

PREA Facility Audit Report: Final

Name of Facility: Idaho Maximum Security Institution

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/26/2024

Date Final Report Submitted: 11/27/2024

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: Crystal Y Norment	Date of Signature: 11/27/2024

AUDITOR INFORMATION	
Auditor name:	Norment, Crystal
Email:	crystal.norment@gmail.com
Start Date of On-Site Audit:	06/19/2024
End Date of On-Site Audit:	06/21/2024

FACILITY INFORMATION	
Facility name:	Idaho Maximum Security Institution
Facility physical address:	13400 South Pleasant Valley Road, Kuna, Idaho - 83634
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:	208-605-4772

Warden/Jail Administrator/Sheriff/Director	
Name:	Randy Valley
Email Address:	rvalley@idoc.idaho.gov
Telephone Number:	208-338-1635

Facility PREA Compliance Manager	
Name:	Collin Young
Email Address:	coyoung@idoc.idaho.gov
Telephone Number:	208-338-1635 [REDACTED]

Facility Health Service Administrator On-site	
Name:	Kyle Wagner
Email Address:	kwagner@teamcenturion.com
Telephone Number:	208-338-1635 [REDACTED]

Facility Characteristics	
Designed facility capacity:	549
Current population of facility:	520
Average daily population for the past 12 months:	527
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Mens/boys

<p>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)</p>	
<p>Age range of population:</p>	17-77
<p>Facility security levels/inmate custody levels:</p>	Close, Administrative Segregation, Idaho Security Medical Program, Security Mental Health
<p>Does the facility hold youthful inmates?</p>	Yes
<p>Number of staff currently employed at the facility who may have contact with inmates:</p>	157
<p>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</p>	63
<p>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</p>	28

AGENCY INFORMATION

<p>Name of agency:</p>	Idaho Department of Correction
<p>Governing authority or parent agency (if applicable):</p>	
<p>Physical Address:</p>	1299 North Orchard , Suite #110, Boise, Idaho - 83706
<p>Mailing Address:</p>	
<p>Telephone number:</p>	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	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
Number of standards exceeded:	
1	<ul style="list-style-type: none"> • 115.87 - Data collection
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-06-19
2. End date of the onsite portion of the audit:	2024-06-21

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:	Advocacy Against Family Violence

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	572
15. Average daily population for the past 12 months:	527
16. Number of inmate/resident/detainee housing units:	14
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	509
19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:	0
20. 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:	3
21. 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:	4
22. 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
23. 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
24. 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:	4

<p>25. 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:</p>	<p>5</p>
<p>26. 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>11</p>
<p>27. 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>22</p>
<p>28. 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>20</p>
<p>29. 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>1</p>
<p>30. 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>n/a</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>31. 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>163</p>

32. 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:	28
33. 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:	64
34. 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:	n/a

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

35. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	20
36. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input 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 type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None

<p>37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>I pulled a roster on first day of on-site and selected equal numbers from each of the general population housing units to ensure a diverse group of random interviews. If someone was not available or refused, I then selected another name from the roster. I looked at their length of stay and ethnicity as well as where housed.</p>
<p>38. 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>39. 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>n/a</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>19</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>41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>

<p>41. Select why you were unable to conduct at least the minimum required number of targeted inmates/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/detainees.</p> <p><input type="checkbox"/> The inmates/detainees in this targeted category declined to be interviewed.</p>
<p>41. 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/detainees).</p>	<p>I reviewed the roster and observed the housing area where youthful inmates would be housed and the unit was closed.</p>
<p>42. 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>3</p>
<p>43. 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>3</p>
<p>44. 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>44. 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>44. 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 facility was able to run rosters based on disabilities as noted by the medical department. There were none identifies as Blind</p>
<p>45. 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>45. 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>45. 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>I reviewed the roster provided based on disabilities as identified by medical department. There were no Hard of Hearing listed.</p>
<p>46. 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>47. 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>2</p>

<p>48. 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>3</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>2</p>
<p>50. 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>5</p>
<p>51. 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>51. 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>51. 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>While in segregation during the onsite review, I asked the staff if any one was there as a result of sexual victimization. There were none.</p>

52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	n/a
---	-----

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

53. Enter the total number of RANDOM STAFF who were interviewed:	7
---	---

54. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
---	--

55. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
--	--

56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	n/a
--	-----

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

57. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
---	----

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

62. 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:	Grievance Officer, Mailroom Staff
63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
63. Enter the total number of VOLUNTEERS who were interviewed:	2
63. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
64. Enter the total number of CONTRACTORS who were interviewed:	2
64. 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

65. Provide any additional comments regarding selecting or interviewing specialized staff.	n/a
---	-----

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.

66. 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:

67. 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
---	--

68. 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
--	--

69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
---	--

<p>70. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>71. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>n/a</p>
--	------------

Documentation Sampling

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

<p>72. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>73. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Auditor looked at screening forms based on information from random and targeted interviews. Auditor reviewed investigation files on site.</p>
---	--

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

74. 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	16	0	16	0
Staff-on-inmate sexual abuse	28	0	28	0
Total	44	0	44	0

75. 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	19	0	19	0
Staff-on-inmate sexual harassment	4	0	4	0
Total	23	0	23	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.

76. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	12	4	0
Staff-on-inmate sexual abuse	0	25	3	0
Total	0	37	7	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.

78. 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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	9	7	3
Staff-on-inmate sexual harassment	0	3	0	1
Total	0	12	7	4

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

10

<p>81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>8</p>
<p>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>10</p>
<p>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
<p>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	1
94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	n/a
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
97. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

<p>98. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
--	---

AUDITING ARRANGEMENTS AND COMPENSATION

<p>99. 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</p>
--	----------------------

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11</p> <p>DOCUMENTS:</p> <p>IDOC SOP 149, Prison Rape Elimination</p> <p>IDOC Field Memo #149.01.001 Prison Rape Elimination</p> <p>IDOC Organization Chart</p> <p>IDOC Facility Organization Chart</p> <p>INTERVIEWS:</p> <p>Agency Director</p>

	<p>Agency PREA Coordinator</p> <p>Facility Director</p> <p>Facility PREA Compliance Manager</p> <p>115.11 (a) (b)(c) IDOC Standard Operating Procedures #149, and the IDOC organizational charts meet the requirements of this standard. The agency's zero tolerance against sexual abuse is clearly established and the policy outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment allegations. The policy establishes a position of Agency-Wide PREA Coordinator with the responsibility to oversee the implementation and management of Prison Rape Elimination Act of 2003. The facility PREA compliance manager under the direction of the Agency PREA Coordinator carries out their duties.</p> <p>Idaho Maximum Security Institution (IMSI) Warden has appointed the Deputy Warden as PREA compliance manager with responsibility to coordinate with the Agency PREA coordinator to oversee the implementation and management of the Prison Rape Elimination Act of 2003. Both the agency PREA Coordinator and Facility Compliance Manager through interviews advised they have sufficient time and authority to coordinate efforts to comply with PREA standards.</p> <p>Based on these findings and auditor observation and review of documentation, the facility is in compliance with this standard.</p>
--	---

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12</p> <p>DOCUMENTS:</p> <p>IDOC SOP 147.06.06.001 - Contract Management</p> <p>Saguaro Correctional Center - Contract</p>

	<p>INTERVIEWS:</p> <p>Agency PREA Coordinator</p> <p>Agency Contract Monitor</p> <p>115.12(a)(b) The Idaho State Department of Corrections contracts with one private agency who house their residents outside of the state. Core Civic operates the Saguaro Correctional Center in Saguaro, Arizona. The contract requires the private agency to comply with PREA standards.</p> <p>Saguaro has been audited for compliance of PREA standards within the last three years and found to be compliant.</p> <p>Based on this information, the auditor has determined that the agency meets the requirements of this standard.</p>
--	---

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 - Prison Rape Elimination</p> <p>Staffing Plan Idaho Maximum Security Institution</p> <p>Unannounced Rounds Logs</p>

INTERVIEWS:

Facility Director

Facility PCM

Higher-Level Staff

115.13 (a) (b) (c) (d) IDOC policy requires the Facility Director along with the PREA Coordinator to review the staffing plan at least once a year. Interviews with the Shift Commander, Warden and PREA Coordinator and PREA Compliance Manager revealed compliance with the directive. 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 audit included an examination of all video monitoring systems; staff interviews; and rosters.

Supervisory and Administrative staff members make unannounced rounds covering all shifts and these rounds are documented through use of electronic log system. The unannounced rounds documentation received indicated that upper-level or higher-level staff made rounds on all shifts. Staff members are prohibited from alerting other employees regarding unannounced rounds. Interview with Shift Commander indicated that he makes his rounds first and then tells the control officer to log it in the record as an unannounced PREA round to avoid them knowing.

An examination of policy and supporting documentation and interviews with Higher-level Supervisors, and PREA Compliance Manager confirms that they have a written staffing plan and it has been reviewed along with the PREA Compliance Manager within the past year. The Staffing Plan was revised in March, 2023 and signed on 3-26-2023. The 2024 Plan was signed on 4-3-2024. The staffing plan is reviewed for compliance in Quarterly Review meetings. A comprehensive tour of the facility was conducted during the audit that included looking for blind spots, reviewing camera coverage and available staff in areas that residents are assigned. The auditor did not find any blind spots during the tour. There are 131 cameras that provide adequate coverage of administrative and program areas, kitchen, medical, maintenance, laundry and in the housing units. The auditor looked at each area from the control room cameras and found that all areas had good coverage.

Based on this information, the auditor has determined that IMSI is in compliance with this standard.

--	--

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14</p> <p>Documents:</p> <p>IMSI Operational Order</p> <p>IDOC Policy #149,00 PREA Rape Elimination</p> <p>INTERVIEWS:</p> <p>IMSI PCM</p> <p>115.14(a)(b)(c) According to the PAQ, IMSI housed (1) youth during the last 12 months. The PCM indicated that the youth turned 18 within 17 days of his arrival at IMSI and was transferred. During the time at IMSI, the youth was held in the medical unit in a section separated by sight and sound from the rest of the medical holding cells. The youth was provided programming by the Psychology Tech. Recreation was provided and he was afforded visits. The auditor toured the area in medical in which the youth was housed and determined that there was adequate sight and sound separation.</p> <p>Based on this information, it is determined that IMSI is in compliance with this standard.</p>

115.15	Limits to cross-gender viewing and searches
---------------	--

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.15

DOCUMENTS:

IDOC SOP 317.0.01.001 Searches

IDOC SOP 149 Prison Rape Elimination

Staff Training Attestation

Training Curriculum for Searches

INTERVIEWS:

Staff Interviews

Resident Interviews

115.15 (a) (b) (c) (d) (e) (f) The above policies meet the mandates of this standard. Cross-gender strip or cross-gender body cavity searches are prohibited, except in emergency situations or when performed and documented by a medical practitioner. Officers would be required to document all cross-gender strip searches and cross-gender visual body cavity searches. There are no females housed at IMSI.

Interviews with random staff confirmed that they were aware of the prohibition of visual body cavity or strip searches of the residents of the opposite sex except in exigent circumstances. Staff interviews also confirmed that female officers had been trained to conduct cross-gender pat searches. Staff interviews indicated they received cross-gender pat search training during initial and annual training. The auditor observed that each housing unit has a full shower door for the showers for privacy. The facility does not permit cross-gender pat searches on a routine basis. The facility has implemented a policy that all opposite gender staff working the units will announce themselves and random resident interviews confirmed that female staff are announced regularly prior to entering the housing unit. Random residents were interviewed and acknowledged they were allowed to shower, and use the toilet without being viewed by staff of the opposite gender.

	<p>The auditor observed the written notifications which stated Opposite Gender must announce prior to entering the unit. Staff interviewed were aware of the policy prohibiting the search of a transgender or intersex resident for the sole purpose of determining the resident's genital status. During the past 12 months, there were no exigent circumstances that required cross-gender viewing of a resident by a staff member at IMSI.</p> <p>Based on the review of policies and observations during the on-site visit to the housing units, and interviews with staff and residents it has been determined that IMSI is in compliance with this standard.</p>
--	---

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.16</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC Contract with Language Link</p> <p>English/Spanish PREA Posters</p> <p>English/Spanish Handbook posted in Housing Units</p> <p>INTERVIEWS:</p> <p>Agency Head</p> <p>Facility Director</p> <p>Staff Interviews</p>

	<p>Resident Interviews</p> <p>115.16(a)(b)(c) IDOC Policy 149 outlines the agency’s requirements to effectively communicate with residents with disabilities and language barriers. There were 2 residents identified as being LEP with a language barrier, the auditor interviewed 1 resident identified during the on-site visit. The auditor did not require an interpreter to conduct the interview. Residents with physical disabilities indicated that they were able to read and understand the PREA information. Random and Targeted Resident interviews revealed that they were knowledgeable about ways to report an allegation if needed. The auditor interviewed 3 residents with a mental disability, 1 LEP, and 3 with physical disabilities. There were no residents identified as blind, low vision, or hard of hearing.</p> <p>The agency maintains a contract with Language Link for interpretation services for languages other than English and with the American Sign Language for those needing that service. Interviews with staff indicated that they are aware that they would use an interpreter from Language Link if it was needed for a PREA report.</p> <p>Based on the information provided, it is determined that IMSI is in compliance with this standard.</p>
--	---

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.17</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC SOP 150.01.01.003 Background Checks</p> <p>IDOC Policy 211.07.01.001 Hiring</p>

	<p>Promotions Questionnaire</p> <p>Memo Re: 5 year Background Checks</p> <p>Employee Self-Declaration Form</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator</p> <p>Facility PREA Compliance Manager</p> <p>SIU Background Check Supervisor</p> <p>Facility Human Resource Manager</p> <p>115.17 The auditor reviewed 13 new hire background checks, 9 contract staff background checks, and 9 staff 5-year background checks. The auditor reviewed the signed self-declaration for PREA included in the application packet. The SIU Background Unit also conducts the background checks for contract staff and volunteers.</p> <p>Based on the review of sample documents and interviews, the auditor has determined IMSI is in compliance with this standard.</p>
--	---

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18</p> <p>DOCUMENTS:</p> <p>Facility Blueprints</p>

	<p>Facility Camera Plan</p> <p>INTERVIEW:</p> <p>Facility Director</p> <p>Agency Head</p> <p>115.18(a)(b) IMSI is a 500 bed facility that has a mission for a Prison, and a Jail. They are able to house juveniles, and civil commitments. There are 136 cameras installed around the facility with 12 exterior and 124 interior cameras. There has been no new construction or upgrades to technology since 2019 when video storage was upgraded.</p> <p>During the on-site visit, the auditor looked at the camera coverage from the control center and during the facility onsite tour. The auditor did not note any areas that needed additional camera coverage to better facilitate a safe environment for the staff and residents.</p> <p>Based on this review, the auditor has determined that IMSI meet the requirements of this standard.</p>
--	---

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC Policy 504.02.01.001 Investigations and Intelligence Program</p> <p>IDOC Policy 116.02.01.001 Custody of Evidence</p>

	<p>MOU with Advocacy Against Family Violence</p> <p>Idaho Sexual Assault Response Guide</p> <p>IDOC SOP #411.06.03.001 Co-Pay for Medical Service</p> <p>INTERVIEWS:</p> <p>Agency Head</p> <p>Investigator</p> <p>Staff Interviews</p> <p>Director Advocacy Against Family Violence</p> <p>Director of Nursing, St. Alphonsus Regional Hospital</p> <p>115.21(a-h) The Idaho Sexual Assault Kit Initiative Advisory Group (ISAKI) developed a protocol based on the national protocol. IDOC Policy 149 outlines procedural steps for access to forensic medical exams and access to victim advocates. The Facility does not perform Forensic examinations. A resident would be taken to St. Alphonsus Regional Medical Center where SAFE/SANE trained nurses would conduct the forensic exam. SAFE/SANE nurses are on duty Monday - Thursday until 10pm. If a nurse needed to be called in, they have a one-hour report time.</p> <p>The facility investigators are trained in preserving physical evidence and staff interviews determined that staff are aware of the protocol to preserve evidence. According to the PAQ, (1) resident was sent out for a forensic exam in the last 12 months. The resident was not charged a medical co-pay for this exam.</p> <p>Based on this information, the auditor has determined that IMSI is in compliance with the requirements of this standard.</p>
--	---

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>115.22</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>Agency Website</p> <p>IDOC SOP # 150.01.01.006 Administrative Investigations</p> <p>MOU with Idaho State Police</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator</p> <p>Facility PREA Compliance Manager</p> <p>Facility Director</p> <p>115.22(a)(b)(c)(d)(e) The Agency policy requires all staff to report any allegations that they are made aware of to their immediate supervisor. All allegations are referred for investigation to the facility investigator. IMSI had 69 allegations reported during the audit period. The facility investigators completed an investigation for each of the allegations reported. (1) allegation resulted in a criminal investigation and referral for prosecution. Staff interviewed were aware of the policy guidelines and staff duty to report. The auditor spoke with the Idaho State Police department and he confirmed that they cooperate with the facility on any investigation. The investigator confirmed that they work closely with the Idaho State Police on all investigations and referrals for prosecution.</p> <p>Based on this information, the auditor has determined that IMSI meet the requirements of this standard.</p>
--	--

115.31	Employee training
	Auditor Overall Determination: Meets Standard

Auditor Discussion

115.31

DOCUMENTS:

IDOC Policy 149 Prison Rape Elimination

POST Training Curriculum

IN-Service Training Curriculum

Staff First Responder Card

Attestation Sign In Sheets for Training

Special Investigation Unit Training Staff Sexual Misconduct

INTERVIEWS:

Agency PREA Coordinator

Facility PREA Compliance Manager

Staff Interviews

115.31(a)(b)(c)(d) IDOC Policy require all staff to receive PREA training before assuming duty as a new hire and annual In-Service training in addition PREA training is provided at the Academy. The training includes all the elements of this standard.

The auditor reviewed the power-point training curriculum and the staff sign-in sheets to indicate they received the training. Staff interviews also indicated that they received the training during POST and again during yearly In-Service training. The auditor interviewed 5 random staff who had been at the facility less than a year.

They indicated that the Academy Training included cross-gender searches and PREA definitions, zero-tolerance, and mandatory reporting. In Service training is conducted online and monitored by the human resource staff. All staff interviewed with more than a year of service indicated that they had taken their online In-Service training or was scheduled.

	<p>The auditor interviewed 7 random staff, 16 specialized staff and 1 volunteer and 2 contract staff who indicated that they received the PREA training. All staff acknowledged their duty to report and were aware of first responder duties. Security staff carry a first responder pocket card.</p> <p>Based on this information, the auditor has determined that IMSI meet the requirement of this standard.</p>
--	--

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC Policy 606.02.01.001 Volunteer Services</p> <p>Volunteer Application</p> <p>PREA Volunteer Agreement</p> <p>Volunteer Lesson Plan</p> <p>Training Sign-In Sheets for Medical Contractors</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator</p> <p>Medical Contract Interview</p> <p>Volunteer Interview</p>

	<p>115.32(a)(b)(c) IDOC policy require that all volunteers and contractors who have contact with residents receive PREA training. The training incorporates all the requirements of this standard.</p> <p>Interview with the medical contractor revealed that she receives the PREA annual training from the contractor, Centurion. She was knowledgeable of her duty to report, limits to confidentiality, evidence protocol, and on-going medical needs. Interview with the Mental Health contractor revealed she was knowledgeable about PREA and her duty to report and limits to confidentiality. She received initial training from Centurion and yearly In-Service training through the facility. Interview with the religious volunteer revealed that she was aware of the duty to report, and protocol to protect the alleged victim and physical evidence. She indicated that she had just completed annual training. The auditor reviewed training records for 6 volunteers and 2 contract staff.</p> <p>Based on this information, the auditor has determined that IMSI is in compliance with this standard.</p>
--	--

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.33</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>IMSI Living Guide (Handbook) on tablet</p> <p>American Sign Language Contract</p> <p>Language Link Contract</p> <p>PREA on JPay Kiosk</p> <p>PREA Posters</p> <p>Orientation Sign-In Sheets</p>

INTERVIEWS:

Random Resident Interviews

Facility PREA Compliance Manager

115.33(a-f) IDOC policy requires that residents receive orientation on facility rules and regulations as well as PREA during intake. IMSI does not have a process for Intake. Residents are placed in the unit they will be assigned and they are shown a video and given a PREA pamphlet when the medical assistants do the PREA Screening. IMSI has recently began conducting PREA Screening and resident orientation. 2 medical assistants have been assigned to conduct the PREA Screening within 72 hours of resident arrival. There is no orientation provided during intake. A copy of PREA brochure and residents' rights and responsibilities are available for review on resident tablets if they have one, and on the unit kiosk that is available during a resident's recreation time. During the on-site tour, the auditor noted the PREA information throughout the facility. Resident interviews revealed that residents were aware of what PREA is and their right to be protected from abuse and harassment. They were aware of multiple ways to make a report of an allegation and felt comfortable with talking to staff if needed; however, the majority of residents interviewed stated they would use a concern form. The auditor had a resident utilize the hotline to make a report and it was a recording in which they could leave a message. The recording was immediately received by the Agency PREA Coordinator. The auditor interviewed 20 random residents and 19 targeted residents.

The auditor interviewed residents with physical, cognitive, and mental disabilities. The residents indicated that their disability did not prevent them from understanding the PREA information and they knew how to make a report if needed. The auditor noted that PREA information was posted in each housing unit and in common areas around the facility to include the visiting area; however, due to the security of the units, the information cannot be placed in areas readily accessible or easy to read.

All residents were given a PREA Brochure in the housing units in January, 2024. Resident orientation on PREA was not sufficient and the facility will be placed in a Corrective Action period to provide ongoing education to the population and have a steady and consistent show of providing PREA education upon intake.

Corrective Action Plan: ISMI will show a PREA video to residents during the 72 hour

	<p>PREA Screening. Signed Resident Acknowledgement of PREA will be utilized to show compliance with this standard and will be provided to the auditor monthly during the corrective action period along with a roster to show new commitments to the facility for that month. Residents that receive PREA education during the 72 hour screening will sign a PREA orientation form and those will be submitted to the auditor monthly. The facility will send forms for July, 2024 by August 30, 2024 and continue through October 30, 2024 in which the auditor will review to determine if corrective action should be extended.</p> <p>Corrective Action Plan Update: The auditor received a PREA Education Tracking Form in which residents signed that they have received the PREA comprehensive training and education information. The sign in sheets were for August, September, and October. The residents are shown a video during the PREA intake screening. The auditor received photo evidence of the video.</p> <p>The facility has demonstrated its commitment to educate residents on PREA at Intake and provide continuous education through pamphlets, posters and video.</p> <p>Based on this information, the auditor has determined that IMSI is not in compliance with this standard.</p>
--	---

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>IDOC SOP 504 Investigations and Intelligence Program</p>

	<p>Certificate of Completion for Investigator Training</p> <p>IDOC Investigator Training Curriculum</p> <p>INTERVIEWS:</p> <p>Staff Investigator</p> <p>115.34(a)(b)(c)(d) IDOC Policy 149 requires agency investigators to complete training regarding the investigation of sexual abuse in a confinement setting. The facility has 3 investigators assigned to conduct PREA investigations. The auditor reviewed the Certificate of Completion for the facility investigator training. The auditor interviewed 1 of the facility investigators.</p> <p>The facility investigator demonstrated understanding of requirements of this standard and was able to communicate steps in the investigative process, and collection of physical evidence. The auditor reviewed 10 investigation files and found the reports to be thorough and complete. Notifications to the resident were included.</p> <p>Based on the information provided, the auditor has determined that IMSI is in compliance with this standard.</p>
--	---

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p>

	<p>Certificate of Training for Medical Staff</p> <p>In-Service Training Curriculum</p> <p>Sign-In Training Attestation for Mental Health Staff</p> <p>INTERVIEWS:</p> <p>Contract Nurse</p> <p>Clinical Health Supervisor</p> <p>115.35(a)(b)(c)(d) IDOC Policy 149 requires that all medical and mental health staff receive yearly training on PREA to include a duty to report, confidentiality limits, and on-going care. The auditor interviewed the nurse contractor for Centurion and she was very knowledgeable about how to treat and care for a victim of sexual abuse. She indicated that she receives annual training through Centurion and IDOC. The auditor interviewed the Mental Health Supervisor and she ensures that staff receive their annual in-service training for PREA. All mental health and medical staff have received the required specialized training on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment, victim identification, interviewing, reporting and clinical interventions. The auditor reviewed the lesson plan for the training and the acknowledgement receipts to indicate that they received and understood the training as it relates to the PREA.</p> <p>Based on the information provided, the auditor has determined that IMSI is in compliance with this standard.</p>
--	---

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.41
	DOCUMENTS:

IDOC SOP PREA Screening and Cautions

IDOC Policy 149 Prison Rape Elimination

Sample Screening Forms

INTERVIEWS:

Intake Staff

Case Managers (30 Day Assessment)

Medical Assistants (72 Hour Assessment)

Resident Interviews

Facility Compliance Manager

Agency PREA Coordinator

15.41 (a-i) IDOC policy and procedures governing this standard indicate that all residents are to be assessed during the intake screening process for their risk of being sexually abused by other residents or being sexually abusive toward other residents and reassessed within 30 days of arrival. Policy additionally govern that all residents that transfer from other facilities will be screened again.

The auditor found that IMSI did not have an Intake process in which the residents are provided information or an overview of the facility or given PREA information.

Residents are given the PREA Screening and shown a PREA video during the 72-hour screening in their respective housing units by a medical assistant who has been tasked with this duty. This process only began in March, 2024. IMSI has several units in which residents are single celled or on lockdown or double bunked. The residents have a period of time in which 8 to 16 residents may be out on the unit together.

There are two units that are open that house the facility workforce. IMSI had not been conducting the risk screening until March 2024. 41 risk screenings were provided in the PAQ; however, most were not completed within the 72 hours and not all had been given a reassessment within 30 days. Residents were not being required to acknowledge that they received the PREA information.

The first part of the screening is to determine risk of vulnerability or victim and then the second part of the instrument is to determine the risk of being a predator or sexual assaultive offender. If there is a positive response in 4 or more categories, it will trigger a housing alert within the system for the housing supervisor. In interview with the medical assistants who are conducting the screening and observation of the process, it is determined that the resident can be adequately screened in a private setting to make this determination during this process. It is conducted in an office on the housing unit and may not be overheard by other residents. This screening is conducted within 72 hours; however, the resident will have been assigned housing prior to that process taking place. The housing supervisor has access to the resident history and can see if there have been previous alerts or triggers for potential victim or abuser prior to assigning a bed. They are not utilizing the current screening to make that determination. Residents are asked if they would like a referral to mental health for those who disclose prior abuse or victimization. The system will trigger a housing alert for residents who score as either victim or abuser. The case managers are responsible to conduct the 30-day reassessment screenings for all residents. The auditor found that this process was not consistent. Residents interviewed did not recall being seen by the case manager after arrival and being asked about their perception of their safety and how are they adjusting. The PREA Coordinator indicated that if the resident did reveal information different from the initial assessment, the case manager can add the information and a new score can be generated. The PREA Coordinator also indicated that IMSI is a Maximum Security facility that is primarily on lockdown with controlled movement. Residents are allowed contact with each other on a limited basis and some have a cellmate. There is opportunity for a PREA incident and screening for risk can help reduce that possibility.

The auditor reviewed a sample of 64 Risk Screening forms for both 72 hour and 30 day reassessment and found that they had not all been completed timely. The facility and PREA Coordinator are aware that this process needs additionally work.

Based on this information, the auditor determines that IMSI does not meet the requirement of this standard and the facility will be in a Corrective Action Plan.

Corrective Action Plan: The facility will provide 72 hour screenings for a minimum of 6 new commitments monthly and if it is less than 6, they will send all transfers and new commitment screenings along with their 30 reassessments monthly and the resident signed acknowledgement forms indicating that they received PREA information. The facility will provide a roster to show the new commitments date of arrival to compare when the 72 hour screening and 30 day reassessment took place. Beginning August 15th, they will send screenings for July and continue monthly for 3 months and then the auditor will assess their process to determine if the corrective action will continue.

	<p>Corrective Action Plan Update: The facility provided the author with an additional 20 initial risk screenings and 20 30 day reassessment screenings for August, September and October. Based on this information, it is determined that IMSI has demonstrated its commitment to conduct risk screenings as required by this standard.</p> <p>Based on this information, the auditor determines that IMSI is in compliance with the requirement of this standard.</p>
--	---

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.42</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>Sample Screening Assessments</p> <p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>Case Manager</p> <p>Agency PREA Coordinator</p> <p>115.42 (a-g) IDOC policy and procedures state that risk screening information is used</p>

to determine housing, bed, work, education, and program assignments, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Determinations for these assignments are made on a case-by-case basis. At the time of the audit IMSI had 4 transgender and no intersex residents assigned to general population.

Placement and programming assignments for transgender or intersex residents would be reassessed at least once every six months. The auditor received documentation of the 6 month reviews for transgender residents. Policy states that a transgender or intersex resident's own view with respect to his/her own safety should be given serious consideration when making these assignments. Transgender and intersex residents would be given the opportunity to shower, dress and use the toilet facilities separately from other residents. The auditor interviewed 3 transgender residents and they stated that they had no concerns regarding their safety and they could shower privately.

During the on-site tour, the auditor observed that the housing unit showers have a full security door in the lockdown units and shower curtains for each shower in the open units and residents may shower and not be viewed by staff or other residents.

The auditor reviewed 41 sample files for application of the risk screening and interviewed (2) staff that conduct risk screenings. It was determined that the risk screening is not conducted timely (18) and (11) not conducted at all. When the data is entered into the electronic file a housing alert would highlight if the resident scored as a victim or abuser. The housing supervisor would be alerted when they make a housing assignment.

Based on this information, the auditor determines that IMSI is not in compliance with this standard and a corrective action plan is required.

Corrective Action Plan: The facility will provide 72 hour screenings for a minimum of 6 new commitments monthly and if it is less than 6, they will send all transfers and new commitment screenings along with their 30 reassessments monthly and the resident signed acknowledgement forms. If the assessment triggered a housing alert, they will send a potential victim and potential abuser roster with housing assignment to show that housing was assigned appropriately. Beginning August 15th, they will send screenings and rosters for July and continue monthly for 3 months and then the auditor will assess their process to determine if the corrective action will continue.

Corrective Action Plan Update: The facility provided the auditor 20 initial risk

	<p>screenings. 11 of those scored out for a PREA housing alerts. The screenings were for August, September, and October.</p> <p>Based on this information, the auditor determines that IMSI is in compliance with this standard.</p>
--	--

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.43</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>Special Housing Supervisor</p> <p>Warden</p> <p>115.43(a-e) IDOC Policy #149 defines and designate administrative detention status and its authorized uses. Residents held in this status would receive a status review every 30 days. Residents in this status would receive regular programming on a limited basis. According to the PAQ, IMSI had one resident held in protective custody in the last 12 months as a result of making an allegation of sexual abuse. The auditor reviewed the administrative detention form and it revealed that the resident made false statements of PREA allegations against a number of residents while at another facility and was transferred to IMSI for protective custody. The auditor does not feel</p>

	<p>that this circumstance meets the intent of this standard as involuntary segregation since the transfer was the other facility's response to the resident's action in their facility.</p> <p>The auditor interviewed the Segregation Lt. and he confirmed that there was one resident in protective custody or a special management status due to making an allegation of sexual abuse; however, the allegation was not made at IMSI. The auditor reviewed the administrative detention admission form and the 7 day status review for this resident. The resident was held in this status for XX days pending transfer.</p> <p>Based on this information, the auditor determines that IMSI is in compliance with this standard.</p>
--	--

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>Idaho State Sheriff Association - MOU</p> <p>Agency Website</p> <p>Incident Reports</p> <p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>Agency PREA Coordinator</p>

Random Staff Interviews

Random Resident Interviews

115.51 (a)(b)(c)(d) IDOC policy states that they will provide multiple ways for a resident to report a PREA allegation. PREA Hotline number is a recorded line. If a message is recorded, it is immediately transferred to the PCM, PREA Coordinator, and Facility Investigator as a text message. This number is also provided on the facility website for the public and on the PREA signage around the facility. The facility has a MOU with Idaho Sheriff's Association as a 3rd Party reporting; however, it is for a mail-in report only. It would not be an immediate response. Interview with the mailroom staff indicated that any mail addressed to Idaho Sheriff's Association is treated as confidential mail and not opened. These avenues to report meet the mandates of this standard.

In interviews with random residents, it was determined that they are aware of the multiple ways in which they could make a report. According to the PAQ, there have been 64 allegations reported during the review period. The auditor asked each of the 20 random residents during interviews if they had made a report. They stated that they had not made a report at IMSI; however, one resident stated he had made a report on behalf of another resident. The auditor interviewed 19 targeted residents of which 2 had made a report at IMSI and 5 were prior victims that had reported at other facilities. A review of supportive documentation and staff/resident interviews indicated that there are multiple ways (verbally, in writing, anonymously, privately, and from a third party) for residents to report sexual abuse/sexual harassment. The facility has procedures in place for staff to document all allegations. The facility provided staff incident reports to demonstrate that staff report any allegations made to them during their shift. The auditor found PREA signage throughout the facility and in the housing units. The auditor recommended that additional signage be added in the non-contact visiting area for the visitor side. The auditor found during the on-site visit that posters and signage was not prominently displayed which would draw attention to the posters and suggested that a separate bulletin board or area be designated for PREA. The auditor suggested that the PREA Hotline number be placed directly on the resident phones. The residents interviewed indicated that telling a staff member or using a concern form were the main ways that they would report. The auditor had a resident call the hotline and verify that it is operational. The message was immediately received by the PREA Coordinator and PCM.

Based on this information, it is determined that IMSI is in compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.52

DOCUMENTS:

IDOC Policy SOP 316.02.01.001 Grievance

IDOC Policy 149 Prison Rape Elimination

INTERVIEWS:

Facility PREA Compliance Manager

Random Resident Interviews

115.52 (a-g) IDOC policies address the mandates of this standard. All allegations of sexual abuse/sexual harassment, when received by staff, will immediately be referred for investigation. Residents are not required to use an informal grievance process and procedures also allow a resident to submit a grievance alleging sexual abuse/sexual harassment without submitting it to the staff member who is the subject of the complaint. Additionally, policy also prohibits the investigation of the allegation by either staff alleged to be involved in the incident or any staff who may be under their supervision.

Policy states that there is no time frame for filing a grievance relating to sexual abuse/sexual harassment. Policy also addresses the filing of emergency administrative remedy requests. If a resident files the emergency grievance with the institution and believes he is under a substantial risk of imminent sexual abuse he will receive an expedited response. The PAQ indicated that no emergency grievances were received in the past 12 months and no allegations received using the grievance process. There is no prohibition that limits third parties, including fellow residents, staff members, family members, attorneys, and outside victim advocates in assisting residents in filing requests for grievances relating to allegations of sexual abuse or filing such requests on behalf of residents. There were no grievances alleging sexual abuse that involved an extension due to the final decision not being reached within 90 days. Additionally, there were no grievances alleging sexual abuse filed by

	<p>residents in which the resident declined third-party assistance. Residents are held accountable for manipulative behavior and false reporting.</p> <p>The auditor observed the grievance boxes during the on-site tour. Based on this information, the auditor has determined that IMSI is in compliance with this standard.</p>
--	---

115.53 Inmate access to outside confidential support services	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.53</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>MOU with Advocacy Against Family Violence</p> <p>PREA Brochure</p> <p>MOU with Just Detention International</p> <p>INTERVIEWS:</p> <p>Agency PREA Coordinator</p> <p>Resident Interviews</p> <p>Medical Staff Interview</p> <p>Interview with AAFV Victim Advocate</p> <p>115.53(a)(b)(c) Just Detention International offers emotional support packets via the mail. IMSI has a MOU with the Advocacy Against Family Violence Center to provide emotional support at the hospital and to act as a victim advocate. The auditor</p>

	<p>interviewed the Assistant Director of AAFV and she indicated that they would provide whatever services that were needed to assist the residents.</p> <p>Resident interviews revealed that they would feel confident utilizing these services and felt that their conversations would remain private. Residents acknowledged that the information is available and accessible if they needed it.</p> <p>Based on this information, the auditor has determined that IMSI is in compliance with this standard.</p>
--	--

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>PREA Website</p> <p>PREA Brochures</p> <p>MOU with Idaho State Police</p> <p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>Staff Interviews</p> <p>Resident Interviews</p>

	<p>115.54 (a) IDOC Policy 149, and the PREA Posters outline the ways in which a resident or staff can make a third party report of a sexual abuse or sexual harassment allegation. The Resident Living Guide Handbook is available on resident tablets and unit Kiosk. The IDOC website meet the requirements of this standard. The handbook also provides third party phone numbers and addresses.</p> <p>The random residents interviewed indicated they were aware of third-party reporting. The random staff interviewed indicated that they were aware that a resident could make a third party report. The PREA posters listed the ways in which a report could be made. According to the PAQ and review of investigative files, there were no allegations received via 3rd party.</p> <p>Based on this information, it is determined that IMSI meet the requirements of this standard.</p>
--	---

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.61</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149, Prison Rape Elimination</p> <p>INTERVIEWS:</p> <p>Random Staff</p> <p>Medical/Mental Health Staff</p> <p>Volunteer</p> <p>115.61 (a) (b) (c) (d) (e) IDOC policy 149 outline the duties of security and non-</p>

security first responders and meet the mandates of this standard. Staff, contractors, and volunteers must report and respond to allegations of sexually abusive behavior, regardless of the source of the report.

Interviews with Random staff members indicated they were aware of their duty to immediately report all allegations of sexual abuse, sexual harassment, and retaliation relevant to the PREA standards. The reporting is made to the immediate supervisor or any security staff in the area if the person receiving the report is non-security. They were aware that all reports are to be documented in writing before the end of their shift. Interview with a volunteer and contract staff also revealed that volunteers and contractors receive training on their duty to report. The facility is able to house vulnerable residents under the age of 18; however, they are housed separately from the adult population with sight and sound separation.

Medical and Mental Health staff interviews confirmed that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

Based on a review of established policy and interviews with staff it is determined that IMSI is in compliance of this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.62 DOCUMENTS: IDOC Policy 149, Prison Rape Elimination INTERVIEWS:

	<p>Agency Head</p> <p>Agency PREA Coordinator</p> <p>Facility PREA Compliance Manager</p> <p>115.62 (a) IDOC Policy Prison Rape Elimination outlines the duties of security and non-security first responders. The policy state upon security staff learning of an allegation that a resident was sexually abused, or is in imminent risk of abuse staff shall take steps to ensure preservation of the area in which the alleged abused occurred including requesting that the alleged victim and abuser not take any action that may destroy physical evidence including changing clothes, bathing, brushing teeth, urinating, defecating, drinking, or eating., etc. If the first staff responder is not a security staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. There were no non-security staff that served as a first responder. According to the PAQ, there were no allegations reported that a resident was at imminent risk. All staff interviewed were aware of first responder duties.</p> <p>Based on a review of the policy and through interviews with staff and residents, it is determined that the facility is in compliance with this standard.</p>
--	---

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149 Prison Rape Elimination</p> <p>INTERVIEWS:</p>

Facility Director

Facility PREA Compliance Manager

115.63 (a) (b) (c) (d) IDOC Policy #149 Prison Rape Elimination meets the requirements of this standard. Policy requires that any resident allegation of sexual abuse that occurred while confined at another facility be reported to the head of the facility where the alleged abuse occurred within 72 hours of receipt of the allegation. Procedures are in place that require the Facility Director to immediately notify the Director of the other confinement facility, in writing, of the nature of the sexual abuse allegation. The notification is to occur as soon as possible, but always within 72 hours of receiving the allegation. Policy also requires that an investigation be initiated.

According to the PAQ, in the past 12 months, there were 2 allegations by a resident that they were sexually abused while housed at another facility. The investigator from IMSI conducted an investigation into each incident; however, there is no indication that the other facility Warden was notified of the allegation or the outcome of the investigation. The investigator and PCM clarified that in one of the cases they were able to determine that the alleged abuser was not at the alleged facility at the time the resident stated he was abused so the allegation was closed as unfounded. The other incident was also investigated and the shift commander from IMSI notified the shift commander at the other facility. It was determined that the resident had filed a PREA allegation at that facility and it was investigated and determined unfounded. He wanted IMSI to reinvestigate the allegation. The incident provided in the PAQ did not have the CEO to CEO notice; however, there was shift commander to shift commander notification. The facility reports that they were not notified by another facility that a resident made an allegation that they had been assaulted while confined at IMSI.

Based on a review of agency policy, interviews with Facility Director, PREA Compliance Manager, PREA Coordinator and investigative staff it is determined that IMSI is in compliance with this standard.

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.64

DOCUMENTS:

IDOC Policy #149 Prison Rape Elimination

First Responder Refresher Cards

INTERVIEWS:

Random Staff

Medical/Mental Health Staff

Volunteer

115.64 (a) (b) Agency policies and procedures state that upon staff learning of an allegation that an resident was sexually abused, staff shall take steps to ensure preservation of the area in which the alleged abused occurred including requesting that the alleged victim and abuser not take any action that may destroy physical evidence including changing clothes, bathing, brushing teeth, urinating, defecating, drinking, or eating., etc. If the first staff responder is not a security staff, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

Interviews with random staff indicated that they were aware of first responder duties. According to the PAQ, there were 2 incidents in which the first responder needed to separate the alleged victim and abuser and preserve the scene to collect physical evidence. Additionally, the PAQ indicated that there were 4 incidents in which the first responder was a non-security staff person. The auditor interviewed two security staff members who were first responders to an active incident. They indicated that they followed the first responder protocols. The facility has developed policies that outline the responsibilities of security and non-security staff first responder responsibilities. First responder duties are also included during the annual cycle training. Security staff carry a "first responder" refresher card which details their

	<p>response to an incident.</p> <p>Based on interviews and review of policy it is determined that IMSI is in compliance with this standard.</p>
--	---

115.65 Coordinated response	
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.65</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>Memo to Staff from Facility Director</p> <p>PREA Checklist</p> <p>INTERVIEWS:</p> <p>Facility Director</p> <p>Facility PREA Compliance Manager</p> <p>115.65 (a) IDOC Policy #149 address the mandates of this standard. Staff are required to take actions to secure the resident and protect the crime scene if staff become aware in time to collect physical evidence. After learning of an allegation that a resident was sexually abused, the first staff member responding to the report shall notify the supervisor, separate the alleged victim and assailant, preserve and protect the crime scene, if applicable, until the appropriate steps can be taken to collect any evidence, monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including washing, brushing teeth, changing clothes, urinating, defecating, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence. The responding supervisor will ensure that the alleged victim and abuser are taken to medical and mental health services for examination and</p>

	<p>evaluation.</p> <p>IMSI has a PREA Response Checklist that provides detailed guidance to employees regarding the expected coordinated actions to take place in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>Interviews with random staff and medical and mental health staff revealed that staff were aware of the process and procedures for a first responder.</p> <p>Based on the results of staff interviews it is determined that IMSI meet the mandates of this standard.</p>
--	--

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.66</p> <p>DOCUMENTS:</p> <p>PAQ</p> <p>Memo from Agency PREA Coordinator re: No Union</p> <p>INTERVIEWS:</p> <p>Agency Head</p> <p>Agency PREA Coordinator</p> <p>115.65(a)(b)Based on the auditor review of the agency website and interviews with the Agency Head, it is determined that IMSI does not operate under a collective</p>

	<p>bargaining agreement. There is no evidence that the agency's ability to remove an alleged staff abuser from contact with residents pending outcome of an investigation is prohibited.</p> <p>It is determined that the agency is in full compliance with this standard</p>
--	---

115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.67</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>Example of Retaliation Monitoring Form</p> <p>INTERVIEWS:</p> <p>Facility PREA Compliance Manager</p> <p>115.67 (a - f) IDOC has a policy and procedure that govern the mandates of this standard. The policy prohibits any type of retaliation against any staff or resident who reports sexual abuse or sexual harassment or cooperates in related investigations. The monitoring of any type of retaliation is conducted for at least 90 days or longer if warranted. Policy outlines the protection measures available and requires the prompt re-mediation of any type of retaliation. The facility has designated the PREA Compliance Manager as the Retaliation Monitor.</p> <p>The PAQ indicated that there were 64 allegations of sexual harassment and sexual abuse during the monitoring period. The auditor interviewed 2 residents that reported abuse at IMSI during the on-site visit and was monitored on retaliation monitoring. The auditor reviewed the retaliation monitoring form and found that the PCM met with</p>

the resident immediately following the allegation and then again at 30 days. However, the PCM did not continue the monitoring through the 90-day period. The facility established an Incident Review Team; however, the team has not met. The PCM will began a Monthly Meeting schedule for a facility walk-through if there are no cases to be reviewed during that time. The PCM had been conducting the Incident Review by himself.

Based on the interview conducted with PCM and review of the retaliation monitoring forms it is determined that IMSI is not in compliance with this standard. A corrective action plan is required.

Corrective Action Plan: Retaliation monitoring is to continue for 90 days at a minimum and extended if required. The PCM is to send the auditor any retaliation monitoring forms conducted monthly starting August 30, 2024 for any allegations that occur in July and then monthly until October 30, 2024. The auditor will assess if there is a continued need for additional forms.

Corrective Action Plan Update: the Facility provided the auditor with Retaliation Monitoring forms for 2 sustained cases of Sexual Harassment in which there were two contacts with the victim. The facility provided monitoring forms for 4 unfounded cases with the initial contact at time of allegation. The facility provided monitoring forms for 2 on-going Sexual Abuse cases in which the monitoring has continued past 90 days.

Based on the information received for August, September and October that demonstrates the facility's commitment to PREA and providing appropriate retaliation monitoring, it is determined that IMSI is in compliance with this standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.68
	DOCUMENTS:

	<p>IDOC Policy #149 Prison Rape Elimination</p> <p>INTERVIEWS:</p> <p>Segregation Lt</p> <p>Higher Level Staff</p> <p>115.68 (a) (b) IDOC policy and procedures meet the mandates of this standard and states that inmates who allege to have suffered sexual abuse may not be placed in involuntary segregated housing, unless an assessment of all available alternatives has been made and there is a determination that there is no available alternative means of separation from likely abusers. Additionally, to the extent possible, access to programs, privileges, education, and work opportunities are not limited to inmates placed in the protective custody. The facility would document the reasons for restricting access to programs and the length of time the restriction would last. The PAQ indicated that there was one resident held in involuntary segregation housing for one to 24 hours awaiting completion of assessment and none held in involuntary segregation housing for longer than 30 days while awaiting alternative placement in the past 12 months. The auditor reviewed the administrative detention form and housing status review forms.</p> <p>Based on interviews with staff and review of policy and procedures, it is determined that IMSI is in compliance with this standard.</p>
--	---

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.71</p> <p>DOCUMENTS:</p> <p>IDOC Policy 149, Prison Rape Elimination</p>

IDOC SOP #504.02.01.001 Investigation and Intelligence Program

IDOC SOP #150.01.01.006 Administrative Investigations

Training Certificate of Investigator

INTERVIEWS:

Facility Investigator

Facility PCM

Facility Director

115.71 (a - l) IDOC policy and procedures address the mandates of this standard.

IDOC policies and procedures require a prompt, thorough, and objective investigation of all allegations, including from third parties, of sexual abuse or sexual harassment from a resident or staff member or third party. Policy requires that the investigator collect and use any available physical and DNA evidence, video data, and interview any alleged victim, alleged abuser, or witness and assess their credibility.

IDOC policies also require that investigations are performed by persons who have received specialized training to conduct such investigations. Written reports are required that contain a description of the physical evidence, testimonial evidence, investigative facts and finding and the reasoning that determines credibility.

In accordance with PREA standards, during the course of such investigations, the Agency shall impose no standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or harassment are substantiated.

The facility investigators conduct administrative investigations at IMSI. If the allegation is referred for a criminal investigation the Idaho State Police will conduct the investigation. The credibility of an alleged victim, suspect or witness is assessed on an individual basis and is not determined by the person's status as resident or staff. The Facility does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth assessment device as a condition for proceeding with the investigation of such an allegation. The auditor interviewed 1 facility investigator and reviewed his training record and certificate of completion for investigative coursework.

	<p>According to the PAQ, there were 64 allegations received in last 12 months and 1 was referred for criminal investigation. The auditor reviewed 11 investigative case files and determined that the interviews and information collected were sufficient to make a finding of either substantiated, unsubstantiated, or unfounded. The auditor reviewed the case file for the 1 case referred for criminal prosecution. ISP declined to prosecute and the case was referred back to the investigator for completion of the administrative process.</p> <p>Based on the review of agency policies and procedures, and interviews with facility investigators, it is determined that IMSI is in compliance with this standard.</p>
--	--

115.72	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.72</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>Directive #116.02.01.001 Custody of Evidence</p> <p>IDOC Policy #504.02.01.001 Investigation & Intelligence Program</p> <p>INTERVIEWS:</p> <p>Facility Investigator</p> <p>115.72 (a) IDOC policies and procedures meet the mandate of this standard. The evidence standard is a preponderance of the evidence in determining whether administrative allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The PREA Investigator training provide in-depth clarification of this standard and the investigators assigned to IMSI have completed the training. Interview with the facility investigator determined he was aware of the evidentiary standard.</p>

	Based on the review of agency policy and procedures, interview with the facility investigator, and a review of a sample investigation case file it is determined that IMSI is in compliance with this standard.
--	---

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.73</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>IDOC SOP #504 Investigations and Intelligence Program</p> <p>Sample of Resident Inform of Findings Form</p> <p>INTERVIEWS:</p> <p>Facility Investigator</p> <p>115.73 (a - f) IDOC policies and procedures address the mandates of this standard. The facility has a policy requiring any resident who makes an allegation that he suffered sexual abuse or sexual harassment at IMSI facility be informed, in writing, whether the allegation has been determined to be unsubstantiated, substantiated or unfounded, at the conclusion of the investigation. When an allegation involves staff, the resident would be informed if the staff member is no longer posted within their housing unit, is no longer employed at the facility, if the staff member was indicted on a charge related to sexual abuse within the facility or the Facility learned that the staff member was convicted on a charge related to sexual abuse. These findings would also be communicated to the resident if the investigation was completed by an outside agency.</p>

When a resident's allegation that he has been sexually abused by another resident, the agency subsequently informs the alleged victim whenever the agency learns that the alleged abuser has been indicted or convicted on a charge related to sexual abuse within the facility.

The PAQ indicated that there were 42 administrative/criminal investigations completed during the past 12 months. A review of a sample of investigation files revealed that there was documentation that the resident had been notified in writing as to the outcome of the investigation. The auditor interviewed a resident who reported sexual harassment against a staff member and he indicated that he was informed of the outcome of the investigation and also informed that the staff member was no longer employed at IMSI. The auditor interviewed a resident who had reported sexual abuse and he indicated that he had been advised of the outcome of the investigation. The PAQ indicated that notifications were provided to 17 residents who alleged abuse. The investigators have not been consistent in providing notification for all allegations received and investigated.

Based on a review of the information provided, it is determined that IMSI is not in Compliance with this standard.

Corrective Action Plan: The facility will need to provide the Notification to Resident Form for the outcome of investigation for all allegations investigated from July, 2024 through October, 2024. The PREA Log to indicated the allegation received is to be submitted to indicate date allegation received, date allegation investigated and date completed and when notification of outcome was provided is to be provided to the auditor monthly beginning August 30 for July and continue monthly.

Corrective Action Plan Update: The facility provided a Sexual Abuse/Sexual Harassment Checklist that indicates the date of the incident, when investigation began and concluded and when notification was provided. The facility also provided the Notification of Findings form for 5 investigative findings. 2 cases are still on-going.

Based on a review of the information provided, it is determined that IMSI is in Compliance with this standard.

115.76	Disciplinary sanctions for staff
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 300">Auditor Discussion</p> <hr/> <p data-bbox="256 340 360 376">115.76</p> <p data-bbox="256 483 432 519">Documents:</p> <p data-bbox="256 627 791 663">IDOC Policy # 219 Sexual Misconduct</p> <p data-bbox="256 698 983 734">IDOC SOP #205 Staff Corrective Disciplinary Action</p> <p data-bbox="256 770 663 806">IDOC SOP Staff Terminations</p> <p data-bbox="256 842 1046 878">IDOC SOP #217.07.01.001 Ethics/Standards of Conduct</p> <p data-bbox="256 985 440 1021">INTERVIEWS:</p> <p data-bbox="256 1128 480 1164">Facility Director</p> <p data-bbox="256 1200 624 1236">Agency PREA Coordinator</p> <p data-bbox="256 1272 746 1308">Facility PREA Compliance Manager</p> <p data-bbox="256 1344 730 1379">Facility Human Resource Director</p> <p data-bbox="256 1415 536 1451">Facility Investigator</p> <p data-bbox="256 1559 1469 1800">115.76 (a) (b) (c) (d) Facility policies and procedures address the mandates of this standard. Staff members are subject to disciplinary sanctions for violating Facility sexual abuse or sexual harassment policies. Discipline would be 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.</p> <p data-bbox="256 1908 1430 1989">According to the PAQ, there have been no staff disciplined for allegations of sexual abuse or sexual harassment and none reported to law enforcement.</p>

	Based on the review of policies and procedures and interviews with the investigative staff and Human Resource Manager it is determined that IMSI is in compliance with this standard.
--	---

115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.77</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>IDOC SOP #606.02.01.001 Volunteer Services</p> <p>IDOC Policy # 205.07.01.001 Corrective and Disciplinary Action</p> <p>IDOC Policy #219 Sexual Misconduct with Offenders</p> <p>INTERVIEWS:</p> <p>PREA Compliance manager</p> <p>Volunteer</p> <p>Contract Medical</p> <p>115.77 (a) (b) IDOC Facility policies and procedures address the mandates of this standard. Any contractor or volunteer who engages in sexual abuse/sexual harassment would be prohibited from contact with residents and would be reported to the appropriate investigator and law enforcement or relevant professional licensing/certifying bodies unless the activity was clearly not criminal in nature. In cases that were not criminal in nature, the facility would take appropriate remedial measures and consider whether to prohibit further contact with residents.</p>

	<p>According to the PAQ, there were no incidents where a contractor or volunteer was accused of, suspected, or found guilty of sexual abuse or sexual harassment at IMSI during the past 12 months.</p> <p>Based on the review of policy and interviews it is determined that IMSI is in compliance with this standard.</p>
--	---

115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.78</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>IDOC SOP Resident Discipline</p> <p>IDOC SOP 219 Sexual Misconduct with Offenders</p> <p>IDOC SOP 318.0201.001 Discipline Procedures – Residents</p> <p>INTERVIEWS:</p> <p>Facility Director</p> <p>115.78 (a - g) IDOC Policies and Procedures address the mandates of this standard. The Resident Discipline Policy defines sexual assault of any person, involving non-consensual touching by force or threat of force, as the greatest severity level prohibited act. The policy identifies residents engaging in sexual acts and making sexual proposals or threats to another as a high severity level prohibited act. Consensual sex or sexual harassment of any nature is prohibited and will result in discipline. Consensual sex between residents does not constitute sexual abuse. Sanctions are commensurate with the nature and circumstances of the abuse committed, along with the resident’s disciplinary history and the sanctions imposed</p>

for comparable offenses by other residents with similar histories. Residents are subject to disciplinary sanctions pursuant to the formal disciplinary process defined in the Resident Discipline Policy.

According to the PAQ, there were 39 cases in which there was an administrative finding of resident on resident sexual abuse. There were 2 cases in which the resident received a disciplinary report. The disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the residents' behavior when determining what type of sanction, if any, should be imposed. The facility offers the alleged abuser therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse. The facility does not discipline residents who make an allegation in good faith, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Based on the policies and procedures and interview with the Facility Director it is determined that IMSI meets the mandate of this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149.01.01.00 PREA Screening & Cautions</p> <p>Informed Consent</p> <p>INTERVIEWS:</p> <p>Contract Medical</p>

Contract Mental Health

115.81 (a) (b) (c) (d) (e) Agency policies and procedures address the requirements of this standard. Medical Assistants conduct the initial PREA Screenings for the determination of risk. Medical Staff also conduct the risk screening form to determine if a resident requires a referral to Mental Health. Interview with the Health Service Administrator verified that medical staff conduct the screenings as part of their duties. He stated that the medical assistants go to the housing unit of the new arrival and conduct the screening in an office on the unit. He verified that if a resident discloses either prior victimization or prior abuse history, the medical staff will generate a referral to mental health. Interview with the medical assistants tasked with conducting the screening verified that when they conduct the assessment, they ask all of the screening questions and that the form does not allow them to move forward if a mental health referral is needed. The case managers are to conduct the 30 day reassessments and they can see all prior screenings and if a resident has disclosed as a prior victim or abuser. The auditor interviewed a case manager and she stated that if a referral had not been made and she felt there was a need, she would refer the resident. The auditor interviewed (5) residents who disclosed prior victimization during screening. They each indicated that they had been seen by mental health, but did not require on-going sessions. Verification that residents are referred to mental health and seen by mental health staff within 14 days was provided. Treatment services are offered without financial cost to the resident. This was confirmed by interview with the PREA Compliance Manager.

During interviews with Mental Health and Medical Staff they verified that they notify residents of their duty to report allegations of sexual abuse prior to their initial screening and medical reviews. They indicated that they would receive signed and dated informed consents from residents. The facility may house residents under the age of 18. These residents are kept sight and sound separate in the medical department from all adult residents. The information related to sexual abusiveness and/or sexual victimization is limited to health care, mental health practitioners and other staff on a need-to-know basis for security, treatment plans, program assignments, housing, work, and management decisions. IMSI has only recently began conducting the PREA Screenings since March, 2024. They had relied on the information already in the resident file from the Receiving Unit or prior facility to determine any risk to the resident. Based on this there is a need for a Corrective Action Plan.

Based on the information provided, it is determined that IMSI is not in compliance with this standard.

	<p>Corrective Action Plan: The facility will provide 72 hour screenings for a minimum of 6 new commitments monthly and if it is less than 6, they will send all transfers and new commitment screenings. If the assessment triggered a potential victim and potential abuser alert and a referral was made, they will send the PREA Referral Log from mental health to show resident was seen within the 14 days. Beginning August 15th, they will send screenings and rosters for July and continue monthly for 3 months and then the auditor will assess their process to determine if the corrective action will continue.</p> <p>Corrective Action Plan Update: The facility provided 20 initial screenings. 10 of these triggered a housing alert. 3 of these requested a clinical referral to mental health. The facility provided the clinical referral log which shows that the resident was seen.</p> <p>Based on the information provided, it is determined that IMSI is in compliance with this standard.</p>
--	--

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>115.82</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>Informed Consent forms</p> <p>INTERVIEWS:</p> <p>Clinical Supervisor</p> <p>Contract Medical</p> <p>Resident Who Reported Abuse</p>

	<p>115.82 (a) (b) (c) (d) IDOC policy and procedures address the requirements of this standard. Centurion Health Services provide contract services for medical and mental health services at IMSI. IDOC has policies and procedures in place to offer medical and mental health evaluation as appropriate, and treatment to all residents who have been victimized by sexual abuse. 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 or release. These services are provided to victims consistent with the community level of care. The facility medical and mental health personnel provide emergency medical services to residents. Facility policy prohibits resident co-pays for medical treatment to victims of sexual abuse and all treatment is offered at no financial cost to the resident. Resident victims of sexual abuse, while incarcerated, are offered information about and timely access to information on sexually transmitted infection prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.</p> <p>The auditor interviewed the Director of Nursing at St. Alphonsus Regional Medical Center and he indicated that they have SAFE/SANE nurses on each shift. He indicated that if one was not on duty at the time of the incident, they are on call and can respond within an hour.</p> <p>Compliance with this standard was determined by a review of policy/documentation and interviews with St. Alphonsus Nursing director and facility medical staff. The PAQ indicates that there were 25 residents who reported sexual abuse during the auditing period. There was 1 case in which a forensic exam was required.</p> <p>Based on interviews with medical staff it is determined that IMSI does meet the mandates of this standard.</p>
--	---

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83</p> <p>DOCUMENTS:</p>

IDOC Policy #149 Prison Rape Elimination

IDOC SOP 411.06.03.001 Co-Pay for Medical Service

INTERVIEW:

Contract Medical

Contract Mental Health

115.83 (a - h) IDOC policy and procedures address the requirements of this standards. The facility will provide sexually abused victims with medical and mental health services consistent with the community level of care. Resident victims of sexual abuse, while incarcerated, will be offered tests for sexually transmitted infections, as medically appropriate. All treatment services are 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.

The facility will 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. Health services include medical and mental health aftercare plans to be developed no later than 30 days prior to the anticipated date of release for residents subjected to sexual abuse. The facility would assist in the arrangement of referrals for continued care following their transfer to or placement in other facilities or after their release from custody, if needed. Victims would also receive timely and comprehensive information about and timely access to all necessary medical services.

The auditor interviewed the Health Service Administrator and he indicated that there is no co-pay for services and they would follow up with any resident sent out for medical care with the doctor's treatment plan. The Mental Health provider interviewed stated that any resident that has experienced abuse would be seen by mental health and that any resident charged with abuse would be seen by mental health. The PAQ indicated that there were 25 residents who reported sexual abuse during the auditing period.

Based on interview with medical and mental health staff, it is determined that IMSI meet the requirements of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.86</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>Sample Sexual Abuse Incident Review</p> <p>PREA Annual Reports</p> <p>INTERVIEWS:</p> <p>Agency Head</p> <p>Agency PREA Coordinator</p> <p>Facility PREA Compliance Manager</p> <p>115.86 (a) (b) (c) (d) (e) IDOC policies and procedures outline and identify the requirements and procedures for the completion of an incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be unfounded. The review shall ordinarily occur within 30-days of the conclusion of the investigation. The policy states the team will be comprised of a multi-disciplined team to serve on the review team. The facility PREA Compliance Manager shall document review in the report including recommendations for improvements. The report shall be submitted to the Facility Director who shall ensure implementation of the recommendations or document the reason for not following them. According to the PAQ, there were 7 investigations of sexual abuse that were unsubstantiated and required an Incident Review. The Incident Review Team has been established but they have not had a meeting. Therefore, the facility has not utilized a review team in a manner as outlined in the IDOC policies and standard provisions to include: 1) Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) 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; 3) Examine the area in the facility where the</p>

incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) Assess the adequacy of staffing levels in that area during different shifts; 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. 6) 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.

The auditor reviewed the 7 files and determined that an Incident Review was completed by the investigator and reviewed by the PCM but there was not a multi-discipline team meeting to review the files. The PCM has established a multi-disciplined team and they are scheduled to meet monthly unless there is a case completed and require a review. The team will have a meeting at least quarterly if they do not have a case to review they will do a walk around the facility to assess the facility needs from a PREA perspective.

Based on the review of IDOC policy and information provided, the auditor has determined that IMSI is not in compliance with this standard.

Correction Action Plan: If there is not a completed investigation by August 30, 2024, the Incident Review Team will meet as planned and minutes will be forwarded to the auditor for review. If there has been a case completed of abuse that is not unfounded, the team will meet within 30 days of the completion of the investigation and forward the team meeting to the auditor. This will continue monthly during the corrective action period.

Corrective Action Plan Update: The facility provided documentation of SAIR meeting agendas for months when there were no closed investigations. The facility provided a SAIR for 2 cases that are still on-going. The facility provided 1 SAIR for a completed investigation of Sexual Harassment.

Based on the review of IDOC policy and information provided, the auditor has determined that IMSI is in compliance with this standard.

115.87	Data collection
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion

	<p>115.87</p> <p>DOCUMENTS:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>SSV2 Report</p> <p>FY2022 Annual Report</p> <p>INTERVIEW:</p> <p>Agency PREA Coordinator</p> <p>115.87 (a-f) IDOC policies and procedures require that statistics on sexual incidents be collected in accordance with Bureau of Justice Statistics guidelines. The PREA Coordinator gathers data for the annual report on a continuing basis. She has provided the auditor a report for IMSI statistics year to date. The most recent agency annual report is for calendar year 2022. The report is available on the agency website.</p> <p>It is determined that the agency is in compliance with this standard and the PREA Coordinator exceeds the requirement of this standard as her data is in real time and easily accessible.</p>
--	--

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88</p> <p>DOCUMENTS:</p>

	<p>IDOC Policy 149 Prison Rape Elimination</p> <p>PREA FY 2022 Annual Report</p> <p>Agency Website</p> <p>INTERVIEW:</p> <p>Agency PREA Coordinator</p> <p>115.88(a-d) IDOC policy and procedures require that statistics gathered in the annual report be used to evaluate and improve operations to enhance resident safety. The annual reports are available on the agency website. The data for the 2022 annual report includes an analysis of the data compared to previous years and discuss changes considered to address issues raised by the data.</p> <p>It is determined that the agency is in compliance with this standard.</p>
--	--

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89</p> <p>DOCUMENT:</p> <p>IDOC Policy #149 Prison Rape Elimination</p> <p>INTERVIEW:</p> <p>Agency PREA Coordinator</p>

	<p>115.89 (a) (b) (c) (d) IDOC policy #149 Prison Rape Elimination addresses the requirements of this standard. Data is retained in a secure filing system. The annual report will not contain any personal identifiers and policy requires that the statistical data be retained for a period of no less than 10 years, unless federal, state, or local law requires otherwise. The Agency will make the information available on the IDOC website. The report will cover all data required in the elements of this standard.</p> <p>The PREA Coordinator interviewed provided that she is in the process of finalizing data for 2023. Compliance with this standard was determined by a review of the 2022 annual report, policy/documentation, review of the electronic system for data storage and retrieval and interview with the Agency PREA Coordinator.</p>
--	--

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401</p> <p>115.401 (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) This is the first time the facility has had a PREA Audit since activation. They are establishing the audit cycle for IMSI. There are no prior year reports. A review of the Idaho Department of Corrections website confirmed the posting of the PREA information. The IDOC ensures that IMSI will be audited within the appropriate audit cycle going forward.</p> <p>The auditor received confirmation of the PREA Audit Notice Posting on May 9, 2024. The notices were posted six weeks prior to the first day of the site visit on June 19, 2024. The PREA Audit Notice was identified as posted in the resident housing unit bulletin boards, and resident visitation. It was posted in areas that were fully accessible for viewing by staff, visitors and the resident population. The auditor did not receive any confidential mail from IMSI staff and/or the resident population prior to arrival at IMSI. However, two residents requested to speak with the auditor during the site visit. All residents selected by the auditor during the site visit cooperated with the interview.</p> <p>The auditor was provided full access to all buildings and areas during the tour and throughout the site visit. Areas observed during the site visit included but was not</p>

	<p>limited to the following: housing units, food service, medical, mental health, administrative offices, resident program areas, mailroom, visitation area, and recreation.</p> <p>The OAS was used to complete the audit process with a review period of April 1, 2023 – May 31, 2024. The auditor began identifying requested rosters and documentation via email on March 10, 2024, which was followed by numerous additional requests throughout the pre-audit phase and on-site visit via email, telephone calls and during the site visit. The auditor received all requested copies to include electronically stored relevant documents for review in a determination of compliance for numerous standards.</p> <p>It is determined that IMSI is in compliance with this standard.</p>
--	--

115.403	Audit contents and findings
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.403</p> <p>DOCUMENT:</p> <p>Agency Website at https://www.idoc.idaho.gov/content/prisons/prea</p> <p>INTERVIEW:</p> <p>Agency PREA Coordinator</p> <p>Annual reports for FY2022 are posted on the website for review. Audit Reports for several IDOC facilities are posted for review.</p> <p>Based on this information, it is determined that the Agency is in compliance with</p>

	this standard.
--	----------------

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

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

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

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

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

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

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

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

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

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

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

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

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

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

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

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

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a) Use of screening information		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b) Use of screening information		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c) Use of screening information		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

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

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

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

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

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

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

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

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

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

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

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

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

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

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

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

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

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

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

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

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

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

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

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

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