

PREA Facility Audit Report: Final

Name of Facility: East Boise Community Reentry Center

Facility Type: Community Confinement

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:	09/25/2024
End Date of On-Site Audit:	09/26/2024

FACILITY INFORMATION	
Facility name:	East Boise Community Reentry Center
Facility physical address:	2366 Old Penitentiary Road , Boise, Idaho - 83712
Facility mailing address:	1299 N. Orchard, Suite #110 St., Suite #110, Boise, Idaho - 83706

Primary Contact

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

Facility Director	
Name:	Gretchen Woodland
Email Address:	gwoodlan@idoc.idaho.gov
Telephone Number:	208-872-7517

Facility PREA Compliance Manager	
Name:	Michelle Juarez
Email Address:	mjuarez@idoc.idaho.gov
Telephone Number:	O: (208) 605-4772

Facility Characteristics	
Designed facility capacity:	148
Current population of facility:	147
Average daily population for the past 12 months:	145
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:	22-78
Facility security levels/resident custody levels:	Minimum
Number of staff currently employed at the facility who may have contact with	16

residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	14
Number of volunteers who have contact with residents, currently authorized to enter the facility:	41

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:

2

- 115.215 - Limits to cross-gender viewing and searches
- 115.241 - Screening for risk of victimization and abusiveness

Number of standards met:

39

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:	2024-09-25
2. End date of the onsite portion of the audit:	2024-09-26

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:	The Advocates against Family Violence

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	148
15. Average daily population for the past 12 months:	145
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 type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	142
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:	5
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:	25
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:	1
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:	14

<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>0</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>57</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>18</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>41</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>14</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>No text provided.</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>10</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 20 inmates, 10 random and 10 targeted. A total of 22 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>12</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>2</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>1</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>6</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>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>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>8</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>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The population of inmates meeting the criteria in certain categories were not present.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>10</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>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):</p>	<p>Random staff were selected from all shift assignments. There were no barriers in completing interviews.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>13</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><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)</p>

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 checked="" type="checkbox"/> Other
If "Other," provide additional specialized staff roles interviewed:	Case manager, Food service
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:	1
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

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).	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 residents, security rounds, interaction between staff and residents, shower and toilet areas, observation of availability of PREA information located adjacent to and in the resident housing areas, observation of staff communication in 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.
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.	
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?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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 resident 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 classification records, and staff personnel files info 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	0	0	0	0
Total	0	0	0	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	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

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

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	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There have been no allegations or cases in the past 12 months.

<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>0</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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>The facility reported there had been no offenses committed in the past 12 months.</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 type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>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>0</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 type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT 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 harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The facility reported there had been no offenses committed in the past 12 months.</p>

SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
<p>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.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
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-onsite through the post-onsite 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
<p>Auditor Overall Determination Definitions</p> <ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions)
<p>Auditor Discussion Instructions</p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.211 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 Inmates</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 policy. The IDOC has a comprehensive PREA policy which clearly mandates a zero-tolerance policy on all forms of sexual abuse and harassment and provides</p>

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. PD 149 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.

The Agency's PREA Coordinator oversees and coordinates the efforts of IDOC to comply with Federal PREA Standards including development and implementation of policy, staff training and resident education. The PREA Manager coordinates the collection of data, and the preparation for each three-year cycle of audits required by the standards. The IDOC Field Memorandum 149.01.01.001 CRC-EB outlines specific procedures unique to East Boise Community Reentry Center (EBCRC).

In response to the standards, each IDOC facility has assigned a PREA Manager with sufficient time and authority to coordinate the facility's efforts to comply with the standards. The PREA Coordinator ensures the Agency works to achieve compliance in all areas of the standards. The PM is responsible for monitoring and aiding in areas such as staff training, education, reporting, documentation, and investigation of PREA-related allegations. They may serve as members of the Incident Review team and serve as contact for people outside the agency on issues related to PREA requirements.

Conclusion: Based on the Auditor's review of related policy, memorandums, facility organization charts, and staff interviews, it is determined that East Boise Correctional Reentry Center (EBCRC) meets the mandate for this standard.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.212 Contracting with other entities for the confinement of Residents</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 Contract</p> <p>Contract management- IDC SOP 147.06.06.001</p> <p>According to the IDOC PREA policy, the Agency shall include in any new contract or</p>

contract extension, pertaining to the confinement of residents, the obligation for the contractor to adopt and comply with the PREA Standards. The Agency shall provide contract monitoring for any new contract or contract extension listed above to ensure the contractor complies 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 this Agreement.

The Management Services Division within the Idaho Department of Corrections (IDOC) oversees the 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 the confinement of their residents.

Conclusion: Based on staff interviews and document review, EBCRC meets this standard.

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.213 Supervision and monitoring</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>IDOC Policy 149.01 Prison Rape Elimination Act (PREA)</p> <p>PREA Annual Staffing Plan</p> <p>Interviews with supervisors who conduct unannounced rounds</p> <p>Staff Interviews</p> <p>In accordance with the provisions of the staffing plan, the PREA Manager and PREA Coordinator reviewed the staffing plan to see whether adjustments were needed referencing the staffing plan, monitoring technology, or allocation of facility resources. This was documented on the staffing plan review, and signed and</p>

acknowledged by the Facility Manager, PM, and PREA Coordinator.

The review was documented on the appropriate PREA Annual Staffing Plan Review form and maintained by the facility with a copy forwarded to the PREA Manager. In circumstances where the staffing plan is not complied with, the facility shall document and justify all deviations from the plan. The Shift Commander reviews the daily staffing rosters to ensure that staffing levels are met and overtime use. Each Shift Commander must receive approval to vacate a post, and that post must not be a critical post. The Facility Manager 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 residents, and an 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 accurately documents justifications for deviations from the staffing plan and the most common reasons for deviations from the staffing plan are short term disability, health emergency leave, medical transportation, In-service/training, vacations, and retirements.

The staffing plan appears satisfactory in the Agency's efforts to provide protection against sexual abuse and harassment. Adequate staffing was considered to ensure safety for the facility's current and potential population of specialized residents that require more intensive or specialized staffing, including LGBTI residents, residents with medical or mental health needs, disabled residents, and limited English proficient populations. The Auditor observed cameras in all areas of the facility and observed formal and informal interactions between staff and residents.

The PCM provided documents to verify that unannounced PREA rounds are conducted as required by policy. The unannounced rounds are randomly conducted to identify and deter sexual abuse and sexual harassment at the facility. The Facility Manager, sergeant, and corporals conduct and document random unannounced rounds. The Auditor reviewed housing unit logbooks while touring the facility and observations were made of notations of opposite gender announcements for male staff.

Conclusion:

Based on the review of the Staffing Plan, quarterly post assignment schedules submitted for approval by the Facility Manager, daily post assignment rosters, interviews, review of unannounced rounds, the facility meets the mandate for the standard.

115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.215 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 PREA and Prohibited Sexual Conduct involving Residents</p> <p>Policy Directive IDOC 317.02.01.001, Search and Arrest in Correctional Facilities</p> <p>Training Personal Searches</p> <p>Interviews</p> <p>The IDOC policy states that a strip search shall be performed only by employees of the same sex as the inmate being searched. A strip search also shall be performed only in the presence of employees of the same sex as the inmate 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 inmate being searched is not available.</p> <p>Staff interviews did not indicate any cross-gender strip or cross-gender visual body cavity searches of residents, including any exigent circumstances, conducted by security or medical staff, have not been conducted at the facility. The PAQ listed zero cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months and interviews with residents concluded they have not had any occurrences in where they were subjected to cross-gender viewing by staff during a strip search or visual search. Staff interviews indicated they received cross-gender pat search training during initial and annual training.</p> <p>Policy states that a licensed physician, physician’s assistant, or nurse practitioner must conduct a body cavity search. Medical personnel who perform a body cavity search need not be of the same sex as the inmate being searched. However, all other persons who are present during the search shall be of the same sex as the inmate and there always shall be at least one staff member present who is the same sex as the inmate being searched.</p> <p>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. The Strip Search/ Body Cavity Search Report form shall be used for this purpose. If a resident’s status is unknown, it may be determined by conversation with the resident, a review of available medical records, or as part of a broader medical examination conducted in private by a licensed medical professional. If there is uncertainty as to a person’s gender, the responsible officer shall use best judgment as to how the person</p>

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 residents 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 residents 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 resident before conducting a search to determine the resident's preference in the gender of the officer conducting the search. Routine strip searches or visual body cavity searches will occur in authorized areas and searches based on reasonable suspicion require the Facility Manager's authorization.

Female correctional officers may pat-search residents of both genders. Policy notes that searches may be conducted by female staff on male residents. Strip searches are performed exclusively by staff of the same gender and includes a provision for transgender or intersex residents who may prefer to be searched by a specific gender of staff. The facility provides training on LGBTI Pat Searches, Restraints, and Scanning Devices. Training topics and definitions were found to be consistent with the standards.

The Pre-Audit Questionnaire 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 EBCRC "Search Training" lesson plan.

Signage is noted on each housing door that the opposite gender staff must announce themselves when entering the housing unit and this practice was observed during the tour. The auditors conducted formal and informal interviews with the residents' population. They acknowledged when a male staff entered the housing units, the opposite gender announcement was made clearly and loudly by assigned housing unit officer or by staff entering. This practice was observed throughout the Auditor's tour in housing units.

Observations during the tour of the facility confirmed procedures were developed in the structural operational planning that allow residents 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 resident housing units and other support areas. The Auditor observed all shower and restroom areas in the facility and confirmed the residents 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 residents during facility

	<p>counts while other residents are restricted to their bed area.</p> <p>Conclusion:</p> <p>Based on the review of policies, documents, confirmation of completed search training, interviews and analysis, the facility has demonstrated compliance and exceeds the provisions of this standard.</p>
--	---

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

	<p>the Agency is taking significant steps to ensure that materials are provided in various formats to include captioning of the PREA resident video in multiple languages.</p> <p>Each resident entering the facility is provided a written copy of the Zero Tolerance for Sexual Abuse and Sexual Harassment and provided PREA education within 30 days of arriving at the facility. Residents are required to sign the Preventing Sexual Abuse and Assault Training acknowledgement form for verification of receipt of the resident handbook and PREA education.</p> <p>Conclusion:</p> <p>The Auditor conducted a thorough review of policies, procedures, Resident Handbook, Zero Tolerance for Sexual Abuse and Sexual Harassment handout, PREA educational video, interpretive services contracts, resident records, and staff training records. Through staff/resident interviews and observations, the Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.217 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>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</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 residents and has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. 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>Policy requires that once every five years criminal history checks are processed for all IDOC employees but does not preclude the IDOC from conducting a check at any time within the five-year period, if determined necessary.</p> <p>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 Background Unit office staff for all staff who work at the facility. Contractors and volunteers who have contact with inmates at the facilities shall have an annual criminal history check processed. The facility does not hire any staff that has engaged in sexual abuse or harassment as stipulated in the standard.</p> <p>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 the applicant is ineligible for employment.</p> <p>Any staff applying for a promotion is required to answer the PREA questions regarding cases in which they were implicated. These questions are required and documented for each employee during their annual performance review process. 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.</p> <p>Conclusion:</p> <p>The Auditor conducted a thorough review of policies, procedures, employee records, contractor records, Background Investigations, interviewed staff, and determined the facility meets the requirements of this standard.</p>
--	--

115.218	Upgrades to facilities and technology
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.218 Upgrades to facilities and technologies</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Camera schematic</p> <p>Facility Layout</p> <p>Interviews</p> <p>Observations</p> <p>IDOC Facility and Technology Upgrade</p> <p>IDOC policy states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the effect of the design, acquisition, expansion, or modification and the facility's ability to protect residents from sexual abuse, shall be considered. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the ability to protect inmates from sexual abuse shall be carefully reviewed.</p> <p>The Facility Manager and PREA Manager stated that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility considers how such technology may enhance their ability to protect residents from sexual abuse. Facility staff monitor the cameras to ensure they are operational and to identify any areas that may need additional coverage. ERBC is currently accepting bids to replace all the cameras in the facility.</p> <p>Conclusion: The Auditor determined that the facility meets the provisions of this standard.</p>
--	---

115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.221 Evidence protocol and forensic medical examinations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Policy Directive 504.02.01.001, Investigations, and Intelligence Program</p>

PD 116.02.01.001, Custody of Evidence

Memorandum of Understanding with the Ada County Sheriff's Office Boise County PD

Basic Investigator Training Packet

Sexual Abuse Victim Advocate Services Agreement

Interviews

IDOC policy states that investigations of sexual abuse/sexual harassment shall only be completed by employees 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. Facility trained investigators conduct administrative investigations and allegations of sexual abuse and sexual harassment that appear criminal in nature are referred. Facility staff are required to preserve any crime scene until an outside Investigator arrives to collect or process physical evidence from the scene. The facility investigation shall be coordinated as necessary with the investigating law enforcement agency to ensure the facility efforts will not be an obstacle for prosecution and to remain informed of the status of the investigation. 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. Referrals to law enforcement shall be documented in the Agency's investigative report, to include PREA investigation worksheet(s) and pertinent computerized database entries.

The Idaho Sexual Assault Kit Initiative Advisory Group (ISAKI) developed a protocol based on the national protocol. The standards are designed to deliver the same level of trauma-informed care to victims in custody as those delivered in the community.

The facility has a services agreement with the Advocates against Family Violence dated September 2019 and extended to EBCRC 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 and forensic examinations are provided at one of the nearby hospitals.

Policy supports the requirements of the provisions and protocols are in place to ensure residents are sent to a hospital for a SANE exam when allegations are made to support a referral.

Conclusion:

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

--	--

115.222	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.222 Policies to ensure referrals of allegations for Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Policy Directive 504.02.01.001, Internal Affairs Intelligence Program</p> <p>MOU regarding criminal investigations</p> <p>Internal Affairs Policy Directive</p> <p>Interviews</p> <p>The IDOC Operating Procedure is written in accordance with Standard 115.222 and requires that an investigation be completed into all allegations of sexual abuse and harassment. Facility Managers shall ensure that information on all allegations of inmate-on-inmate sexual abuse/sexual harassment, employee sexual abuse/sexual harassment, and employee overfamiliarity, are entered into the IDOC computerized database at their respective facilities and investigated. Policy also dictates that allegations are referred to as a criminal investigation, if warranted. Each sexual abuse or sexual harassment investigation has a PREA Sexual Abuse Investigation or Sexual Harassment investigation worksheet completed, and cases reported verbally, in writing, anonymously, or from third parties, shall be entered into the Agency's computerized investigation database. The Facility Manager will refer the allegation as soon as possible, but no later than one business day after the report was made.</p> <p>The facility PM, supervisors, and investigators work very together to ensure that all allegations of sexual abuse and harassment are investigated promptly and thoroughly and if a resident alleges a sexual assault or sexual harassment has taken place, the staff member will notify the supervisor, who will make the initial report. The supervisor will complete the PREA First Responder Checklist and complete the Request for Investigation packet. The Investigator coordinates as needed with the PM to determine the course of action and the PC is notified, and the agency's Special Investigative Unit has jurisdiction to investigate all allegations of employee and resident misconduct.</p>

	<p>These policies' address referrals to local law enforcement of resident-on-resident non-consensual sexual acts and staff sexual misconduct/harassment that would constitute a criminal act. Agency policies are published on the agency's website: https://www.idoc.idaho.gov/content/prisons/prea.</p> <p>Conclusion:</p> <p>The Auditor reviewed investigative files, conducted administrative interviews, and observed daily assignments at EBCRC and determined the facility is compliant with provisions of this standard.</p>
--	---

115.231 Employee training	
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.231 Employee Training</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Training Records</p> <p>Policy Directive 149.01 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>PREA In-service report</p> <p>Staff Interviews</p> <p>IDOC Training Modules</p> <p>Policy requires that all facility employees, student assistants, unpaid student interns, and contractors 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. IDOC employees are required to complete PREA training at a minimum every two years. However, the training is completed annually to aid in fulfillment of annual training requirements and to ensure each employee remains up to date on the IDOC policies and procedures regarding sexual abuse and harassment.</p> <p>During the pre-audit, the Auditor was provided with PREA curriculum, training logs, certificates of completion, and training acknowledgement forms. Topics referencing Zero tolerance for sexual abuse and sexual harassment, definitions of sexual abuse and sexual harassment, staff duty to report to include third party allegations, staff neglect and misconduct, anonymous allegations, how to report and investigate allegations, supervision and monitoring, employee training, and Limits to cross</p>

	<p>gender viewing. These training supplements are relevant for those working with female offenders on a regular basis and it is noted that female residents are housed at the facility.</p> <p>Conclusion:</p> <p>The Auditor determined the facility meets the requirements of this standard.</p>
--	--

115.232	Volunteer and contractor training
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.232 Volunteer and contractor training</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01 Version 6, Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Policy 606.02.01.01 Volunteer Services Program</p> <p>IDOC Correctional Facilities Administration</p> <p>PREA Training acknowledgment forms</p> <p>Interviews</p> <p>PREA Volunteer Agreement</p> <p>The IDOC Training and Professional Development Unit provides standardized training and orientation training required for all new employees, contractors, vendors, construction workers, student interns and volunteers who provide services at facilities. Contractors who have direct continuous supervision and/or escort by facility staff are required to review the PREA module and provide a signature as an understanding of requirements.</p> <p>Training rosters and random training files were reviewed to verify and ensure all contracted employees and volunteers have received the required training. New contractors and volunteers are given PREA training during their orientation prior to assuming their duties and signing a verification form as acknowledgment they have received the information. All volunteers and contractors, who may have contact with residents, have been trained on the facility's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p>The training procedures given provides information about respectful interactions with transgender residents, physical boundaries, and overfamiliarity. Interviews with</p>

	<p>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, and ensure documentation of training is maintained. The Auditor determined through a review of policies, procedures, training curriculum, acknowledgment forms, and interviews, the facility meets the requirements of this standard.</p>
--	---

115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.233 Resident education</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01 Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>Inmate Orientation Packet</p> <p>Inmate PREA Education Form/ and 72-hour form</p> <p>Language Link (English and Spanish)</p> <p>Sexual Abuse Poster (English and Spanish)</p> <p>Resident Handbook</p> <p>Privacy Signs (Bi-Lingual)</p> <p>Interviews</p> <p>JPay Kiosk-PREA</p> <p>The IDOC Operating Procedure is written in accordance with Standard 115.233 which states all residents will receive comprehensive PREA education during intake and upon transfer to another facility within 30 days of arrival. Upon 72 hours of</p>

arrival at a facility, and resident shall receive educational material on Zero tolerance, how to report, name of the facility PREA Manager, contact information for outside Reporting agency, Victim advocate services, and Emotional support services. In accordance with the policy, residents shall receive orientation upon arrival at an IDOC facility and the Facility Manager will develop and maintain an orientation program for newly arrived residents.

During intake processing, residents receive comprehensive information explaining the Agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. This information will be provided in writing and if possible, by video/CD/DVD presentation. When possible, discussion shall be facilitated by a peer educator with staff supervision or a staff facilitator. Topics covered during resident education include Residents' rights to be free from sexual abuse and sexual harassment and/or retaliation for reporting such incidents, available methods to report incidents, and agency policies and procedures for responding to such incidents. Upon transfer, residents shall receive education to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility. Staff also issue a brochure that covers the Zero-tolerance policy, Definitions of sexual abuse- sexual harassment-retaliation, how to report sexual abuse, process required following a report, available services to victims, and Sexual abuse avoidance.

During intake processing, each counselor is required to complete an immediate file review to ensure that documentation of this education session. If documentation of this education is missing, the resident is immediately scheduled for a repeat of this education at the facility. During the audit tour, the Auditor randomly sampled resident 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 resident 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 residents 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, and the PREA standards are in the law library.

The Agency publishes written educational materials, such as the PREA brochure, PREA posters, and Inmate Guidebook, in English and Spanish. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. 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, shared areas of the facility, and work locations. Residents receive a PREA brochure that is published in both English and Spanish during their intake process and these materials were observed to be available to residents. in various other areas. The Auditor observed the efforts of the facility to actively advertise and promote PREA resources throughout all areas of the facility,

	<p>Conclusion:</p> <p>The Auditor determines compliance, and the facility meets the requirements of this standard.</p>
--	--

115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.234 Specialized training: Investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01, Sexual Abuse Sexual Harassment of Inmates-PREA</p> <p>SOP 504 Investigations training</p> <p>Basic Investigator Training Manual</p> <p>NIC PREA Online Training Program Completion Certificates</p> <p>Basic Investigator Training and Completion Report</p> <p>Interviews</p> <p>Agency policy is written in accordance with Standard 115.234. Investigations of sexual abuse/sexual harassment shall only be completed by employees 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 and facility investigators are required to receive specialized training to conduct sexual abuse investigations in confinement settings.</p> <p>The Agency has Basic Investigator training that provides additional, specialized training for facility investigators to assist in all forms of administrative investigations, including 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 on administrative investigations. The training informs participants of the requirements and procedures for referring potential criminal acts for criminal investigation/prosecution. The Auditor verified the training for the investigators. The agency</p>

	<p>maintains computerized documentation for investigator training in the employee's training file.</p> <p>A review of training materials and training records for facility investigators demonstrates compliance with the provision of the standard. The facility maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by this Auditor to verify employees that had completed the Basic Investigator Training and completed the NIC specialized investigator training in satisfaction of the standard.</p> <p>Conclusion:</p> <p>The Auditor concluded the facility has provided appropriate training to investigators. The Auditor conducted a review of policies, directives, training curriculum, training records, and conducted interviews with investigators to determine the facility meets the requirements of this standard.</p>
--	--

115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.235 Specialized training: Medical and mental health care</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>Policy Directive In-service Training</p> <p>PREA Health Care and Mental Health Training</p> <p>Interviews</p> <p>IDOC Operating Procedure requires that all staff members receive PREA training in accordance with standard 115.231. The policy requires that all part- and full-time mental health and medical staff members receive 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 rosters for medical and mental health staff.</p> <p>The IDOC also provides training to its entire medical and mental health staff to serve as a qualified agency staff member, with respect to providing victim advocacy services in the event an individual needs such support. Medical and mental health</p>

	<p>practitioners with the IDOC receive training beyond the standard’s minimal requirements. Contractors who enter the facility to conduct forensic exams must be appropriately trained to conduct such exams and be provided with required agency contractor training and agree to abide by policy prior to providing services within the agency. Policy establishes procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The facility provided documentation for medical and mental health practitioners having completed the training modules related to their specific disciplines.</p> <p>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 on medical and mental health practitioners’ completion of the specialized training documents. The Auditor interviewed medical and mental health supervisors who were knowledgeable about the training they received. They 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 provides evidence that the training has been provided and the participants understand the requirements of PREA.</p> <p>Conclusion:</p> <p>Based on the Auditor review of policies, procedures, resident records, and interviews, determined the facility meets the requirements of this standard.</p>
--	--

115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.241 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 Inmates</p> <p>Inmate Placement and Transfer Policy</p> <p>PREA Risk Assessments</p> <p>Screening forms</p> <p>Interviews</p> <p>IDOC policy states that a transferred resident shall be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the resident's risk of sexual victimization. Staff shall complete the</p>

PREA Risk Assessments worksheet in accordance with policy and the initial intake process upon arrival at the facility. Interviews with various staff verified that within 72 hours of admission, residents are screened for risk of sexual abuse victimization and the potential for predatory behavior and is typically done by screening staff assigned from case management. During interviews with residents, residents stated they were asked PREA related questions during intake orientation.

Policy indicates that all residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or being sexually abusive toward other residents. The assessment shall be completed using information contained in the residents' file and from computerized databases available to employees. Residents shall be interviewed and their refusal to answer/ disclose information shall be noted in the Agency's computerized database, and they will not be disciplined. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, in assessing residents for risk of being sexually abusive. According to the PAQ and IDOC Operating Procedure, the PREA screening instrument included all the required elements in accordance with the standard.

Screening policy 149.01.01.002 requires all residents to be screened for risk of sexual victimization or risk of sexual abuse of other residents within 72 hours of their intake. Interviews with residents confirmed that they were screened within 72 hours of their intake. Random review of residents' files supports initial screening within 72 hours, psychological screening, and reassessment within 30 days from date of arrival. A resident's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information of a resident's risk of sexual victimization or abusiveness. The PM stated that a reassessment is completed any time there is an incident and/or based on a referral from a staff member. Interviews with additional staff, including the screening staff, also indicated that a resident's risk level is reassessed based upon a request, referral, or incident of sexual assault.

Residents are asked about their sexual orientation, in addition to reviewing staff's perception. Within 30 days from the resident's arrival at the facility, staff reassess all resident's risk of victimization or abusiveness based upon any additional, relevant information received since the intake screening. Staff meet face to face with residents and document the reassessment. Residents 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.

The Auditor reviewed resident files and determined that the initial risk assessments are being completed within 72 hours as required and the 30-day reassessments are being completed on a consistent basis.

Conclusion:

The Auditor conducted a thorough review of policies, procedures, resident records, made observations interviewed staff, and residents to determine the facility

	exceeds the requirements of this standard.
--	--

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242 Use of screening information</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive Inmate Placement and Transfer</p> <p>Policy Directive-Gender Dysphoria</p> <p>SOP 149.1.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p>Interviews</p> <p>IDOC Policy 303.02.01.001 Classification: Resident</p> <p>The Auditor reviewed resident classification records that revealed facility staff made individualized considerations when determining their housing, bed, work, and other assignments to ensure each resident was housed safely in the facility. The Auditor observed that classification staff utilize information obtained from Risk Screening to assign facility housing, bed, and work assignments and ensure vulnerable residents are protected. The risk screener ensures information is entered into the system, so residents identified at risk of victimization are not placed in a work, program, or education assignment with those identified as potential abusers.</p> <p>The auditor verified that staff conduct the risk screening of all residents during the intake process and consider a resident’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 resident. The Auditor conducted a formal interview with residents who identified as gay or bisexual and each confirmed they had not been housed in a unit that is designated for LGBTI residents.</p> <p>The agency uses a computerized assessment process to arrive at a resident classification for risk and the results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. The Auditor was provided with a copy of the facility count sheet that identifies housing assignments along with the assessed risk of residents.</p> <p>When a resident is determined to be at 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. A resident that is determined to be at high risk for victimization will not be placed in the same cell or general area as a</p>

resident that has been determined to be at high risk for abusiveness. It is the responsibility of the staff to check each resident being placed in a job that has been determined as an area where there should not be victims and abusers working together. All programming and education areas are staffed when in operation and are monitored by cameras.

IDOC Operating Procedure requires that the agency will consider housing for transgender or intersex residents' case-by-case basis to ensure the health and safety of the resident and take into consideration any potential management or security problems. The policy requires that a transgender or intersex resident's own view about their safety shall be given serious consideration, and that transgender or intersex residents are given the opportunity to shower separately from other residents. The policy also stipulates that LGBTI residents 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 residents.

Staff are aware of their responsibilities should they receive a transgender resident regarding this standard. 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 residents will be reassessed at least twice a year to review any threats to safety and a transgender resident's views with respect to his or her safety will be given serious consideration.

The staff are required to meet with transgender resident bi-annually to ensure there are no issues and assess the resident's perception of their safety. A resident that identifies as transgender is monitored at the facility level by their counselor, PREA Coordinator and mental health staff. The Auditor reviewed mental health clinical documentation with residents and found that they are available to these residents and addressing their concerns.

The Auditor reviewed documentation that residents' housing was based upon objective finding and LGBTI residents were not placed in isolated units. A review of the roster indicated that identified LGBTI residents are in different units, buildings, wings, and bed areas throughout the facility. EBCRC was not under a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents.

Conclusion: The Auditor reviewed policies, procedures, resident records, made observations and interviewed staff and residents to determine the facility meets the requirements of this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.251 Resident reporting

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 402.02.01 Correctional Facility Mail

IDOC Inmate Handbook

Discharge Reporting Information

IDOC directive-Identifying and Addressing Sexual Abuse and Sexual Harassment

New Employee PREA Training

Reporting Posters

Interviews

IDOC policy states facilities must provide multiple internal ways for residents to privately report sexual abuse and sexual harassment, retaliation by other residents or staff 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 residents and staff, it was clear that these options are well publicized. Policy designates multiple mechanisms for the internal reporting of sexual abuse and harassment, retaliation by other residents or staff for reporting, as well as mechanisms for reporting conditions that may have contributed to the alleged abuse. The IDOC PREA Plan states that residents may privately report sexual abuse, sexual harassment, retaliation by other residents 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. Residents 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.

The resident Grievance Procedure is one way in which residents can privately report sexual abuse and sexual harassment, retaliation by other residents, retaliation from staff for reporting sexual abuse and sexual harassment, and/or any staff neglect or violation of responsibilities that may have contributed to such incidents. Residents are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject 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

	<p>source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for investigation. Residents 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.</p> <p>During the facility tour, informal interviews with staff were conducted. The staff were aware of their obligations to accept reports from residents and most residents who were informally interviewed stated they were comfortable making a report to a staff member. Staff and residents were aware of the ability to make written reports through the various available means and were aware of the hotline. This Auditor reviewed facility investigations randomly selected for post-audit review and noticed multiple forms of resident reporting. During the tour, adequate reporting hotline posters were observed displayed throughout the facility.</p> <p>Staff may privately report sexual abuse or harassment of residents either verbally or in writing to their supervisors, or Facility Manager directly. Staff can also report sexual abuse or harassment through the established hotline and staff members are informed of this provision 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 residents.</p> <p>Neither the facility nor the agency can hold individuals for civil immigration purposes to require information and none were housed at the facility. During interviews, residents stated that they could talk to any of the staff if they had any issue. Residents expressed that they felt safe and knew of the PREA safety postings on the bulletin boards in the housing units, dining hall, and other shared areas.</p> <p>Conclusion:</p> <p>The Auditor reviewed the agency's policies, procedures, Resident Handbook, grievances, investigative records, conducted interviews with staff, and residents to determine the facility meets the requirements of this standard.</p>
--	---

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.252 Exhaustion of administrative remedies
	Policy, Materials, Interviews and Other Evidence Reviewed:
	Completed Pre-Audit Questionnaire (PAQ)

	<p>IDOC Policy 316.02.01 Grievance and Informal Resolution Procedure for Resident</p> <p>Resident Handbook</p> <p>Investigative Reports</p> <p>Observations</p> <p>PCM interview</p> <p>Resident interviews</p> <p>Agency policy states that the facility has a grievance procedure in place for addressing resident grievances regarding sexual abuse. If residents utilize the grievance system to report an allegation of sexual abuse, the facility Grievance Coordinator shall forward the sexual abuse allegation to the facility PM for further handling in accordance with this policy and the resident shall be notified in writing that this has occurred. The residents are not required to use an informal grievance process to resolve an alleged incident of sexual abuse and are not required to submit grievance to a staff member who is the subject of a complaint.</p> <p>The facility issues a final decision within 90 days of the initial filing of the grievance which does not include the resident’s time preparing an administrative appeal. If the facility claims an extension of time to respond, it will notify the residents in writing of the extension and provide a date by which a decision will be made.</p> <p>Third parties are permitted to assist residents in filing requests for administrative remedies, and to file such requests on behalf of residents and Emergency grievances may be filed if a resident alleges that they are 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>
--	--

115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.253 Resident access to outside confidential support services

Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive 149.01.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)

Policy Directive 402.02.01 Inmate Telephone Use and Mail Handling

PREA Posters (English and Spanish)

Resident Handbook

Interviews

MOU with JDI

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

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

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

Policy requires that residents and staff be allowed to report sexual abuse or harassment confidentially and requires that medical and mental health personnel inform residents of their limits of confidentiality. Interviews with medical and mental health staff reveal they are aware of their obligations to inform the residents of the limits of confidentiality. Residents are informed of the services during intake and the facility provides residents with information regarding confidential support services through the PREA brochure that they receive during orientation.

EBCRC has an MOU with Idaho Crisis and Suicide Hotline (ICSH) that stipulates they provide a Hotline phone service for confidential support services. A test call to the hotline was conducted to verify the authenticity and availability. During this review, there have been no residents detained solely for civil or immigration purposes.

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

--	--

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254 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 Inmates (PREA)</p> <p>IDOC Website Reporting</p> <p>Just Detention International Posters (English and Spanish)</p> <p>Interviews</p> <p>MOU Local Law Enforcement</p> <p>The Auditor reviewed the IDOC operating procedure and Prohibited Sexual Conduct Involving Residents policy which states residents may report allegations of conducted prohibited. Threats of such conduct and retaliation for reporting such conduct can be reported verbally or in writing to any facility staff member, 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 resident sexual abuse or sexual harassment. The facility provided samples of items that can be completed on behalf of alleged sexual abuse or sexual harassment victims. Third parties can use the IDOC’s website to report PREA allegations electronically on behalf of residents. The facility also responded positively in the questionnaire that the agency publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.</p> <p>During the onsite phase of the audit, the Audit team observed PREA posters displayed throughout the facility which indicates that residents, 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.</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>

115.261	Staff and agency reporting duties
	<p data-bbox="280 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 564 300">Auditor Discussion</p> <p data-bbox="280 340 880 376">115.261 Staff and agency reporting duties</p> <p data-bbox="280 412 1114 448">Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p data-bbox="280 483 1458 519">Policy Directive 149.01.01 Sexual Abuse and Sexual Harassment of Inmates (PREA)</p> <p data-bbox="280 555 644 591">Special Investigative Unit</p> <p data-bbox="280 627 817 663">Reporting Serious or Unusual Incident</p> <p data-bbox="280 698 842 734">Resident Services Investigative Records</p> <p data-bbox="280 770 555 806">Training Curriculum</p> <p data-bbox="280 842 517 878">Training Records</p> <p data-bbox="280 913 504 949">Staff interviews</p> <p data-bbox="280 985 561 1021">Resident interviews</p> <p data-bbox="280 1057 1474 1675">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 states that reasonable steps shall be taken to ensure the confidentiality of information obtained during the risk assessment process and from reports of conduct prohibited by this policy and any resulting investigations. People interviewed as part of an investigation should be specifically warned not to discuss the investigation with others. Staff that intentionally compromise this confidentiality shall be subject to discipline in accordance with the "Employee Discipline" policy. Residents in a IDOC facility who intentionally compromise this confidentiality shall be subject to discipline in accordance with PD "Resident Discipline." This does not prevent staff from discussing such matters with their attorneys or in accordance with this or any other policy directive, Civil Service Commission rules and regulations, or applicable collective bargaining unit agreements. This also does not prevent residents from discussing such matters with their attorneys, seeking treatment, or ensuring their own safety.</p> <p data-bbox="280 1711 1474 1998">IDOC requires that all staff report sexual abuse and sexual harassment immediately to a supervisor or other staff member of a higher rank. Once the abuse is reported, staff are instructed and required by policy not to discuss the situation/allegation with anyone else unless those staff are investigating, making security decisions, or providing services to the resident victim. During the interviews, the Auditor determined all staff were clear that they should report any suspicions they have regarding sexual abuse or sexual harassment of a resident.</p> <p data-bbox="280 2033 1410 2069">Staff understand the need to keep the information limited to those that need to</p>

	<p>know to preserve the integrity of the investigation. Staff interviewed stated that details related to either resident allegations or staff allegations should remain confidential, and they would only discuss details with supervisors and investigators. The PREA Coordinator and Investigator verified that all investigative files are maintained with limited access to personnel.</p> <p>The policy states that staff, volunteers, and contractors must immediately report to their supervisor, or the OIC, any knowledge or suspicion of sexual abuse or sexual harassment and if applicable, an incident report will be submitted. Apart from reporting to designated supervisors or officials, staff must not relay any information related to a sexual abuse report to anyone other than to the extent necessary as specified in operating procedures that include medical treatment, investigation, and other security and management decisions.</p> <p>Policy requires that all medical and mental health personnel inform residents of the mandatory reporting requirements and limits of confidentiality to victims of sexual abuse. Policy requires medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting and Clinicians are required to disclose their duties to report. Additionally, the medical and mental health providers were able to discuss the limits to confidentiality they have and how they provide that information to residents prior to medical or mental health sessions.</p> <p>Conclusion:</p> <p>It was determined through review of policies and interviews with PREA compliance manager, medical, mental health practitioners, and investigators, that the facility meets the provisions for the standard.</p>
--	--

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.262 Agency protection duties</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive Inmate Placement and Transfer</p> <p>OP- Inmate Placement and Transfer</p> <p>Investigative records</p> <p>Interviews</p> <p>IDOC Operating Procedure is written in compliance with Standard 115.262 and</p>

	<p>requires that whenever there is a report of an incident of sexual abuse or harassment, the victim should be immediately protected. Policy states that when a resident is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the resident by ensuring no contact between the alleged abuser and the alleged victim. Such actions can include housing changes, temporary segregation, reassignment, 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 describe actions required if they learned a resident was at imminent risk of sexual abuse. Higher level staff interviewed by the Auditor were knowledgeable of the options they have available to protect residents if these circumstances were to arise at their facility. These options included relocating the resident to a different housing unit at the facility or transferring the resident to another facility. Each would be determined on a case-by-case basis and with the best interest of the residents in mind. The Facility Manager is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims.</p> <p>The facility requires medical and mental health staff to immediately consult with the Facility Manager or designee and recommend housing interventions or other immediate action to protect a resident when it is determined the resident is subject to a substantial risk. If medical staff determine during an assessment that a resident is at risk of imminent sexual abuse or is considered at risk sexual victimization, they will collaborate closely with the Facility Manager and Unit team to provide alternative housing placement.</p> <p>Conclusion:</p> <p>The Auditor reviewed agency policy, procedures, investigative records, conducted interviews with staff and residents, made observations and determined the facility meets the requirements of this standard.</p>
--	---

115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.263 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 Inmates (PREA)</p>

	<p>Facility Notification memo example</p> <p>Interviews</p> <p>The IDOC’s policy is written in accordance with the PREA standard and requires that if the Facility Manager 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 a resident 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 Facility Manager or Administrator at the resident’s current facility. Whether or not the resident indicates the allegation was investigated, the Facility Manager or Administrator shall provide email notification immediately, but no later than 72 hours, to the Facility Manager or Administrator of the other location where the incident was alleged to have occurred.</p> <p>The Auditor conducted formal interviews with facility staff and asked what actions they would take if a resident alleged to have been sexually abused while confined at another facility. Each staff member 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 Auditor asked facility supervisors what their actions would be after receiving such information and was informed the facility investigator would immediately be notified.</p> <p>The facility reported receiving no notifications from a resident alleging sexual abuse while being incarcerated at another facility that needed to be reported. The Facility Manager and PM stated that if they receive such a notice, they will immediately report the allegation to the Facility Manager or Administrator of the other facility and document. The Facility Manager stated as soon as an allegation that a resident alleges suffering sexual abuse at another facility is received, they would place a telephone call followed by an email to the Facility Manager at the facility mentioned to complete the notification process. The Facility Manager stated they would ensure their facility investigator is notified, and an investigation would immediately be conducted.</p> <p>Conclusion:</p> <p>Compliance with this standard was verified by reviewing Policy, and interviews with investigators, PREA compliance manager, and Facility Manager. It is determined that the facility meets the requirements of this standard.</p>
--	--

115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.264 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

PREA Response card

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 referred to medical for treatment of any emergency needs and transported to the local hospital for a forensic exam, if needed.

IDOC policy requires that if the first responder is not a security staff member, they immediately notify a security staff member. The Auditor conducted formal 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 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.

--	--

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.265 Coordinated response</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Interviews</p> <p>Coordinated Response Plan</p> <p>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. 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 the following:</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 formal interviews with staff listed in the facility’s Coordinated Response Plan and asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their</p>

	<p>specific duties as required in the plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse and facility staff, volunteers and contractors have been appropriately trained in their responsibilities to respond to an allegation of sexual abuse. The Auditor verified that all facility personnel, volunteers, and contractors had received the training.</p> <p>The Auditor interviewed the Facility Manager, 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. They all understood their responsibilities and stated that all investigations are completed, and a finding is assigned. They stated that it may be referred to as criminal prosecution or managed administratively.</p> <p>Conclusion:</p> <p>The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan. Based on a review of policies, procedures, Coordinated Response Plan, Sexual Assault Response, training records, and interviews with staff and residents, the Auditor determined that facility meets the requirements of this standard.</p>
--	--

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266 Preservation of ability to protect residents from contact with abusers:</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Staff Interviews</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>A review indicated that there are no collective bargaining agreements that preserve the ability of the Agency to remove alleged staff abusers from contact with residents, consistent with provisions of the standard. Specifically, when warranted, the facility may take actions that include suspension of an employee during an investigation and this suspension may continue until disciplinary actions are determined. The Agency Head confirmed that the agency maintains the right to assign staff.</p>

	<p>This Auditor confirmed that the facility has the right and ability as the employer, to remove alleged staff abusers from contact with residents, 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.</p> <p>Conclusion:</p> <p>The Auditor finds the facility compliant with this standard and meets the requirements.</p>
--	--

115.267	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.267 Agency protection against retaliation</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <p>SOP-149.01, Prohibited Sexual Conduct Involving Inmates</p> <p>PREA Sexual Abuse Retaliation Monitoring</p> <p>Interviews</p> <p>The IDOC's policy is written in accordance with the standard and states retaliation by or against any party, staff, or resident, who participates in a complaint or report of sexual abuse or sexual harassment, shall be strictly prohibited. PREA policy indicate that both staff and residents who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and residents. The agency designates a Supervisory staff member, other than the direct supervisor, to monitor the incident. They will monitor retaliatory performance reviews, reassignments, and other retaliatory actions not substantiated as legitimate discipline or performance based. Supervisory staff shall also monitor disciplinary sanctions, housing/program changes, and conduct periodic status checks for residents who report or have reported alleged victimization.</p>

The facility has protection and reporting measures for residents. Policy outlines the protection measures available and requires the prompt remediation of any type of retaliation. Any use of involuntary segregated housing for the residents who alleged suffering sexual abuse shall only be used after an assessment.

Staff interviews indicate the PREA Compliance Manager 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 resident and may receive disciplinary action commensurate with the type of behavior taken. If a resident retaliates against another resident, they would be kept separate from one another. Other options to protect against retaliation may include protective custody, housing reassignments, or transfer to another facility.

Staff conferred that evidence of retaliation would be reported for an investigation. Supervisory staff should monitor disciplinary sanctions, housing/programming changes, and conduct periodic status checks. These forms outlined that weekly, the previously mentioned factors would be reviewed, and face-to-face interviews would be conducted.

Retaliation shall be grounds for disciplinary action and will be investigated and any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary and retaliation monitoring ceases when an allegation is unfounded.

The Auditor conducted an interview with the staff member responsible for monitoring retaliation and their duties as Retaliation Monitor. Their duties include review of disciplinary charges, Incident Reports, actions related to the resident, documents maintained in the resident's file, and residents' electronic file. They monitor any changes, including housing, programming, and work assignments. The retaliation monitor will make referrals to medical and mental health and conduct status checks which are documented on the Sexual Abuse Retaliation Monitoring Forms. Staff stated the monitoring period would be a minimum of 90 days, and longer if necessary. In the event the resident cannot be protected at the facility, the staff can and will recommend a transfer.

Administrative staff have the authority to move residents within the facility or to request transfers to other facilities or take other measures to ensure residents are not retaliated against. Residents are not held in the Special Management Housing Unit unless requested by the resident and the Auditor verified the facility has multiple housing units where residents can be placed. Residents with a history of being a sexual abuser would not be housed at the facility.

Conclusion:

The auditor reviewed documents and determined the facility is compliant with this standard.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.271 Criminal and administrative agency investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive-Sexual Abuse and Harassment of Inmates</p> <p>Policy Directive-150.01.01.006 Admin Investigations</p> <p>IDOC SOP 504.02.01.001 -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 the standard and states that all investigations into allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively for all allegations, including 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 Facility Manager will refer to the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating an entry for each alleged incident. Facility policy requires that all reports, regardless of their source of origination, be referred for investigation. EBCRC conducts investigations on all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. Each sexual abuse allegation will have an assigned investigator complete a PREA Sexual Abuse Investigation form or Sexual Harassment Investigation form.</p> <p>IDOC policy requires administrative investigations to include efforts to determine whether staff actions or failure to act contributed to sexual abuse. Investigative reports are required to include a description of physical evidence, testimonial evidence, credibility assessments, and investigative 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.</p> <p>Every investigation goes through specific levels of review to ensure thoroughness of the investigation. The agency is required to maintain written investigative reports</p>

	<p>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 a resident is released, or a staff member is terminated or terminates employment.</p> <p>An interview with a facility investigator confirmed that it is practice for all parties to be interviewed in-person. Additionally, all resident interviews are video/audio recorded and electronic data is securely maintained, and the investigative files are kept in a locked area with limited access.</p> <p>Conclusion: The review of policy, investigative reports, investigators credentials and interview with investigators and Facility Manager, confirmed the facility meets requirements for this standard.</p>
--	---

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.272 Evidentiary standard for administrative investigations</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Basic Investigator Training Manual</p> <p>IDOC Directive 116.02.01.001 Custody of Evidence</p> <p>Interviews</p> <p>The IDOC's policy meets the requirements of the standard and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. It was confirmed by the PREA policy and Basic Investigator training manual, that IDOC imposes no standard higher than preponderance of the evidence in making determinations. This is discussed in the investigator training, which all designated investigators have completed.</p> <p>Investigator and the PM interviews at EBCRC confirmed that the staff responsible for administrative adjudication of investigations are knowledgeable of the requirements for the evidentiary standard. The investigators were able to articulate what preponderance meant and how they arrive at the basis of case determinations.</p> <p>Policy and the Basic Investigator training manual specify that the agency's standard of proof is to be the preponderance of the evidence. Investigators could articulate their knowledge of the evidentiary standard in investigations.</p>

	<p>Conclusion:</p> <p>Based on policy review and interviews, EBCRC meets requirements of this standard.</p>
--	---

115.273	Reporting to residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.273 Reporting to residents</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive-149.01 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>Operating Procedure- Prohibited Sexual Conduct Involving Inmates</p> <p>Inmate Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action</p> <p>IDOC PREA Annual Report</p> <p>Interviews</p> <p>IDOC SOP 504.06 Investigation</p> <p>The IDOC policy requires a resident to be notified when a sexual abuse allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Policy states that following investigation of an allegation that a resident suffered sexual abuse in a facility, the Facility Manager will ensure the victim is notified in writing as to whether the allegation has been Substantiated, Unsubstantiated/Insufficient Evidence, or Unfounded.</p> <p>Following an allegation that a staff member committed sexual abuse against a resident, the facility conducting the investigation shall inform the resident 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, will terminate if the resident is paroled, discharged from his/her sentence, or pardoned.</p> <p>EBCRC provided examples of Resident Notification of Sexual Abuse and Sexual Harassment Investigative Findings and Action forms (Report to Resident). The form verified that residents are notified regarding, Investigative Findings, Sufficient Evidence Findings-Staff Suspect Disciplinary Action, no longer assigned to housing</p>

	<p>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.</p> <p>Outside criminal investigations are conducted by local law enforcement in conjunction with the facility administrative investigators or the agency's Special Investigative Unit. The facility Investigator or SIU investigator is the liaison between the two entities and local law enforcement communicates any relevant updates relating to criminal charges or convictions.</p> <p>Conclusion:</p> <p>Interviews with the PM, Administrative staff, and investigator, show that residents are receiving notifications, and the facility meets compliance with the standard.</p>
--	--

115.276	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.276 Disciplinary sanctions for staff</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive 149.01.01 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>Policy Directive-Humane Treatment and Living Conditions for Inmates</p> <p>Policy Directive 205.07.01 Employee Discipline</p> <p>IDOC PD 219 Sexual Misconduct with Residents</p> <p>IDOC Employee Handbook</p> <p>Ethics Standards 217.07.01.01</p> <p>Interviews</p> <p>IDOC PREA and disciplinary policies were reviewed and met the requirements of the standard. Staff is subject to disciplinary sanctions up to and including termination for violating the sexual abuse or sexual harassment policies. Policy requires that staff found responsible for sexual abuse of a resident shall be terminated from employment. Employees who are found to have violated agency 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</p>

	<p>acts as well has the previous disciplinary history of the staff and comparable to other comparable offenses by other staff with similar disciplinary histories.</p> <p>IDOC policy states that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with the standard. EBCRC Policy Directive 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 to as 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.</p> <p>The Auditor interviewed the Facility Manager regarding the facility’s staff disciplinary policy and determined that if a staff member is terminated for violating the facility’s sexual assault and harassment policy, and if the conduct is criminal in nature, it would be referred for criminal prosecution. The facility investigator and PM verified that if an employee under investigation resigns before the investigation is complete, or resigns in lieu of termination, the resignation does not terminate the investigation or the possibility of prosecution if the conduct is criminal in nature. The facility would still refer the case for prosecution when a staff member terminates employment that would have otherwise been terminated for committing a criminal act of sexual abuse or sexual harassment.</p> <p>Conclusion: Interviews with the Facility Manager, Investigator, and PM support that all allegations against staff for sexual abuse, sexual harassment, retaliation, or neglect, are investigated and disciplinary action sanctioned. The facility meets compliance with the standard.</p>
--	--

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.277 Corrective action for contractors and volunteers</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>IDOC SOP 606.02.01.001</p> <p>IDOC Policy 205.07.01.001 Corrective and Disciplinary Action</p> <p>IDOC Policy 219.01 Sexual Misconduct with Offenders</p> <p>Memo-Investigation of Contractual Employees</p>

Interviews

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

Contractual Employees' allegations of employee misconduct must be documented, and an appropriate investigation conducted, and the contracting agency may perform a separate investigation and remove the employee. Whether a contractual employee should remain at a particular facility will be determined by the Facility Manager/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. Contractual employees who are the subject of the investigation are permitted to have representation during the investigatory interview and the investigator must advise the employee of this and arrange a date and time that does not delay the investigation. The contractual employee is responsible for obtaining his/her representative and that person cannot be an IDOC employee.

Investigations shall be completed in accordance with Policy Directive (Internal Affairs) as an IA monitored investigation unless otherwise assigned by facility. All completed investigations regarding contractual employees need to be sent to Internal Affairs for final review and closure.

An interview with the Facility Manager confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from resident contact 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 Facility Manager 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.

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

	<p>Review of available documentation, interviews with (residents, PM, investigators, and administrative staff), indicated that residents were only subject to disciplinary action when there was substantial evidence that the allegation did not occur, and the allegation was not made in good faith. The facility reported there were no residents disciplined for making an allegation of sexual abuse in bad faith during the previous 12 months.</p> <p>Conclusion: Based on policy review and interviews, the Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.282	Access to emergency medical and mental health services
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.282 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-PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>Policy Directive-Medical Emergencies</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Interviews</p> <p>The IDOC policy is written in compliance with the standard and states that all resident victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services. In accordance with Policy, “Medical Emergencies” and “Mental Health Services,” resident 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.</p> <p>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 section of this manual and shall immediately provide notification to the appropriate medical and mental health staff. Resident victims of sexual abuse while incarcerated shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with policy on “Health Care Management of Reported Sexual Assaults of Residents IDOC Facilities.” Treatment services shall be</p>

	<p>provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation of the incident.</p> <p>The security staff first responders are responsible for immediately notifying the appropriate medical and mental health practitioners in case of an incident. Interviews with medical staff confirm that victims of sexual abuse would receive timely, unimpeded access to these services. The 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 staff are available 24 hours per day in case of emergency and/or for crisis intervention services. Psychology staff will initiate contact with the victim and provide evaluation and treatment as appropriate and complete a sexual assault assessment.</p> <p>For services that are outside the scope of their experience, the resident can be treated at the local hospital emergency department. Forensic exams are conducted off-site by qualified forensic nurse examiners and an advocate is available at the request of the resident to provide emotional support services.</p> <p>Agency policy states that forensic examinations will be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE) at a local hospital without a financial cost to the victim. Interviews with medical staff confirm that resident victims of sexual abuse would not be charged for services received because of a sexual abuse incident.</p> <p>Through staff interviews and review of the facility investigations, it was evident 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.</p> <p>Conclusion:</p> <p>Staff interviews verified the medical services are provided regardless of the residents' cooperation with the investigation. The Auditor determined the facility meets compliance for this standard.</p>
--	--

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.283 Ongoing medical and mental health care for sexual abuse victims and abusers
	Policy, Materials, Interviews and Other Evidence Reviewed:

Policy Directive-Health Services

Policy Directive-PREA and Prohibited Sexual Conduct Involving Inmates

Policy Directive-411.06.03.001 Medical Co-Pay Services

Interviews

IDOC policy states that resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioner's judgment. Policy requires treatment services to be consistent with the community level of care and provided without financial costs regardless of whether the victim names the aggressor or cooperates with any investigation arising out of the incident. If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual violence is made, the first responders will take preliminary steps to protect the victim and shall immediately notify the shift supervisor. Residents are offered mental health and medical services. Forensic and sexual assault exams are to be conducted by a qualified professional.

The IDOC Operating Procedure is written in compliance with the standard which states that the facility will offer medical and mental health evaluation and treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include follow-up services, treatment plans, and referrals for continued care following their transfer or release. Interviews with medical and mental health staff confirm that these services would be available to residents 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 residents 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.

The Auditor interviewed the mental health practitioner concerning what services are 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 Auditor was provided with documentation that verified services offered at the facility are consistent with community level services.

Conclusion:

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

115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.286 Sexual abuse incident reviews</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Policy Directive-149.01 PREA and Prohibited Sexual Conduct Involving Inmates</p> <p>PREA Annual Reports</p> <p>Sexual Abuse Incident Review</p> <p>Interviews</p> <p>The IDOC has a policy that governs the review of all substantiated or unsubstantiated allegations of sexual abuse. Policy states that the facility PREA manager 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 should consist of upper-level custody and administrative staff, with input from relevant supervisors, investigators, and medical and mental health practitioners. The team would review the investigative report, video, and any other pertinent information. The PM stated any recommendations would be implemented, or the reasons for not doing so would be documented. The facility has appointed a team that conducts incident reviews at the conclusion of any sexual assault investigations. The team includes the PREA manager, Facility Manager, Deputy Facility Manager, Mental Health, Unit Manager, Shift Commander, and Health Services Manager.</p> <p>Conclusion:</p> <p>Interviews with the Facility Manager’s PREA coordinator, Incident Review team member, and PCM, confirmed compliance and the facility meets requirements for this standard.</p>

115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.287 Data collection</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p>

	<p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Annual Report</p> <p>Survey of Sexual Victimization (SSV)</p> <p>Interviews</p> <p>IDOC Operating Procedure is consistent with the requirements of the standard and states that the Agency will collect annually, uniform data for allegations of sexual abuse necessary to answer all questions from the most recent version of the Survey of Sexual Violence and complete an annual report based upon the statical data.</p> <p>The PREA 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 PC gathers data on each reported incident to aggregate an annual incident report which will include data necessary to complete the SSV. And the PM for each facility is responsible for reporting institutional data to the PC.</p> <p>The Auditor reviewed the Annual Report available on the facility website, including aggregated sexual abuse data for calendar years 2022. 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 of 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 the PREA coordinator. The Auditor determined the facility meets the requirements of this standard.</p>
--	---

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288 Data review for corrective action</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p>

	<p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>Annual PREA Reports</p> <p>Interviews</p> <p>The PAQ indicates 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 contain a comparison of collected data from the previous years. The reports were reviewed and approved by the PREA coordinator 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 reviews of sexual abuse incidents, the Annual Report, the Survey of Sexual Victimization, and the annual review by the Warden or Facility Manager at each facility related to their staffing plans. All this information is then utilized to identify any trends and improve or update policies, 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. A review of the website confirmed that current and previous Annual Reports are available to the public online.</p> <p>The PAQ indicated that 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 the Annual Reports confirmed that no information was required to be redacted. The interview with the PC indicated that all personal identifiable information would be redacted.</p> <p>Conclusion:</p> <p>Based on interviews, review of Agency website and documents, the Auditor finds this standard compliant and meets these requirements.</p>
--	--

115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>115.289 Data storage, publication, and destruction</p> <p>Policy, Materials, Interviews and Other Evidence Reviewed:</p> <p>Operating Procedure-149.01 Prohibited Sexual Conduct Involving Inmates</p> <p>IDOC PREA Data Website</p> <p>Interviews</p> <p>The IDOC Operating Procedure mandates that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be securely maintained. IDOC Operating Procedure is written in accordance with the standard that data collected pursuant to 115.287 will be made readily available to the public through the agency’s website, excluding all personal identifiers, and after final approval by the Director. Policy states the agency will ensure all data collected is securely retained for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>The Auditor reviewed the website and confirmed that the SSV as well as previous Annual Reports are available to the public online. The agency does not include any identifiable information or sensitive information in the Annual Report and as such does not require any information to be redacted. 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 PREA coordinator and facility data collected and maintained by the PREA Coordinator is kept in a secure location. 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, the Agency website, and interview with the PREA Coordinator, this standard is compliant and meets requirements.</p>
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <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, permitted to receive and copy any relevant policies, procedure, or documents, permitted to conduct private interviews, and was able to receive confidential information/correspondence from residents. The audit team received complete cooperation with the IDOC, facility staff, and residents at the center. Policies and secondary documentation were provided before the onsite tour and post audit.</p> <p>All staff at the facility cooperated with the Auditors and allowed them to conduct interviews with staff and residents in a secluded area. The Auditors were permitted to conduct unimpeded, private interviews with residents, both informally and formally in private interview rooms. The facility staff facilitated the interviews in a timely and efficient manner and informal interviews with residents confirmed that they were aware of the audit and the ability to communicate with the Auditors.</p> <p>Prior to the on-site review, letters were sent to the facility to be posted in all residents' living areas advising of the audit and which included the Auditor's address. These notices were sent to the agency and facility staff for posting six weeks prior to the onsite visit and the Auditors observed notices 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.403 Audit contents and findings</p> <p>The report for EBCRC is publicly available via the IDOC website: https://www.idaho.gov/documents/corrections/Idaho_Correctional_Final_Report.</p>

Appendix: Provision Findings		
115.211 (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
115.211 (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 community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	yes
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

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

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
115.215 (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 residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

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

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

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (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
115.217 (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
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (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.)	na
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (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)?	no

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (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
115.221 (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
115.221 (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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

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

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

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

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

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (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 criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (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 does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	yes
115.235 (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
115.235 (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 §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

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

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

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

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

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

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

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

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident 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 residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.261 (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 residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (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
115.261 (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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (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
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (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
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (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
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (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 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (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
115.271 (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 resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (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
115.271 (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
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (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 facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (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
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (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
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (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
115.276 (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
115.277 (a)	Corrective action for contractors and volunteers	

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

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.282 (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 § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (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
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (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
115.283 (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
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (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
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (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
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (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

115.286 (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 §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (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
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(c)		
	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
115.287 (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
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	yes
115.287 (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
115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.288 (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
115.288 (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
115.288 (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
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (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
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	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 residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

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