</p> <p>Conclusion:</p> <p>Staff interviews verified the medical services are provided regardless of the inmates' cooperation with the investigation. The Auditor determined the facility meets compliance for this standard.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83 Ongoing medical and mental health care for sexual abuse victims and abusers</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive-Health Services</p> <p>Policy Directive 149.01.01 PREA and Prohibited Sexual Conduct Involving Prisoners</p> <p>Policy Directive-Mental Health Services</p> <p>IDOC PREA Manual</p> <p>Interviews</p> <p>IDOC policy states that 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 practitioner's judgment. Policy requires treatment services to be consistent with the community level of care and provided without financial costs regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence, the first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. Inmates are offered mental health and medical services. Forensic and sexual assault exams are to be conducted by a qualified professional.</p> <p>The IDOC policy is written in compliance with Standard 115.83 and states that the</p>

facility will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to inmates who have been victims of sexual abuse, and these services would be consistent with the community level of care.

Interviews with medical and mental health staff reveal that they feel the care provided to the inmates is much better than the community level of care. Both indicated the immediate availability of and broad range of available services that are typically not as easily or quickly accessible in the community. Through a review of facility investigations, the Auditors found that appropriate referrals and treatment are being completed in accordance with the standard. An interview with the Health Services manager help determine that inmate victims of sexual assault would be assessed immediately, and a determination made if they needed to be transferred to the local hospital. Staff would ensure medical needs would be addressed and no evidence is destroyed. A physician would examine an alleged inmate victim and make appropriate decisions to treat any injuries, infections, STIs, or other medical needs.

The PREA standard states that within 60 days of learning of inmate-on-inmate abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. The Auditor reviewed documentation provided by the facility of provided services and mental health care for inmates identified as victims. It was noted that inmate abusers would not be housed at the facility. If the inmate is designated as high-risk, mental health staff will monitor them at periodic intervals established by the practitioner. All services are delivered according to the clinical judgment of the practitioner.

The Auditor interviewed the mental health practitioner related to services offered to victims of sexual abuse and was informed that counseling sessions, referrals if appropriate, and follow-up services are provided. The mental health practitioner also creates treatment plans and follow-up treatment plans. The mental health practitioner is clear on the requirement to conduct the evaluation within 60 days of learning of the abuse and stated the assessment would be conducted much sooner.

Conclusion:

The Auditor reviewed policies, procedures, inmate records, interviewed inmates, SANE, and medical/mental health practitioners to determine the facility meets the requirements of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.86 Sexual abuse incident reviews

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 149.01.01 and Prohibited Sexual Conduct Involving Prisoners

IDOC PREA Manual

Sexual Abuse Incident Review

Interviews

The IDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Policy states that the facility PM shall coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegations are determined to be “No Evidence/Unfounded.” The review team consist of upper-level custody and administrative staff, with input from relevant supervisors, investigators, medical, and mental health practitioners.

The Auditors reviewed the incident reviews provided by the facility that were completed within 30 days and considered all elements as required by Standard 115.86. The Review Team included upper-level custody and administrative staff, with input from relevant supervisors, investigators, medical, and mental health practitioners. Staff stated that the review team follows a formatted document to ensure all elements of the standard are considered and the incident review team discusses recommendations for improvement and include those recommendations on the final report approved by the Warden.

An interview with the PREA Coordinator confirms that a report of the findings, including recommendations for improvement, will be completed, and submitted for inclusion in the file. The PM stated that the team would review the investigative report, video, pertinent information, investigation reports and the Warden will review the recommendations. The PREA Coordinator also stated any recommendations would be implemented, or the reasons for not doing so would be documented. The facility has appointed a team that conducts incident reviews at the conclusion of sexual assault investigations as stipulated by the standard. The team includes the PM, Warden, Deputy Warden, Mental Health, Unit Manager, Shift Commander, and Health Services Manager. A written report of the findings is prepared and maintained by the facility PM.

Conclusion:

Review of incident review forms and interviews with the Warden, PM, Incident Review team member, and PC, confirmed compliance. The facility meets requirements for this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87 Data collection</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01.01 PREA and Prohibited Sexual Conduct Involving Prisoners Annual Report</p> <p>Survey of Sexual Victimization (SSV)</p> <p>Interviews</p> <p>IDOC Operating Procedure is consistent with the requirements of Standard 115.87 and states that the Agency will collect annually, uniform data for allegations of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence and complete an annual report based upon the statical data.</p> <p>Policy outlines the data collection process and states that allegations of sexual abuse reported to have occurred within facilities shall be entered into the appropriate IDOC computerized database. Additionally, it indicates that the Agency PREA coordinator gathers data on each reported incident to aggregate an annual incident report which will include data necessary to complete the SSV. Policy directives contain the definitions used to collect data at each facility and the PM for each facility is responsible for reporting institutional data to PC.</p> <p>The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data for calendar years 2022, published December 2023. The data collected includes Nonconsensual Sexual Act (NCSA); Abusive Sexual Contact (ASC); Sexual Abuse of Offender (SAO), Sexual Harassment Inmate on Inmate (SHPP), and Staff on Inmate Sexual Harassment (SHO). The comprehensive annual report lists corrective actions taken and is approved by the Director and the PC prior to publishing on the agency's website.</p> <p>The agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data from the previous calendar year is supplied to the Department of Justice no later than June 30th, if requested. The agency collects and aggregates sexual abuse data on an annual basis as required by the standard for facilities under its direct control and private facilities with which it contracts.</p> <p>Conclusion:</p> <p>Compliance was determined by review of Annual Reports, review of Survey of Sexual Violence, and interviews with PC. The Auditor determined the facility meets the requirements of this standard.</p>

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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88 Data review for corrective action</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Annual PREA Reports</p> <p>Interviews</p> <p>The facility PAQ indicate that the agency reviews data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and any corrective action. A review of annual reports indicates that the report contains information on IDOC's PREA efforts to include the actions taken in response to the previous year's PREA audits.</p> <p>The reports were reviewed and approved by the PREA Coordinated and the Agency Head. The interview with the Agency Head designee indicated that data is utilized to assess and improve the agency's sexual safety practices. This includes sexual abuse incident reviews, the Annual Report, the Survey of Sexual Victimization, and the annual review by the Wardens at each facility related to their staffing plans. This information is then utilized to identify any trends and improve procedures and practices. The PC and the PM indicate that each facility documents allegations and investigations in the centralized database which is used to review trends and any areas of concern.</p> <p>The PAQ indicated that the agency's Annual Report is approved by the Agency Head and made available to the public through its website. The interview with the Agency Head Designee confirmed that after it is approved it is published on the agency website and review of the website confirmed that current and previous Annual Reports are available to the public online. The agency may redact specific material from the report when it would present a clear and specific threat to the safety and security of the facility. A review of Annual Reports confirmed that no information was required to be redacted.</p> <p>Conclusion:</p> <p>Based on interviews, review of agency website and documents, the Auditor finds this</p>

	standard compliant and meets requirements.
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 Data storage, publication, and destruction</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC PREA Data Website</p> <p>Interviews</p> <p>The IDOC policy mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. IDOC policy is written in accordance with Standard 115.89 and that data collected pursuant to 115.87 will be made readily available to the public through the agency’s website and excluding all personal identifiers after Director approval. The policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>Policy states that the agency shall ensure that all sexual abuse and sexual harassment data collected is securely retained. The PREA Manager and facility PREA Coordinator indicated that all electronic data is maintained in a centralized system and all paper files are secured at the facility. The Auditor reviewed the website and confirmed that the SSV as well as previous annual reports are available to the public online. A review of historical annual reports confirmed that no personal identifiers were publicly available. The facility PM is responsible for reporting institutional data to the PC and facility data collected is maintained by the PM. Aggregated sexual abuse data for the agency's annual report is compiled from investigative files, incident reviews, and other relevant documents. Agency and facility data is maintained electronically in secure servers which require a unique username and password to access.</p> <p>The Auditors reviewed the Agency’s website, which included annual reports with aggregated sexual abuse data, as well as an analysis of the data. There were no personal identifiers contained within the report. The Auditors were informed sexual abuse and sexual harassment data is maintained for a minimum of 10 years after collection.</p> <p>Conclusion:</p> <p>Based on a review of the PAQ, policies, agency website, and information obtained</p>

	from staff interviews, The Auditor determined this standard is compliant and meets requirements.
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 Frequency and scope of audits</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Interviews</p> <p>Institutional tour</p> <p>Documentation Review</p> <p>The Auditor had access to all areas of the facility and was permitted to receive and copy any relevant policies, procedure, or documents requested. The Auditor conducted private interviews and was able to receive confidential information/ correspondence from inmates. Policy and Procedures and secondary documentation were provided before the onsite tour and post audit. The facility staff facilitated the interviews in a timely and efficient manner and informal interviews with inmates confirmed that they were aware of the audit and the ability to communicate with the Auditors.</p> <p>Prior to the on-site review, letter heads with the Auditor’s contact information were sent to the facility to be posted in all inmates living areas advising of the audit. These notices were sent to agency and facility staff for posting six weeks prior to the onsite visit and were observed posted in various areas of the facility.</p> <p>Conclusion:</p> <p>The Auditor finds this standard to be compliant and meets requirements.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 Audit contents and findings</p> <p>The report for SBWCC is publicly available via the IDOC website: https://www.idaho.gov/documents/corrections/Idaho_Correctional_Final_Report.</p>

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

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	yes

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	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
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing?	yes
	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

	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
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	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
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	no
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with 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
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how 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
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

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

	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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	yes
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	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

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of 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
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	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

	present management or security problems?	
115.42 (d)	Use of screening information	
	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
115.42 (e)	Use of screening information	
	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
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	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

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	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.)	yes
	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.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	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.)	yes
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	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
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	yes

	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
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

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

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

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

	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
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

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

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

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	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
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

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

	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?	
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	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