

# PREA Facility Audit Report: Final

**Name of Facility:** Idaho State Correctional Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 06/28/2024

**Date Final Report Submitted:** 12/04/2024

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"/>
<b>Auditor Full Name as Signed:</b> Alton Baskerville	<b>Date of Signature:</b> 12/04/2024

AUDITOR INFORMATION	
<b>Auditor name:</b>	Baskerville, Alton
<b>Email:</b>	alton.abm@preaauditors.com
<b>Start Date of On-Site Audit:</b>	05/21/2024
<b>End Date of On-Site Audit:</b>	05/23/2024

FACILITY INFORMATION	
<b>Facility name:</b>	Idaho State Correctional Center
<b>Facility physical address:</b>	14601 South Pleasant Valley Road, Kuna, Idaho - 83634
<b>Facility mailing address:</b>	

Primary Contact
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<b>Name:</b>	Teresa Jones
<b>Email Address:</b>	tjones@idoc.idaho.gov
<b>Telephone Number:</b>	208-605-4772

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Randy Valley
<b>Email Address:</b>	rvalley@idoc.idaho.gov
<b>Telephone Number:</b>	208-331-2760

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	Tim McKay
<b>Email Address:</b>	timckay@idoc.idaho.gov
<b>Telephone Number:</b>	208-331-2760

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Mary Stoner
<b>Email Address:</b>	mstoner@teamcenturion.com
<b>Telephone Number:</b>	208-331-2760

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	2136
<b>Current population of facility:</b>	2118
<b>Average daily population for the past 12 months:</b>	2099
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys

<p><b>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 <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b></p>	
<p><b>Age range of population:</b></p>	18-85
<p><b>Facility security levels/inmate custody levels:</b></p>	Medium/Close
<p><b>Does the facility hold youthful inmates?</b></p>	No
<p><b>Number of staff currently employed at the facility who may have contact with inmates:</b></p>	291
<p><b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b></p>	95
<p><b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b></p>	149

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

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Josh Tewalt

<b>Email Address:</b>	jtewalt@idoc.idaho.gov
<b>Telephone Number:</b>	2086582000

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

## **Facility AUDIT FINDINGS**

### **Summary of Audit Findings**

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

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

<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-05-21
2. End date of the onsite portion of the audit:	2024-05-23

#### Outreach

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

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	2136
15. Average daily population for the past 12 months:	2099
16. Number of inmate/resident/detainee housing units:	29
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	2160
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	53
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	19
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	27
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	27

<p><b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>18</p>
<p><b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>7</p>
<p><b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>96</p>
<p><b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>The sections that show zero as the number is because the facility does not maintain a record of area.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>291</p>
<p><b>31. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>149</p>

<b>32. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	95
<b>33. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	Auditor has no additional information to add.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	27
<b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Auditor received a bed roster and work assignment roster of the inmates in the facility prior to the onsite visit. Inmates were selected based on age, race, gender identification and program involvement. Also, some inmates were selected while touring the housing areas.



<b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Auditor had no problem interviewing inmates; only one inmate refused to be interviewed.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	19
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	1
<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2

<p><b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>4</p>
<p><b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>
<p><b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>2</p>
<p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>3</p>

<p><b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>Staff working in Segregation verified that no inmates had been placed there to their knowledge.</p>
<p><b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>Auditor did an oversample of LEP inmates. They were able to get staff assistance in understanding the PREA education.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>51. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>18</p>

<p><b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>If "Other," describe:</b></p>	<p>Auditor wanted to interview at least one female officer and one non-white officer.</p>
<p><b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>Auditor does not have any additional information to add.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>19</p>
<p><b>56. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>59. Were you able to interview the PREA Compliance Manager?</b>	<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)

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

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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	3
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Interviews with specialized staff went well.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>Was the site review an active, inquiring process that included the following:</b>	
<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No



<p><b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>There were no problems with the site review.</p>
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**Documentation Sampling**

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

<p><b>70. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>Twelve inmate files were randomly selected, one inmate file for each month of the 12 months audit period. Twelve staff files were randomly selected for PREA compliance.</p>
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**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.

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

	<b># of sexual abuse allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual abuse</b>	16	3	16	3
<b>Staff-on-inmate sexual abuse</b>	2	0	2	0
<b>Total</b>	18	3	18	3

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

	<b># of sexual harassment allegations</b>	<b># of criminal investigations</b>	<b># of administrative investigations</b>	<b># of allegations that had both criminal and administrative investigations</b>
<b>Inmate-on-inmate sexual harassment</b>	32	0	32	0
<b>Staff-on-inmate sexual harassment</b>	10	0	10	0
<b>Total</b>	42	0	42	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.

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	3	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	3	0	0	0

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	1	7	9	0
<b>Staff-on-inmate sexual abuse</b>	0	1	1	0
<b>Total</b>	1	8	10	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.

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	11	15	6
<b>Staff-on-inmate sexual harassment</b>	0	7	2	1
<b>Total</b>	0	18	17	7

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

**Sexual Abuse Investigation Files Selected for Review**

<b>78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	11
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<p><b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>5</p>
<p><b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>1</p>
<p><b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>4</p>
<p><b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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)
<b>93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	Auditor has no additional information to share.
<b>SUPPORT STAFF INFORMATION</b>	
<b>DOJ-certified PREA Auditors Support Staff</b>	
<b>95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>95. Enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during this audit:</b>	1

## Non-certified Support Staff

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

- Yes  
 No

96. Enter the **TOTAL NUMBER OF NON-CERTIFIED SUPPORT** who provided assistance at any point during this audit:

2

## AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other



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

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination</li> <li>• Standard Operating Procedure 147.06.06.001 Contract Management: General</li> <li>• Private Agency Contract</li> <li>• Interviews: Facility Superintendent PREA Coordinator Random Staff</li> </ul> <p><b>Auditor Discussion</b></p> <p>IDOC SOP 149.01.01.001</p> <p>The Contractor shall adhere to the federal Prison Rape Elimination Act (42 USC Sec. 15601 et seq.). The IDOC requires that the Contractor provide the I DOC with a copy of all PREA reports at the facility involving Idaho Inmates or the Contractor's staff. The</p>

IDOC reserves the right to review any report, substantiated or unsubstantiated, of sexual contact that occurs at the Facility(ies), to include sexual misconduct by the Contractor's employees.

#### Contract Management

##### Monitoring, Reporting, and Change Management

The contract officer and contract monitor are responsible for understanding the contract terms and conditions, and knowing the scope and limitations of their authority.

##### Monitoring

Through the contract monitor's regular interaction with the contractor, the contract monitor observes and tracks the contractor's on-site operations to ensure that key performance areas are being met and that the contractor is in compliance, in all material respects, with the terms of the contract. Monitoring is accomplished through such means as, but not limited to, direct observation, document and record reviews, interviews, statistical analysis, unannounced inspections, and fact-finding. The contract monitor reports to the appropriate CPOU, HSU, or CAU leadership team.

#### **Analysis/Reasoning:**

Idaho Department of Correction (IDOC) shall have the right to inspect, unhindered and at all times, the Facility housing State incarcerated individuals as determined by the State to monitor the Contractor's operational compliance with the Contract and the health and welfare of State incarcerated individuals. IDOC shall have the right to inspect or otherwise evaluate the work performed or being performed under this Contract. Contractors shall allow access to and provide the State with paper and digital records required for such inspections and evaluations to include the review of surveillance camera footage. Contractor shall allow and provide the State all documents needed for defense of claims and/or lawsuits against the State, State agencies or any State personnel/employees. Contractor shall allow State contract monitors to attend regularly scheduled operational meetings between Facility administration and staff pertaining to Contractor's obligations under the Contract except for attending meetings with Contractor's legal counsel, corporate officials or meetings involving employee disciplinary matters. State contract monitors shall not have access to records pertaining to incarcerated individuals from other jurisdictions.

There is (0) number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later. There is (0) number of above contracts that DID NOT require contractors to adopt and comply with PREA standards.

#### **Conclusion:**

The Auditor reviewed agency policies and contracts. IDOC currently has a signed contract with Core Civic and houses 582 residents at the Saguario Correctional Center in AZ. The Auditor determined the Idaho Department of Correction meets the

	requirements of this standard.
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination</li> <li>• Standard Operating Procedure 147.06.06.001 Contract Management: General</li> <li>• Private Agency Contract</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Facility Warden</li> <li>PREA Coordinator</li> <li>Random Staff</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p> <p><b>IDOC SOP 149.01.01.001</b></p> <p>The Contractor shall adhere to the federal Prison Rape Elimination Act (42 USC Sec. 15601 et seq.). The IDOC requires that the Contractor provide the IDOC with a copy of all PREA reports at the facility involving Idaho Inmates or the Contractor's staff. The IDOC reserves the right to review any report, substantiated or unsubstantiated, of sexual contact that occurs at the Facility(ies), to include sexual misconduct by the Contractor's employees.</p> <p><b>Contract Management</b></p> <p>Monitoring, Reporting, and Change Management</p> <p>The contract officer and contract monitor are responsible for understanding the contract terms and conditions and knowing the scope and limitations of their authority.</p> <p>Monitoring</p> <p>Through the contract monitor's regular interaction with the contractor, the contract monitor observes and tracks the contractor's on-site operations to ensure that key performance areas are being met and that the contractor is in compliance, in all material respects, with the terms of the contract. Monitoring is accomplished through such means as, but not limited to, direct observation, document and record reviews, interviews, statistical analysis, unannounced inspections, and fact-finding. The contract monitor reports to the appropriate CPOU, HSU, or CAU leadership team.</p> <p><b>Analysis/Reasoning:</b></p>

	<p>Idaho Department of Correction (IDOC) shall have the right to inspect, unhindered and at all times, the Facility housing State incarcerated individuals as determined by the State to monitor the Contractor's operational compliance with the Contract and the health and welfare of State incarcerated individuals. IDOC shall have the right to inspect or otherwise evaluate the work performed or being performed under this Contract. Contractors shall allow access to and provide the State with paper and digital records required for such inspections and evaluations to include the review of surveillance camera footage. Contractor shall allow and provide the State all documents needed for defense of claims and/or lawsuits against the State, State agencies or any State personnel/employees. Contractor shall allow State contract monitors to attend regularly scheduled operational meetings between Facility administration and staff pertaining to Contractor's obligations under the Contract except for attending meetings with Contractor's legal counsel, corporate officials or meetings involving employee disciplinary matters. State contract monitors shall not have access to records pertaining to incarcerated individuals from other jurisdictions.</p> <p>There is (0) number of contracts for the confinement of inmates that the agency entered into or renewed with private entities or other government agencies on or after August 20, 2012, or since the last PREA audit, whichever is later. There is (0) number of above contracts that DID NOT require contractors to adopt and comply with PREA standards.</p> <p><b>Conclusion:</b></p> <p>The Auditor reviewed agency policies and contracts. IDOC currently has a signed contract with Core Civic and houses 582 residents at the Saguaro Correctional Center in AZ. The Idaho Department of Correction meets the requirements of this standard.</p>
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination (PREA SOP)</li> <li>• Standard Operating Procedure 216.02.01.002 Staffing Security: Seniority, Post, Scheduled Annual Leave, and Scheduled Leave Management</li> <li>• Idaho State Correctional Center Staffing Plan</li> <li>• Annual Reviews of Staffing Plan</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Facility Superintendent</li> <li>PREA Coordinator</li> </ul> </li> </ul> <p><b>Auditor Discussion</b></p>

**SOP 149.01.01.001****Staffing and Post Plan**

The department ensures that each facility develops and documents a staffing and post plan that provides for adequate levels of staffing to protect residents against sexual abuse. Any deviations from the plan must be documented in staffing logs. The PREA coordinator and PREA compliance managers review staffing annually.

**Unannounced Supervisory Rounds**

Institutional leadership, including lieutenants, sergeants, program managers, and above, must conduct and document in unit logs random, unannounced rounds to deter staff sexual abuse and sexual harassment. Unannounced rounds will be conducted randomly on all shifts and units to enforce the IDOC's zero tolerance standard. Staff is prohibited from alerting other staff members that the supervisory rounds are occurring.

**SOP 216.02.01.002**

The adequate staffing of correctional facilities is a vital component in fulfilling the department's mission. Facility heads and/or designees must fill each post with an employee who is well suited for the position. In addition, supervisors must have the ability to move employees into new posts to provide training and development and to meet security needs. Experienced employees are a valuable resource; therefore, the department uses a bidding process that balances resource management with recognition of seniority.

**Analysis/Reasoning:**

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, Facility Director 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 both 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 on May 22, 2023 and signed on June 8, 2023. A

	<p>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.</p> <p><b>Conclusion:</b> Based on this information, the auditor has determined that ISCC is in compliance with this standard.</p>
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115.14	Youthful inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination (PREA SOP)</li> <li>• Daily Population Reports</li> <li>• Idaho Correctional Facility Website</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Warden</li> <li>PREA Manager</li> <li>PREA Coordinator</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>IDOC SOP 149.01.01.001</b></p> <p>Residents under the age of 18, also known as “youthful residents”, must not be placed in a housing unit in which they have sight, sound, or physical contact with any adult resident through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, the department must maintain sight and sound separation between youthful residents and adult residents or provide direct staff supervision when youthful residents and adult residents have sight, sound, or physical contact. Direct staff supervision means that security staff are in the same room with, and within reasonable hearing distance of, the resident.</p> <p><b>Analysis/Reasoning:</b></p> <p>The Auditors interviewed random and specialized staff which indicated no staff had knowledge that a youthful offender had been housed at the facility during this audit cycle. The PAQ, documentation submitted and interviews with staff confirm that there have been no youthful offenders housed at the facility.</p> <p><b>Conclusion:</b></p> <p>During the audit tour and through interviews with the Warden, PREA Manager, PREA Coordinator, it was observed that the facility does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination (PREA SOP)</li> <li>• Standard Operating Procedure 317.02.01.001 Searches: Cells, Units, and Inmates</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Facility Superintendent</li> <li>PREA Coordinator</li> <li>Random Staff</li> <li>Random Resident</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p>Residents must be given an opportunity to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in emergency circumstances or when such viewing is incidental to routine cell checks. This includes viewing via surveillance systems.</p> <p><b>SOP 317.02.01.001</b></p> <p>Security staff must not conduct cross-gender unclothed-body searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in urgent circumstances. A staff member of the same sex must conduct unclothed body searches, except in emergencies.</p> <p><b>Body Cavity Searches</b></p> <p>In urgent circumstances, the facility head may authorize body cavity searches based upon reasonable suspicion that the inmate is carrying contraband or other prohibited material that cannot be detected by a clothed or unclothed-body search. All persons having a significant role in a body cavity search (including those whose information served as a basis upon which the search was authorized) must complete an incident report following 105.02.02.001, Reporting and Investigation of Major Incidents. Reports must be turned in to the shift commander before reporting staff members depart the facility.</p> <p>Female staff members conduct clothed-body searches of female inmates, except in urgent circumstances. If such an incident occurs and a male staff member must conduct the search, it must be documented using SOP 105.02.01.001, Reporting and Investigation of Major Incidents. Female inmates' access to regularly available programming or other out-of-cell opportunities will not be restricted in order to comply with this provision (see PREA Standards, § 115.15(b)). In an emergency,</p>

	<p>escape, riot, etc., the shift commander may waive this provision if a correctional officer of the same sex is not available.</p> <p>All persons having a significant role in a body cavity search (including those whose information served as a basis upon which the search was authorized) must complete an incident report following 105.02.02.001, Reporting and Investigation of Major Incidents. Reports must be turned in to the shift commander before reporting staff members depart the facility.</p> <p>Staff members must not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the inmate’s genital status is unknown, it may be determined 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.</p> <p><b>Analysis/Reasoning:</b></p> <p><b>Non-Compliance Reason</b> Staff of the opposite gender do not document when they announce their presence prior to entering the housing unit.</p> <p><b>Corrective Action Needed</b></p> <p>A memo from the Superintendent stating that “All staff of the opposite gender of their unit assignment will continue to announce their entrance into Inmate Living Areas, AND they will also log their announcement, and entrance into the living area, each time they enter”.</p> <p><b>Corrective Action Deadline</b></p> <p>Corrective action is requested 30 days after the onsite visit.</p> <p><b>Corrective Action Completed</b></p> <p>On September 25, 2024, documents were uploaded to the OAS which included a memo to all staff reminding them to make opposite gender announcements when entering the housing units. Also, a sampling of PREA Compliance Announcements recorded in the logbooks of the housing units during all shifts from August 7, 2024, through September 1, 2024, were uploaded. Documents confirm that standard 115.15 (d) is now in compliance.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>



**Policy, Materials, Interviews and Other Evidence Reviewed**

- Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination (PREA SOP)
- Language Link Memo
- Bi-Lingual Informed Consent Poster and Privacy Notice Sign
- Interviews:
  - Agency Head
  - Random Staff
  - Random Residents

**Auditor Discussion:**

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

**Analysis/Reasoning:**

The department maintains contracts with Language Link for interpretation services for languages other than English and with an American Sign Language interpreter. The PREA Video is available in English, Spanish, and Closed-Captioned formats. Staff and resident interviews indicated that the facility does not rely solely on printed materials in English to communicate with residents; intake, education, acceptance of complaints and reports of abuse or harassment, and investigations all involve face-to-face staff/resident contact so that an assessment can be made of the resident’s understanding of the communication. Staff interviews indicated that the tools provided by the department were adequate to communicate effectively with residents on matters concerning sexual abuse and harassment. Likewise, resident interviews demonstrated that information was effectively transmitted to residents, regardless of disability or other barriers to communication.

**Conclusion:**

In the past 12 months, there were (0) number of instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. The auditor finds that this evidence is sufficient to find that the facility is compliant.

<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

## **Policy, Materials, Interviews and Other Evidence Reviewed**

- IDOC Policy 149 Version 4.0, Prison Rape Elimination
- IDOC Policy 211.07.01.001, Hiring
- IDOC Policy 150.01.01.003, Background Checks and Fingerprints, Version 1.0, approved November 9, 2015
- Memo from Agency Chief of Staff re: 5-year background checks, dated September 14, 2021
- Hiring / Promotional Examination Questions
- Facility responses to PREA Pre-Audit Questionnaire
- Background investigation results
- Interviews:
  - Agency PREA Coordinator
  - Facility PREA Manager
  - Staff

### **Auditor Discussion:**

#### **SOP 211.07.01.001**

##### Hiring Restrictions

In compliance with PREA Standards, PREANS 115.17.a, Idaho Department of Correction does not hire or promote anyone who may have contact with offenders who:

A. 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;

B. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt, or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

C. Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (B) of this section.

The department must consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates. For more information on hiring restrictions, see Background Checks and Fingerprints, SOP 150.01.01.003.

All newly hired, rehired or reinstated IDOC employees, private contractors or subcontractors and interns shall be fingerprinted for the purpose of running a fingerprint background check. Volunteers and employees of contract service providers who are on a short-term assignment of thirty (30) days or less do not need to be fingerprinted.

Three (3) fingerprint cards must be completed for security positions; one (1) fingerprint card is to be completed for all other positions. If the capability exists for the electronic submission of fingerprints, then two (2) fingerprint cards must be completed for security positions; Fingerprint cards shall be submitted to the SIU Background Unit or electronically within two (2) weeks from the individual's start date. A valid state or federal-issued photo identification card (ID) must be presented

at the time of fingerprinting.

Background checks for IDOC applicants, contractors, and any person seeking access to IDOC facilities are to be completed in the SIU by the Background Investigators with the exception of religious volunteers and visitors. Maintenance contractors entering only one facility can have the background run by a certified ILETS operator at that facility.

#### False Statements

False statements, significant omissions, or any misrepresentation in application forms, including the BIQ or hiring interviews are grounds for withdrawing a conditional offer of employment or otherwise ceasing the hiring process.

#### **Analysis/Reasoning**

During the onsite audit visit, this Auditor randomly selected (12) employee personnel files to review at the time of the interview with the Human Resource professional onsite. The IDOC requires that all applicants apply for any positions online. Included in the employment application are the (4) required PREA questions. If any of those questions are answered with a "yes", the system will automatically kick the application out of the system as ineligible for employment. If an applicant makes a false statement of material fact, including responses to screening questions, which misrepresent the applicant's qualifications, s/he may be disqualified from each posting for which they have applied.

The Auditor conducted formal interviews with contractors. Contractors were asked if they were aware the agency conducts a criminal record background check. Each contractor was aware the facility conducts such checks prior to services and every five years. The Auditor asked each if they were ever questioned about prior or current acts of sexual abuse or sexual harassment. Each contractor stated they are asked those questions on the Background Investigation Questionnaire. Each stated they are required to sign the form prior to performing services. Each contractor was aware the IDOC has a continuing affirmative duty to disclose acts of sexual harassment and sexual abuse.

In the past 12 months, there were (125) number of persons hired who may have contact with inmates who have had criminal background record checks. In the past 12 months, there were (7) number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

#### **Conclusion:**

The Auditor concluded the ISCC is performing appropriate practices to identify previous acts of sexual misconduct prior to hiring staff and enlisting the services of contractors, and before promoting staff members. The Auditor conducted a thorough review of the agency's policies, procedures, employee records, contractor records, Background Investigation Questionnaire, Confidential Summary Background Investigation Report, Employment Application, Employee Self-Assessment, Criminal History Background Check Tracking, and interviewed staff and contractors to determine the agency meets the requirements of this standard.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC Construction Project List, updated April 2024</li> <li>• Interview: Staff</li> </ul> <p>Per the PAQ, the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. However, the agency construction manager confirmed these ISCC-specific projects since the state acquired the facility in 2014:</p> <p>2024060 IDOC: ISCC Replace PLC Security &amp; Graphic Control Panels (5) Records In design, install 2025</p> <p>2021066 IDOC: Replace Water Supply Pipelines, ISCC Designed, non-sufficient funds for project</p> <p>2024060 IDOC: ISCC Replace PLC Security &amp; Graphic Control Panels In design, install 2025</p> <p>2020067 IDOC: Rplc Copper Pipes/Water Supply, Facilities, Ph 1, ISCC Complete 2019</p> <p>2020071 IDOC: Wastewater Lagoon Repair Complete 2022</p> <p>2023060 IDOC: Replace Roof &amp; HVAC, Main Facility, ISCC, Ph 1 In design install 2024-25</p> <p>2019077 IDOC: Camera System Upgrade PH2 ISCC Designed, reallocating funds for project.</p> <p><b>Conclusion:</b></p> <p>The Auditor conducted a review of the agency's policies, procedures, interviewed staff and made observations to determine the facility meets the requirements of this standard.</p>

<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination (PREA SOP)</li> <li>• Standard Operating Procedure 504.02.01.001, Investigations and Intelligence Program</li> </ul>

- Standard Operating Procedure 116.02.01.001, Custody of Evidence
- Basic Investigator Training Packet
- Training Record (Victim Advocates)
- Sexual Abuse Victim Advocate Services Agreement
- Interviews
  - Staff
  - SANE
  - Victim Advocate

**Auditor Discussion:**

**SOP 149.01.01.001**

The department supports the zero-tolerance standard for sexual abuse and sexual harassment by aggressively responding to, investigating, and supporting the prosecution of incidents of sexual abuse and sexual harassment in all department facilities. The department uses internal administrative disciplinary processes and external partnerships with law enforcement and prosecutors to enforce the standard.

The department cooperates with outside investigators, requests updates on progress in the cases, and requests that outside law enforcement responding to PREA investigations follow PREA requirements. When the department conducts its own investigations into allegations of sexual abuse and sexual harassment, it is done promptly, thoroughly, and objectively for all allegations, including third party and anonymous reports.

**SOP 504.02.01.001**

**Response to Major Incidents and Criminal Acts**

Any major incident or suspected criminal offense (whether by inmate, staff member, visitor, or others), must be reported immediately to the shift commander. The incident commander will resolve the incident using the incident command system (ICS). To the extent possible, staff will preserve the crime scene and limit the number of staff allowed into the affected area. The affected area will be secured once everyone has been evacuated. If the area cannot be secured, it will be marked off and a staff member will be posted to prevent the crime scene from being altered. The incident or crime scene and evidence will be handled in accordance with directive 116.02.01.001, Custody of Evidence.

**Investigating Criminal Activity**

The facility head or duty officer will determine if law enforcement should be notified of a suspected crime occurring within the facility. If there is doubt about whether or not an incident should be immediately reported, the facility head or duty officer should contact the law enforcement agency's dispatch desk and request the on-call detective be paged for clarification.

**SOP 116.02.01.001**

To establish a uniform method of handling and maintaining the integrity of criminal

evidence seized in Department facilities. Any time it is believed that a crime has been committed, the shift commander shall assign staff to secure the crime scene, identify all persons who were present when the incident took place, and ensure preservation of any evidence. The staff will log all activity on the Crime Scene Log (See Attachment A, Crime Scene Log). The local law enforcement authorities should be contacted as soon as possible for investigation. Nothing within the crime scene area shall be moved or touched by anyone, except as needed to render emergency medical assistance. Even then the scene should not be disturbed any more than necessary. If an object (such as a weapon) needs to be removed because of a threat to security or other emergency need, that object will be photographed and diagramed with relation to the rest of the crime scene prior to its removal, if practical.

Evidence shall not be moved or otherwise altered until local law enforcement officials determine whether or not they will be handling the case, except as specified above. If law enforcement handles the case, they will be responsible for all evidence collection. Should law enforcement decide not to handle the case, the Department will be responsible for all evidence collection and crime scene preservation. Once law enforcement has finished their investigation, the crime scene can be released.

Any time crime scene evidence is present, local law enforcement will be notified and a report will be completed. Should law enforcement not respond, Department staff will follow the guidelines listed below. All criminal evidence will be transferred to the law enforcement agency with jurisdiction. Any internal Department investigation will not be started until the official preliminary law enforcement investigation is completed. The institution will assign a Department staff member to act as liaison with the local law enforcement agency. The Department may request copies of documents and statements from the local law enforcement agency to assist with the internal investigation. Photographs may be taken of the crime scene by law enforcement. The Department shall take such photos whether law enforcement does or does not.

**Analysis/Reasoning:**

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

- Access to forensic medical examinations
  - Examination by SAFE or SANE practitioners where available
  - Access to a victim advocate where available
- The Idaho Sexual Assault Kit Initiative Advisory Group (ISAKI) developed a protocol based on the national protocol.

They recently added draft standards for prisons and IDOC has entered an MOU with Idaho State Police which was signed in 2023. IDOC contracts with Advocates Against Family Violence which was effective in 2019. Idaho State Police (ISP) have primary criminal investigation responsibilities for incidents involving criminal activity in IDOC Correctional Facilities.

There was (3) number of exams performed by SANES/SAFEs during the past 12

months. ISCC does not provide onsite SANE/SAFE or forensic medical examinations. Victims are transported to the local hospital. There were zero (0) number of exams performed by a qualified medical practitioner during the past 12 months. There have been no circumstances in the past 12 months that a victim advocate service has not been available.

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

Policy supports the requirements of the provisions and protocols are in place to ensure an incarcerated individual is sent to a hospital for a SANE exam when allegations are made to support a referral. State law and institutional policy support that a qualified advocate is available through the hospital. Several of the agency trained investigators have become certified for evidence collection and photographing of crime scenes, above and beyond the specialized training required of investigators (certificates provided to the auditor) therefore ensuring a uniform accurate evidence protocol is followed. The agency is utilizing an appropriate uniformed evidence protocol to maximize the potential for usable physical evidence. The facility makes victim advocates available to victims of sexual abuse and ensures access to a forensic examination performed by a certified Sexual Abuse Nurse Examiner.

**Conclusion:**

The Auditor reviewed the IDOC policies, procedures, Memorandums of Understanding, and conducted interviews with staff, SANE, and Victim Advocate. The Auditor determined the agency meets the requirements of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination (PREA SOP)</li> <li>• Standard Operating Procedure 504.02.01.001, Investigations and Intelligence Program</li> </ul>

- Pre-Audit Questionnaire completed by ISCC
- MOU with Idaho State Police
- Investigative Files
- Agency Website
- Protocols for responding to Sexual Harassment and Sexual Abuse incidents.
- Interviews
  - Staff
  - Offenders

**Auditor Discussion:**  
**SOP 149.01.01.001**

The department cooperates with outside investigators, requests updates on progress in the cases, and requests that outside law enforcement responding to PREA investigations follow PREA requirements.

**Sanctions**

All substantiated sexual abuse incidents are referred to law enforcement for possible prosecution.

**Contractors and Volunteers**

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

**Sanctions for Residents**

Residents involved in sexual abuse of other residents can face criminal charges and IDOC administrative disciplinary action. Residents are subject to IDOC disciplinary actions for false reports, sexual abuse, sexual harassment, and consensual sexual activity in accordance with Disciplinary Procedures: Residents, SOP 318.02.01.001. Disciplinary actions may be taken even if the resident is not criminally charged, criminal charges are dismissed, or they are not convicted of the criminal charge. If the sexual abuse was between a staff member and a resident, the resident can face criminal charges if evidence indicates that a staff member did not consent to sexual contact.

**SOP 504.02.01.001**

When an alleged crime involving a staff member has occurred, the SIU will be the designated authority for coordinating, requesting, and contacting the appropriate law enforcement agency. The management authority will contact the SIU to notify them of an outside law enforcement need. A referral to law enforcement may suspend the department's preliminary inquiry and/or investigation until further notice, as determined by the SIU chief investigator or designee.

**Analysis/Reasoning:**

The agency ensures that an Administrative and Criminal investigation is conducted for allegations of sexual abuse and sexual harassment. This is mandated in SOP



	<p>149.01.01.001 and SOP 504.02.01.001 . The agency has also prepared detailed flow charts that summarize the processes involved in conducting investigations. This enhances staff and other agency understanding of areas of responsibility and the auditor found it to be succinct. The agency has made public its investigations policy to include the referral to investigators with the authority to present cases for prosecution. The webpage describes the responsibilities of both the agency and the investigating entity. The information is made publicly available at <a href="http://www.idoc.idaho.gov/content/prisons/prea">www.idoc.idaho.gov/content/prisons/prea</a>. This auditor reviewed all PREA allegations for compliance with the standards and found that the facility ensures the cases are referred to the proper authorities. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>During the past 12 months, there has been (66) allegation of sexual abuse and sexual harassment that was received. During the past 12 months, there has been (65) allegation resulting in an administrative investigation. During the past 12 months, there have been (3) allegation referred for criminal investigation.</p> <p><b>Conclusion:</b></p> <p>The Auditor concluded the ISCC appropriately refers criminal allegations of sexual abuse and sexual harassment to the ISP office who maintains the legal authority to conduct criminal investigations in the facility. The Auditor observed evidence the facility is investigating all allegations of sexual abuse and sexual harassment. After reviewing agency policies, procedures, website, investigative records, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC SOP Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PREA New Employee Orientation PowerPoint Presentation, updated September 2021</li> <li>• PREA Preservice Training (POST) PowerPoint Presentation</li> <li>• PREA Preservice Training (POST) PowerPoint Presentation REVISED, effective September 2021</li> <li>• PREA Inservice Training PowerPoint Presentation</li> <li>• PREA Definitions - Briefing Sheet</li> <li>• PREA Reporting - Briefing Sheet</li> <li>• Inservice Computer Training Presentation</li> <li>• Attestation forms - New Employees &amp; Contractors</li> </ul>

- POST Academy (Correctional Officers) – PREA Test Questions
- General Staff Quiz – PREA Test Questions
- Training Memo outlining initial and ongoing training for all staff, contractors, and volunteers

Interviews:

Staff

Residents

**Auditor Discussion:**

**SOP Policy 149.01.01.001**

**Training**

To be most effective in providing a safe environment, IDOC staff members must recognize the signs of sexual abuse and sexual harassment and understand their responsibility in the detection, prevention, response and reporting of alleged sexual abuse or sexual harassment of residents. The PREA coordinator ensures that all IDOC PREA training meets PREA standards and approves all PREA training materials for staff, contractors, and volunteers. The facility training coordinator ensures training is properly delivered and documented.

Staff, volunteers, and contractors must verify by signature, or electronic confirmation, that they have received and understand the PREA training. Training records for IDOC-delivered pre-service and in-service training for IDOC staff are stored in the electronic Relias training system. Contractors maintain records of all contractors delivered PREA training in their employees' training files. The volunteer coordinator maintains training records.

**Staff and Facility-assigned Contractor Training**

All department staff and facility-assigned contractors who may have contact with residents receive mandatory face-to-face PREA training on the department's zero-tolerance standard for sexual abuse and sexual harassment every two years. The department provides refresher PREA information in years when trainings are not provided. Required training includes:

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

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

**Analysis/Reasoning:**

IDOC provides all employees PREA training, which includes a lecture, video, PowerPoint presentation, and a written examination. Staff completes a pre-test and a post-test to evaluate their improvement. Staff also acknowledge in writing their understanding of PREA. The acknowledgment form lists the required areas of the standard. A review of the lesson plans shows all the required areas are reviewed. A review of staff training files shows that all staff members have been trained. In addition to completing the training, staff members must complete an examination showing their understanding of the training presented.

Interviews of staff members demonstrated an understanding of the agency's zero-tolerance policy; The agency policy and procedures for prevention, reporting, and response to a sexual assault or sexual harassment incident, the dynamics of sexual abuse and harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with inmates; How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates; and How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

All newly hired staff receives the first PREA training prior to reporting to duty in the facility. During the interviews with a random selection of staff, staff members were asked questions on a variety of these topics and the staff was able to respond appropriately. The training supplied is specific to the gender of inmates (all genders) the staff will supervise. If a staff member is transferred from another facility, the staff member would appropriately be retrained.

**Conclusion:**

The Auditor concluded the facility has appropriately trained its staff and documented the training as required by this standard. Facility staff interviewed by the Auditor were knowledgeable in the training topics mandated in PREA standard 115.31. The Auditor reviewed agency policy, procedures, training curriculum, attendance rosters, tests, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

**Policy, Materials, Interviews and Other Evidence Reviewed**

- Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination (PREA SOP)
- Standard Operating Procedure 606.02.01.01 Volunteer Services Programs in Corr. Facilities
- Pre-Audit Questionnaire completed by ISCC
- Training Curriculum
- PREA Training Acknowledgment Forms
- Examinations
- Interview:
  - Contractor
  - Volunteer

**Auditor Discussion:****SOP 149.01.001****Training**

To be most effective in providing a safe environment, IDOC staff members must recognize the signs of sexual abuse and sexual harassment and understand their responsibility in the detection, prevention, response and reporting of alleged sexual abuse or sexual harassment of residents.

The PREA coordinator ensures that all IDOC PREA training meets PREA standards and approves all PREA training materials for staff, contractors, and volunteers. The facility training coordinator ensures training is properly delivered and documented. Staff, volunteers, and contractors must verify by signature, or electronic confirmation, that they have received and understand the PREA training. Training records for IDOC-delivered pre-service and in-service training for IDOC staff are stored in the electronic Relias training system. Contractors maintain records of all contractors delivered PREA training in their employees' training files. The volunteer coordinator maintains training records.

**Volunteers, Contractors**

The department trains volunteers and contractors on their PREA responsibilities based on the services they provide and level of contact they have with residents. All volunteers and contractors are notified of the zero-tolerance standard for sexual abuse and sexual harassment and informed on how to respond if they observe or receive a report of sexual abuse or sexual harassment.

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

**SOP 606.02.01.01****Training Requirements**

The Prisons Division chief (or designee) must approve all volunteer training lesson plans. The Prisons Division VRC (or designee) will develop and conduct the volunteer training.

**New Volunteer Training**

New volunteers must attend six hours of new volunteer training. The facility head may waive the new volunteer training requirement for former IDOC employees or contractors who are approved to volunteer.

**Annual Refresher Training**

All volunteers must complete a minimum of four hours of refresher training annually. The training may be offered live or online. The Prisons Division VRC must approve all refresher training schedules, locations, trainers, and curriculums. Failure to complete the annual refresher training will result in conclusion of volunteer service.

**Analysis/Reasoning:**

Contractors and volunteers at the ISCC are trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response. I reviewed the volunteer and contractor training files for proof of receipt of the training. Interviews also revealed that they are familiar with the agency's zero-tolerance policy and how to report an incident of sexual abuse or sexual harassment. All Contractors and Volunteers receive extensive training regarding PREA to include testing which meets the standard requirements.

There are (149) volunteers and (95) contractors, who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.

**Conclusion:**

The Auditor concluded the facility is appropriately training volunteers and contractors and staff ensures documentation of training is maintained. The duty for the volunteer coordinator is specific only to volunteers. The Auditor determined through a review of agency policies, procedures, training curriculum, brochure, acknowledgment forms and interviewing contractors and volunteer personnel the facility meets the requirements of this standard.

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Policy, <b>Materials, Interviews and Other Evidence Reviewed</b> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> </ul>

- IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination
- Resident Living Guide Brochure - English, Spanish
- Agency Electronic offender management system records
- Verification of IDOC contract with Language Link
- Memo from PREA Coordinator re: How to Use Language Link and How to Contact American Sign Language Interpreter
- Randomly chosen training records
- Interviews:
  - Staff
  - Residents
  - Observations

**Auditor Discussion:**

**SOP 149.01.01.001**

**Resident Education**

During the reception and diagnostic unit (RDU) process, residents receive initial information on PREA, followed by comprehensive education within 30 days. They receive written and oral information regarding:

- The department's zero-tolerance policy on sexual abuse and sexual harassment, and residents' and CRC residents' right to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents.
- How to avoid sexual contact in prison.
- The risks and consequences of engaging in sexual activity.
- How to report sexual abuse and sexual harassment.
- What defines a false accusation and the consequences of making a false accusation.
- How to obtain counseling services and medical assistance if victimized.
- Outside emotional support services and confidentiality offered.

This information is available in printed, oral, electronic and video formats. English, Spanish and closed-captioned versions make it accessible to residents, including (but not limited to) those who have limited English proficiency, are deaf, visually impaired, or otherwise disabled, as well as those with limited reading skills. Only materials reviewed and approved by the PREA coordinator may be used. Approved education materials are on the internal server in the PREA folder that is accessed and managed by the PREA coordinator.

Residents must sign a training sheet confirming that they have received the training. The RDU manager logs a training verification in the electronic resident record that states the following:

Attended PREA orientation, watched video, discussed reporting methods, services available, expectations, and how to stay safe. The signed training sheets must be filed and retained for three years. All residents receive education when transferred to a different facility if facility-specific resources are different. They must verify by signature that they have received PREA education and facility-specific PREA

	<p>information.</p> <p><b>Non-Compliance Reason</b></p> <p>The auditor conducted a review of 12 inmate record files. Each file represented a different month of the 12-month audit period. The review results indicate that 5 of the 12 inmates received PREA information at intake. 16 of 50 inmates interviewed said they did not receive PREA information at intake.</p> <p><b>Corrective Action Needed</b></p> <p>The facility must provide PREA comprehensive education to all currently assigned inmates during the first 90 days of the 180-day Corrective Action Period. In addition, PREA information must be provided to all incoming inmates at intake going forward.</p> <p><b>Corrective Action Deadline</b></p> <p>Action Deadline will be the first 90 days of the 180-day Corrective Action Period.</p> <p><b>Corrective Action Completed</b></p> <p>Documentation of Comprehensive PREA Education was uploaded to the OAS on November 18, 2024. Sufficient samples of PREA Video training were presented in September, October and November 2024 to show compliance of 115.33.</p>
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<b>115.34</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Facility responses to PREA Pre-Audit Questionnaire</li> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Updated Miranda Rights Waiver</li> <li>• PowerPoint Presentation for Basic Intelligence and Investigation Training</li> <li>• Certificates of Completion – NIC Course “PREA: Investigating Sexual Abuse in a Confinement Setting” and the “Advanced Investigations” Course</li> <li>• Certificate of Completion – Private Course “PREA Investigations: What Happens After an Investigation”</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Investigators</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p>The department requires specialized training for medical and mental health professionals, and department investigators.</p>

**Investigators**

Staff investigating sexual abuse must receive the specialized training which includes:

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

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

**Analysis/Reasoning:**

The Agency has a Basic Investigator training SOP that provides additional, specialized training for agency investigators to assist in all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA topics that include, Dynamics of sexual abuse within confinement settings, Interview techniques for victims of sexual abuse, Preservation of evidence, employee rights, and Garrity and Miranda rights. The evidentiary standard of preponderance of evidence is noted within the training on administrative investigations. The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. The Auditor verified the training for the investigators. The agency maintains computerized documentation of investigator training in the employee's training file.

A review of training materials and training records for facility investigators demonstrates compliance with the provision of the standard. The facility maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by this Auditor to verify employees that had completed the Basic Investigator Training and completed the NIC specialized investigator training in satisfaction of the standard.

ISCC has (5) investigators that have received training to conduct investigations in a confinement setting. The training received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence needed to substantiate a case for administrative action or prosecution referral. I have reviewed both the curriculum and the certificates of completion for the training and found them to follow the requirements of this standard. The investigators interviewed were familiar with each of the required components and fluent in how to handle an investigation in confinement. Additionally, the auditor reviewed a sample of investigative files for completeness and thoroughness.

**Conclusion:**

The Auditor concluded the agency has provided appropriate training to its Sexual Abuse Investigators. The Auditor conducted a review of policies, procedures, training curriculum, PowerPoint Presentations, training records, investigative reports and conducted interviews with agency investigators to determine the agency meets the requirements of this standard.



<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1193 378"><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul data-bbox="256 383 1358 748" style="list-style-type: none"> <li>• IDOC Policy 149.01.01.001, Version 6.0, Prison Rape Elimination (PREA SOP)</li> <li>• Pre-Audit Questionnaire (PAQ)</li> <li>• Sample Training Records</li> <li>• Training Curriculum</li> <li>• Specialized Training Certificates</li> <li>• Contractor Training Records</li> <li>• Interviews: <ul data-bbox="277 674 647 748" style="list-style-type: none"> <li>Medical Practitioners</li> <li>Mental Health Practitioner</li> </ul> </li> </ul> <p data-bbox="256 792 560 826"><b>SOP 149.01.01.001</b></p> <p data-bbox="256 860 616 893"><b>Forensic Examinations</b></p> <p data-bbox="256 938 1469 1095">Facility medical staff must stabilize and provide emergency medical care prior to transport for a forensic exam. Medical staff must send the victim’s medical history and the PREA Nursing Encounter (medical records form) to the receiving hospital, but no forensic evidence should be collected by facility medical staff.</p> <p data-bbox="256 1128 1477 1375">The forensic medical exam will be performed by a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE) at a local hospital. A forensic exam can be completed by qualified medical practitioners at the local hospital if a SAFE or SANE provider is unavailable. The victim may refuse the forensic exam. A community victim services advocate provides emotional support and explains the forensic exam process.</p> <p data-bbox="256 1420 576 1453"><b>Analysis/Reasoning:</b></p> <p data-bbox="256 1487 1477 1644">There are (77) number of all medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. One hundred percent (100%) of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy.</p> <p data-bbox="256 1688 440 1722"><b>Conclusion:</b></p> <p data-bbox="256 1756 1469 2036">The Auditor concluded medical and mental health professionals at the ISCC have been appropriately trained. The facility maintains documentation that medical and mental health professionals have received specialized medical training and the same training offered to all IDOC staff. The auditor conducted a review of IDOC policies, procedures, training curriculum, training records and interviewed medical and mental health professional and determined the facility meets the requirements of this standard.</p>

<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• Standard Operating Procedure 149.01.01.001 IDOC Prison Rape Elimination (PREA SOP)</li> <li>• Pre-Audit Questionnaire completed by ISCC</li> <li>• Completed Risk Screening Tools</li> <li>• Completed Reassessment Tools</li> <li>• Interviews <ul style="list-style-type: none"> <li>Staff</li> <li>Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b>  <b>SOP 149.01.001</b></p> <p>IDOC Operating Procedure states that a transferred inmate shall be screened within 72 hours of arrival at the receiving facility to identify any history of sexually aggressive behavior and to assess the inmate's risk of sexual victimization. Staff shall complete the PREA Risk Assessments Worksheet in accordance with the PREA Risk Assessment Manual. The Auditor interviewed staff who explained the initial intake process upon arrival at the facility. Interviews with various staff verified that within 72 hours of admission, inmates are screened for risk of sexual abuse victimization and the potential for predatory behavior and is typically done by the AA staff assigned from medical. During interviews with random inmates, most all remember being asked some PREA related questions during their admission.</p> <p>Policy indicates that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates. The Agency's computerized database risk assessment tools shall be used to determine an inmate's risk. The assessment shall be completed using information contained in the inmate's file and from computerized databases available to employees. Inmates shall be interviewed and their refusal to answer/ disclose information shall be noted in the Agency's computerized database, and they will not be disciplined. The initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, in assessing inmates for risk of being sexually abusive.</p> <p><b>Non-Compliance Reason</b></p> <p>The auditor conducted a review of 12 inmate record files. Each file represented a different month of the 12-month audit period. The review indicated that all 12 inmates received a PREA Intake Screening on the same day of arrival at the facility. However, none of the inmates received a reassessment within 30 days of their arrival. Also, a number of the inmates interviewed said they did not get a Reassessment at least 72 days after arrival to the facility.</p>

	<p><b>Corrective Action Needed</b></p> <p>All inmates must get a Reassessment 90 days from the last day of the onsite audit  Within 30 days of the onsite audit, all new arrivals must get a Reassessment moving forward.</p> <p><b>Corrective Action Deadline</b></p> <p>The Deadline is the Same as in the Corrective Action Needed section. Once completed, the auditor will request reassessment documentation for randomly selected inmates.</p> <p><b>Corrected Action Completed</b></p> <p>Documentation of PREA Screenings from June 1, 2024, Through October 25, 2024, was uploaded on November 30, 2024. Reviewing PREA Screenings from over 50% of the inmate population show significant compliance with standard 115.41.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Completed Offender Screening Forms</li> <li>• Interviews <ul style="list-style-type: none"> <li>Random Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p><b>Placement and Cautions</b></p> <p>a. Facility Leadership must identify in a field memorandum appropriate beds for housing those identified as PREA potential victims (PPV) and PREA potential abusers (PPA). Residents with PREA cautions housed in these beds shall not be moved without permission from Facility Leadership.</p> <p>When a resident is identified and affirmed as a PPV or a PPA, a caution must be entered into the agency information management system. Entries do not include any confidential victim information.</p> <p>b. If a resident has a PREA caution, the following housing guidelines must be followed:</p> <ul style="list-style-type: none"> <li>i. Residents with a PPV caution must not be housed in the same cell as a resident with a PPA caution.</li> </ul>

	<p>ii. Residents with a PPV caution will be assigned to a bunk identified by the facility head as provided in Section G.6.a.</p> <p>iii. Those with PPA cautions will be assigned to locations where more observation is possible.</p> <p>c. The PREA Compliance Manager, with the approval of the Facility Head, will identify a team to review and confirm housing and cautions. The PREA Compliance Manager or Facility Head will be informed of and must approve any changes in housing guidance above.</p> <p>d. PPV and PPA caution information in the agency information management system is used to determine appropriate housing. PREA caution information may not be released externally, except by a PREA Compliance Manager or PREA Coordinator.</p> <p><b>Non-Compliance Reason</b></p> <p>The facility staff does not have documentation that inmates are being assigned to housing units, jobs and programs based upon potential sexual victims or potential sexual abusers. There does not appear to be a method in the classification system to highlight and track these two types of PREA designated inmates.</p> <p><b>Corrective Action Needed</b></p> <p>Facility staff need to provide documentation of risk-based housing decisions; documentation of reassessment of programming assignments for each transgender or intersex inmates; documentation of housing assignments of inmates identified to be lesbian, gay, bisexual, transgender, or intersex for compliance with the standard.</p> <p><b>Corrective Action Deadline</b></p> <p>Documentation requested should be received during the first 120 days of the corrective action period.</p> <p><b>Corrective Action Completed</b></p> <p>Documentation of PREA Screenings from June 1, 2024, through October 25, 2024, was up-loaded on November 30, 2024. Reviewing PREA Screenings from over 50% of the inmate population show significant compliance with standard 115.42.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> </ul>

- Pre-Audit Questionnaire (PAQ) completed by (IDOC)
- Interviews:  
Staff

**Auditor Discussion:**

**SOP 149.01.01001  
Restrictive Housing**

- a. PPVs shall not be placed in restrictive housing for protection purposes unless all other options have been considered, and a determination has been made that there is no available alternative means of separation from PPAs.
- b. If the facility cannot determine appropriate housing immediately, the facility may hold the resident in temporary protective custody for less than 24 hours while completing the assessment.
- c. If the facility places a PPV in restrictive housing, the facility must clearly document the basis for the facility's concern for the resident's safety and the reason why no alternative means of separation can be arranged.

Placement of Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Residents  
The department does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely based on such identification or status. The IDOC considers the management and placement of transgender or intersex residents on a case-by-case basis. Health and safety, operational management, security, and mental health needs are considered. Serious consideration is given to the resident's own views regarding safety.

**Analysis/Reasoning:**

The Idaho Department of Correction prohibits placing offenders at high risk for sexual victimization in restrictive housing without their consent unless an assessment of all available alternatives has been made, and a determination has been made by the Mental Health Professional and there is no available alternative means of separation from likely abusers. Policy requires the facility clearly document the basis for the facility's concern for the offender's safety and the reason why no alternative means of separation can be arranged. Policy allows the offender to be placed in restrictive housing unit for up to two hours if the assessment cannot be completed immediately.

Agency policy provides programs and services similar to those available to general population offenders to offenders in restrictive housing, to the extent feasible. Policy clearly requires staff document the opportunities that have been limited, the duration of the limitation and the reason for such limitations on the Denial of Activity or Service form when those identified as HRSV, or who have alleged to have suffered sexual abuse or sexual harassment are denied activities or services while in restrictive housing.

Staff may place such offenders in restrictive housing only until an alternative means of separation from likely abuse can be arranged. The agency stipulates the

	<p>assignment will not ordinarily exceed 30 days.</p> <p>There were (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. In the past 12 months, there were (0) number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p>From a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, there were (0) number of case files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged.</p> <p><b>Conclusion:</b></p> <p>The facility has appropriate procedures in place to ensure offenders identified at high risk of sexual victimization who are placed in involuntary segregated housing receive appropriate placement, reviews and other privileges. The Auditor reviewed IDOC policies, procedures, classification records, housing records, Sexual Abuse/Sexual Harassment Assessment form, made observations and interviewed staff and offenders to determine the facility meets the requirements of this standard.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Inmate PREA Brochure</li> <li>• Resident Handbooks</li> <li>• PREA Posters</li> <li>• Third-Party Reporting Poster</li> <li>• Interview <ul style="list-style-type: none"> <li>Random Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p><b>Reporting</b></p> <p><b>Reporting by Residents</b></p> <p>The department provides multiple methods for residents to report sexual abuse, sexual harassment, retaliation by other residents or staff, staff neglect, or staff</p>

violation of responsibilities that may have contributed to such incidents.

### **Confidential Reporting**

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

Idaho Sheriffs' Association  
3100 Vista Ave., Suite 203  
Boise, ID 83705

### **Staff Reporting**

All staff, volunteers, and contractors must immediately report orally and in writing any knowledge, suspicion, or information received from any source regarding an allegation or incident of sexual abuse and sexual harassment to the shift commander. When the department learns that a resident is at risk of imminent sexual abuse, immediate action is required by the shift commander to protect them.

Staff, volunteers, and contractors must keep the report and its contents confidential, except as necessary to facilitate investigation of the allegation and administrative or criminal proceedings. The reporting staff, contractor, or volunteer must write an incident report before leaving the facility and forward it to the shift commander.

Staff, contractors and volunteers may privately report sexual abuse or sexual harassment using these options.

The Helpline is 1-800-361-6286.

The email option is [victimservices@idoc.idaho.gov](mailto:victimservices@idoc.idaho.gov).

The Helpline is managed by Special Investigations Unit. The email is managed by the PREA coordinator. Both are checked during normal business hours.

### **Reporting**

#### **Reporting by Residents**

The department provides multiple methods for residents to report sexual abuse, sexual harassment, retaliation by other residents or staff, staff neglect, or staff violation of responsibilities that may have contributed to such incidents. All reports of sexual abuse and sexual harassment must be investigated. Incidents involving potentially criminal acts are referred to law enforcement for investigation and potential prosecution.

The department does not rely on interpreters from the prison population to help residents who are disabled or have limited English proficiency report sexual abuse, unless a delay would compromise the resident or CRC resident's safety. Whenever possible the department uses a staff member, or an alternative source such as the AT&T Language Translation Service: Language Line Service. The best method of reporting is the quickest and safest method available to the resident at the time. Generally, the best methods are:

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

### **Concern Forms and Grievances Regarding Sexual Abuse**

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

#### **Concern Forms**

Any concern form alleging sexual abuse should be kept confidential and may be submitted to the facility head, PREA compliance manager, PREA coordinator, or any staff member, including central office staff. It should not be submitted or referred to the subject of the allegation. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, can assist the resident submitting the grievance.

Third parties may submit such allegations on behalf of a resident. Third parties are not required to use the standard grievance form when submitting a PREA grievance. If the alleged victim denies the allegation, declines to participate, and there is no evidence to support it, the allegation will be deemed unfounded and closed.

#### **Analysis/Reasoning:**

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

#### **Sexual Abuse/Harassment Referral form.**

During the facility tour, informal interviews with staff were conducted. The staff were aware of their obligations to accept reports from inmates and most inmates who were informally interviewed stated they were comfortable making a report to a staff member. Staff and inmates were aware of the ability to make written reports through the various available means and were aware of the hotline. This Auditor reviewed facility investigations randomly selected for post-audit review and noticed that multiple forms of inmate reporting. During the tour, adequate reporting hotline posters were prominently displayed throughout the facility. When receiving any report of sexual abuse or sexual harassment, regardless of the source, staff shall promptly document and forward the complaint to the appropriate supervisory staff for



	<p>investigation. Inmates may report sexual abuse or sexual harassment to the Idaho Sheriffs Association. Upon receipt of a complaint, the complaint shall immediately forward the complaint in writing to the institutional PREA Manager on a (PREA).</p> <p>Staff may privately report sexual abuse or harassment of inmates either verbally or in writing to their supervisors, or Warden directly. Staff can also report sexual abuse or harassment through the established hotline and staff members are informed of this provision during PREA training. Staff interviews revealed that they are aware they can go directly to facility administration, including the PREA Coordinator to report sexual abuse and harassment of inmates.</p> <p>Neither the facility or the agency can hold individuals for civil immigration purposes to require information and none were being housed at the facility. During interviews, residents stated that they could talk to any of the staff if they had any issue. Several expressed that they felt safe and knew of the PREA safety postings on the bulletin boards in the housing units, dining hall, and other shared areas.</p> <p><b>Conclusion:</b> The Auditor reviewed the Agency's policies, procedures, Inmate Handbook, grievances, investigative records, and conducted interviews with staff and inmates to determine the facility meets the requirements of this standard.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Resident Handbook</li> <li>• Third-Party Reporting Poster</li> <li>• Interview: <ul style="list-style-type: none"> <li>Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p><b>Grievances</b></p> <p>The following guidelines apply to any grievance that pertains to sexual abuse or staff sexual misconduct:</p> <ul style="list-style-type: none"> <li>• Time limits for filing a grievance do not apply to sexual abuse specific elements but may be applied to unrelated concerns contained in the same grievance.</li> </ul>

- The three-grievance limit does not apply.
- Informal resolution is not required.
- Grievance coordinators must not reject a grievance or allegation of sexual abuse.
- The grievance should be confidential and may be submitted to the facility head, PREA compliance manager, or PREA coordinator for review and appropriate referral. It should not be submitted or referred to the subject of the investigation.
- A final decision on the merits of any portion of a grievance is required within 90 days of receiving the grievance. Computation for the 90-day time period does not include time consumed by the resident in preparing an appeal. An extension may be granted based on normal grievance procedures. If an extension is granted, notify the resident in writing and provide a date when the final decision will be made.
- Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, can assist the resident submitting the grievance.
- Third parties may submit such allegations on behalf of a resident. Third parties are not required to use the standard grievance form when submitting a PREA grievance.
- If the alleged victim denies the allegation, declines to participate, and there is no evidence to support it, the allegation will be deemed unfounded and closed.
- If it is determined that the resident submitted a sexual-abuse related grievance containing false allegations, disciplinary action may be taken in accordance with SOP 318.02.01.001, Disciplinary Procedures for Residents.

**Analysis/Reasoning:**

The "Grievance Procedure for Sexual Abuse/Sexual Harassment" section states, "There is no time limit on when you may file a grievance regarding an allegation of sexual abuse or sexual harassment. You are not required to resolve an incident of sexual abuse or sexual harassment with staff or submit the grievance to the staff member who is the subject of your sexual abuse or sexual harassment allegation. Grievances regarding sexual abuse or sexual harassment will not be referred to the staff member who is the subject of the grievance."

The Auditor conducted formal interviews with residents. Offenders were asked to explain the different ways of reporting allegations of sexual abuse and an imminent risk of sexual abuse. Offenders asked were aware the facility accepts allegations of sexual abuse through the grievance mechanism. Offenders were aware they could file a grievance to report sexual abuse anonymously. None of the offenders interviewed by the Auditor had filed a grievance alleging an imminent risk of sexual abuse or an allegation of sexual abuse.

The Auditor conducted interviews with facility staff. Staff were asked if offenders could submit a grievance alleging sexual abuse and/or alleging an imminent risk of sexual abuse. Each staff member was aware offenders could file such grievances.

Supervisors interviewed by the Auditor explained their responsibilities in responding to grievances alleging an imminent risk of sexual abuse. Supervisors informed the Auditor they take immediate action to ensure the safety of the offender. The Auditor was informed the offender is provided a response within 48 hours and 8 hours for an emergency grievances. The Auditor asked what is included in the written response. The Auditor was informed the response to the offender includes whether the offender

	<p>is at substantial risk of imminent sexual abuse and the supervisor's actions taken in response to the emergency grievance.</p> <p>In the past 12 months, there was zero (0) number of grievances filed that alleged sexual abuse; In the past 12 months, there were zero (0) number of grievances alleging sexual abuse that reached final decision within 90 days after being filed; In the past 12 months, there was zero (0) number of grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days and there were zero (0) number of grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.</p> <p><b>Conclusion:</b></p> <p>The Auditor determined the IDOC has appropriate policies and procedures in place for addressing offender allegations of sexual abuse and an imminent risk of sexual abuse. Facility staff understand the agency's procedures and the offender population is aware they can submit grievances alleging sexual abuse and/or risk of imminent sexual abuse. The Auditor reviewed the agency's policies, procedures, Resident Handbook, grievances, investigative records, and conducted interviews with staff and offenders to determine the facility meets the requirements of this standard.</p>
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<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <hr/> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Pre-Audit Questionnaire completed by IDOC</li> <li>• JDI Contract</li> <li>• JDI Posters</li> <li>• ISCC Resident Handbook</li> <li>• Resident Education Materials</li> <li>• Immigration Information related to PREA</li> <li>• Interviews <ul style="list-style-type: none"> <li>Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p><b>Confidential Support Services</b></p>

	<p>Residents are provided with access to outside victim advocates for emotional support services related to sexual abuse. The department allows reasonable communication between these individuals and support organizations in as confidential a manner as possible.</p> <p>Currently, Just Detention International offers mail confidential emotional support via confidential mail. Confidential mail is checked for contraband only, not content.</p> <p>Rape crisis centers in five Idaho regions provide victim advocate support for residents during and after a forensic exam. Residents in facilities where local victim advocate support is available receive training on services available and how to access those services.</p> <p><b>Non-Compliance Reason</b></p> <p>Twenty-eight of the forty-six residents interviewed by the auditor did not know that Just Detention International (JDI) was providing emotional support services to victims of sexual abuse.</p> <p><b>Corrective Action Needed</b></p> <p>The facility needs to provide regular training to the residents on the availability of emotional support services from (JDI) and provide information through multiply ways. Information should stress confidentiality of the services and under what conditions when information may be shared with facility staff.</p> <p><b>Corrective Action Deadline</b></p> <p>Documentation of training should be shared with the auditor as soon as possible during the 180-day Corrective Action Period.</p> <p><b>Corrective Action Completed</b></p> <p>Updated pamphlets, slides and videos provided to the facility to promote awareness of the Idaho Crisis and Suicide Hotline (ICSH). Idaho's special investigation unit checked the hotline logs as a result of the auditor's concerns. They confirmed recording access was very limited, and no one had accessed the recordings. The facility provides information on the confidentiality in place for the emotional support services for inmates at the facility. The standard 115.53 is currently in compliance.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PAQ Completed by Idaho State Correctional Center (ISCC)</li> </ul>

- Third-Party Reporting Poster/Signage
  - PREA Posters
  - Agency Website
  - Interviews
- Staff  
Random Residents  
Observations

#### **SOP 149.01.01.001**

Family and Community Reporting department accepts and investigates reports of sexual abuse or sexual harassment made on behalf of a resident. The department website, [www.idoc.idaho.gov](http://www.idoc.idaho.gov), provides a telephone number and e-mail address for third party reporting outside of facilities. The Helpline is 1-800-361-6286. The email option is [victimservices@idoc.idaho.gov](mailto:victimservices@idoc.idaho.gov). The Helpline and email are checked during normal business hours. Staff, contractors, and volunteers may also use these options to privately report sexual abuse or sexual harassment.

#### **Analysis/Reasoning:**

The IDOC has provided a mechanism for third-party reporting. The policy is posted on the DOC website located at <https://www.idoc.idaho.gov/content/prisons/prea>. The website also provides a printer-friendly pdf file that the viewer can print if needed for ease of access. Interviews with investigative staff indicate that all third-party reports will be taken seriously and followed up on appropriately. Third-Party Reporting posters/signage were observed throughout the facility to include areas of egress where visitors and attorneys would pass through on a regular basis.

The Auditor conducted formal interviews with residents. Each resident was asked what avenues were available for making an allegation of sexual abuse or sexual harassment. The offenders stated they could tell a staff member or any person they trust, file an emergency grievance, call the sexual abuse hotline, or have another person make the allegation on their behalf. Each resident understood how to have a third-party file an allegation on their behalf. Each offender understands they can file an allegation anonymously. The Auditor conducted formal interviews with facility and Investigators. Investigators were asked in what ways they have received reports of sexual abuse and sexual harassment. Each explained they have received allegations by a third-party. Investigators explained they conduct investigation of all allegations, regardless of how they are made. The Idaho Department of Correction has options for third party reports from the family and community. The Department of Correction investigates these allegations.

#### **Conclusion:**

The Auditor determined the facility accepts all reports, including third party reports of sexual abuse and sexual harassment. The public is informed through the agency's website how to make a third-party report on behalf of an offender. The Auditor reviewed agency policy, procedures, website, posted PREA materials, Resident Handbook, Right to Be Safe Brochure, Third Party Reporting Form, Investigative Records, interviewed staff and offenders, made observations and determined the

	facility meets the requirements of this standard.
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<b>115.61</b>	<b>Staff and agency reporting duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Investigative Reports</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>SOP 149.01.01.001</b></p> <p>All staff, volunteers, and contractors must immediately report orally and in writing any knowledge, suspicion, or information received from any source regarding an allegation or incident of sexual abuse and sexual harassment to the shift commander. When the department learns that a resident is at risk of imminent sexual abuse, immediate action is required by the shift commander to protect them.</p> <p>Staff, volunteers, and contractors must keep the report and its contents confidential, except as necessary to facilitate investigation of the allegation and administrative or criminal proceedings.</p> <p>The reporting staff, contractor, or volunteer must write an incident report before leaving the facility and forward it to the shift commander. Staff, contractors and volunteers may privately report sexual abuse or sexual harassment using these options.</p> <p>The Helpline is 1-800-361-6286.  The email option is <a href="mailto:victimservices@idoc.idaho.gov">victimservices@idoc.idaho.gov</a>.  The Helpline is managed by Special Investigations Unit. The email is managed by the PREA coordinator. Both are checked during normal business hours.</p> <p><b>Failure to Report</b></p> <p>Any staff member, contractor, or volunteer found to have failed to report sexual abuse or sexual harassment of a resident, retaliation by other residents or staff, staff neglect, or staff violation of responsibilities that may have contributed to such incidents, is subject to disciplinary or other appropriate action, up to and including termination. Volunteers and contractors may be denied access to the facility for failure to report.</p> <p><b>Reporting to Other Confinement Facilities</b></p>

If a resident reports being sexually abused while confined in another facility, either within or outside IDOC's jurisdiction, the shift commander must report the information directly to the facility head.

The facility head will notify the agency or facility head where the alleged abuse occurred. All notifications must be made within 72 hours and copied to the PREA coordinator. The PREA coordinator will log and file notifications in the PREA folder.

**Analysis/Reasoning:**

Interviews with a random sample of staff confirm that they are required to report and knowledge, suspicion, or information regarding sexual harassment or sexual abuse, retaliation, or staff neglect. Staff members are familiar that they should not share private information surrounding a claim or incident of sexual harassment or sexual abuse other than disclosing the information to their supervisor(s) or other staff in order to assist in making treatment, investigation, and other security and management decisions.

Interviews with Medical and Mental Health staff revealed that apart from reporting to designated supervisors or officials, medical and mental health staff 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 unless prevented by Federal, State or local law. While the facility does not house offenders under the age of 18, if they were to have a vulnerable adult in the facility that claimed sexual harassment or sexual abuse, they would be required to report the allegation, including third-party and anonymous reports, to the facility's designated investigators. A review of Investigative reports reveals that the agency investigates reports made by third-party or anonymous complainants.

The Auditor conducted formal interviews with randomly selected and specifically targeted offenders. Each offender was asked if they were confident in staff's ability to maintain confidentiality of an allegation of sexual abuse after learning of a reported incident. Most residents stated they do feel staff would maintain confidentiality of the information.

The Auditor reviewed agency training curriculum. Training curriculum for staff, volunteers and contractors include reporting of sexual abuse and sexual harassment allegations. Each is required to read the agency's policies and sign receipt for such on an annual basis. The Auditor verified through training records each staff member, contractor and volunteer had received training and read the policies how to report sexual abuse and sexual harassment information.

The Auditor conducted an interview with a facility volunteer. The volunteer was asked if they are required to report allegations of sexual abuse and sexual harassment. The volunteer stated the agency requires them to immediately report such allegations. The Auditor asked if he had received training from the facility. The volunteer stated he had received training and he was informed in training of the agency's requirement to report all allegations.

	<p><b>Conclusion:</b></p> <p>The Auditor concluded staff, volunteers and contractors are aware of the IDOC requirement to report any knowledge, suspicion or information related to sexual abuse and sexual harassment. Staff understands the requirement to maintain confidentiality with the information obtained by an allegation. Interviews with medical and mental health practitioners revealed they understand the requirements for reporting sexual abuse that occurred in a community setting and for youthful offenders. The Auditor reviewed agency policies, procedures, training curriculum, investigative reports and conducted interviews with staff, contractors, volunteer and offenders to determine the facility meets the requirements of this standard.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Inmate Grievances Memo</li> <li>• Interviews <ul style="list-style-type: none"> <li>Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>SOP 149.01.01.001</b></p> <p>When the department learns that a resident is at risk of imminent sexual abuse, immediate action is required by the shift commander to protect them.</p> <p><b>Analysis/Reasoning:</b></p> <p>In the past 12 months, there were zero (0) number of times the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. If the agency or facility made such determinations in the past 12 months, the average amount of time (in hours-48) that passed before taking action. The Auditor conducted formal interviews with facility supervisors. Supervisors were asked to explain what steps are taken to protect an offender after learning the offender is at a substantial risk of imminent sexual abuse. The Auditor was informed the potential victim and potential aggressor would be separated from one another. The facility investigator would immediately be notified so an investigation could begin to determine the risk. One of the offenders would be moved to another housing unit to maintain the safety of both offenders. Randomly selected staff were interviewed by the Auditor. Each was asked what steps they would take after learning an offender was at imminent risk of substantial sexual abuse. Each informed the Auditor they would immediately notify their supervisor and stay with the at-risk offender.</p>



	<p>The Auditor participated in a detailed tour of the ISCC. The Auditor observed multiple housing units that provide an opportunity to ensure offenders who are identified at a substantial risk of imminent sexual abuse could be housed safely from a potential aggressor. The facility has the ability to transfer offenders to another facility if the offender could not be housed safely.</p> <p><b>Conclusion:</b></p> <p>The Auditor concluded the ISCC takes immediate and appropriate actions to ensure the protection of offenders who are identified at a substantial risk of imminent sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, conducted interviews with staff and offenders, made observations and determined the ISCC meets the requirements of this standard.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Review of Investigative Reports</li> <li>• Interview Facility Warden/Superintendent</li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b> <b>Reporting to Other Confinement Facilities</b></p> <p>If a resident reports being sexually abused while confined in another facility, either within or outside IDOC’s jurisdiction, the shift commander must report the information directly to the facility head.</p> <p>The facility head will notify the agency or facility head where the alleged abuse occurred. All notifications must be made within 72 hours and copied to the PREA coordinator. The PREA coordinator will log and file notifications in the PREA folder.</p> <p><b>Response and Investigation</b></p> <p>Sexual abuse and sexual harassment are considered a major incident and require immediate response in accordance with SOP 105.02.01.001, Reporting and Investigation of Major Incidents. An investigator who has received PREA-required investigation training must interview all residents involved in an allegation of sexual abuse.</p> <p><b>Response Based on When the Incident Occurred</b></p>

	<p>The amount of time that has lapsed between the abuse and the discovery or report affects specific steps of the response.</p> <p><b>Analysis/Reasoning:</b></p> <p>The ISCC reported there was one (1) allegation received that an offender had allegedly been sexually abuse while confined at another facility. The policy requires that upon receiving an allegation that an Incarcerated Individual was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or proper office of the agency or facility where sexual abuse is alleged to have occurred. Notification is to be made as soon as possible not to exceed 72 hours and the Superintendent/Warden must make the notification to the Superintendent of the other facility. Interviews with the Warden/Superintendent confirm that the standard policy would be to notify the other Superintendent.</p> <p>In the past 12 months, there were two (2) number of allegations of sexual abuse the facility received from other facilities.</p> <p>The Auditor conducted formal interviews with ISCC staff. Each staff member was asked what actions they take if an offender alleges to have been sexual abused while confined at another facility. Each staff member stated they would immediately report the allegation to their supervisor and submit an Incident Report including the details of the allegation as reported to them. The Auditor asked facility supervisors what their actions would be after receiving such information. The Auditor was informed the agency investigator would immediately be notified. The investigator stated he would ensure the Facility Warden/Superintendent is notified so proper notification could be made in a timely manner. The investigator stated he would conduct an investigation into the allegation.</p> <p><b>Conclusion:</b></p> <p>The Auditor reviewed the agency's policies, procedures, and conducted interviews with agency staff and determined the facility has appropriate procedures in place to comply with this standard.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Policy, Materials, Interviews and Other Evidence Reviewed</p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• Guidance Procedures for Investigations</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Incident Protocols</li> <li>• Interviews</li> <li>• Security First Responders</li> </ul>

## Non-Security First Responders

### **Auditor Discussion:**

#### **SOP 149.01.01.001**

##### **First Responder**

When the department receives an allegation that a resident was sexually abused, the first staff member to respond must:

- Separate the alleged victim and abuser, if they have not already been separated.
- Immediately contact the shift commander.
- Preserve and protect any crime scene until evidence is collected.
- Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating if the abuse occurred within five calendar days.
- Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating if the abuse occurred within five calendar days.

If the first staff responder is not a security staff member, request that the alleged victim take no actions that could destroy physical evidence and notify security staff.

### **Analysis/Reasoning:**

IDOC has developed a variety of protocols that are more specific to the needs based on the type of incident claimed. The agency has developed protocols for Inmate on Inmate Sexualized behavior (not mandated to be tracked, but the IDOC does track this valuable information), Inmate on Inmate Sexual Harassment, Inmate on Inmate Sexual Abuse, Inmate on Inmate Sexual Abusive Penetration, Staff on Inmate Voyeurism, Indecent Exposure, Sexual Harassment, and Staff on Inmate Sexual Abuse Penetration/Contact. The policy and protocols require that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser, the first security staff member to respond to the report to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report request that the alleged victim 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, the first security staff member to respond to the report 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. Interviews with a random sampling of staff revealed that security staff members are very proficient with these requirements. There were no cases reported in the past twelve months that potentially allowed for the collection of physical evidence and in each case, the victim and abuser were

asked to refrain from washing, brushing, going to the restroom, showering, etc. Agency policy SOP 149.01.01.001 requires that if the first staff responder is not a security staff member, the responder must ask that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Non-security staff (caseworkers, medical and mental health staff) interviewed were aware of their duty to request the victim and abuser to not take any actions that could destroy physical evidence and notify security staff.

The ISCC reported (19) allegations of sexual abuse were received within the previous 12 months. Of these allegations of sexual abuse in the past 12 months, there was (13) number of times the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12 months, there was (6) number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were (6) number of times the first security staff member to respond to the report preserved and protected any crime scene until appropriate steps could be taken to collect any evidence.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were (6) number of times the first security staff member to respond to the report requested 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.

Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were (6) number of times the first security staff member to respond to the report ensured that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Of the allegations that an inmate was sexually abused made in the past 12 months, there were (2) number of times a non-security staff member was the first responder. Of those allegations responded to first by a non-security staff member, there were (2) number of times that staff member requested that the alleged victim not take any actions that could destroy physical evidence. Of those allegations responded to first by a non-security staff member, there were (2) number of times that staff member notified security staff.

**Conclusion:**

The Auditor determined the facility has trained its staff in their responsibilities as a first responder to an incident of sexual abuse. Staff interviewed by the Auditor appeared proficient in their duties. The Auditor reviewed agency policies, procedures, Sexual Assault Response, investigative reports, interviewed staff and determined the facility meets the requirements of this standard.

<b>115.65</b>	<b>Coordinated response</b>
	<p data-bbox="256 188 959 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="256 266 544 300"><b>Auditor Discussion</b></p> <hr/> <p data-bbox="256 344 1193 378"><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul data-bbox="256 389 1182 624" style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• ISCC Procedure 11-01 Coordinated Response Plan</li> <li>• Interviews <ul data-bbox="277 546 544 624" style="list-style-type: none"> <li>Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p data-bbox="256 669 568 703"><b>Auditor Discussion:</b></p> <p data-bbox="256 748 560 781"><b>SOP 149.01.01.001</b></p> <p data-bbox="256 792 1474 1061">The facility leader must detail a facility-specific coordinated response in the standardized Prison Rape Elimination Field Memo. The FM must name a PREA compliance manager; identify resources to support the initial response and administrative SART and identify the community SART. When a facility does not have the required response team members on staff, the FM must identify how those duties will be covered. The FM will be updated annually or in a timely manner when changes occur. The facility initial response SART usually includes:</p> <ul data-bbox="256 1072 544 1229" style="list-style-type: none"> <li>• Shift commander</li> <li>• Medical staff</li> <li>• Mental health staff</li> <li>• Investigator</li> </ul> <p data-bbox="256 1274 1474 1644">The initial response SART is responsible to work with the shift commander or duty officer for the immediate management of the victim to include medical evaluation, crisis intervention, and temporary housing decisions. Alleged sexual abuse victims should not be housed on the same unit as the alleged abusers. Sexual abuse victims should be housed in the least restrictive environment possible and should be allowed to retain personal property that does not present a legitimate security concern. After a sexual abuse exam has been completed (or refused), victims should be given access to a shower, food, and drink. Telephone calls to family, visits from clergy, community victim services coordinators, etc., should be allowed whenever possible.</p> <p data-bbox="256 1688 1474 1834">If initial response SART members cannot agree on a housing assignment, the shift commander must notify the facility duty officer. The facility duty officer then decides the sexual abuse victim’s housing assignment. The PREA Sexual Abuse or Contact Checklist provides step-by-step guidance for sexual abuse incidents.</p> <p data-bbox="256 1879 576 1912"><b>Analysis/Reasoning:</b></p> <p data-bbox="256 1946 1474 2069">ISCC has a written institutional response plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. I have secured and</p>

	<p>reviewed the coordinated response plan. The coordinated response plan coordinates the actions of staff first responders, medical and mental health practitioners, investigators, and facility leadership when responding to an incident of sexual abuse.</p> <p>Interviews with the Warden/ Superintendent, investigators, medical/mental health, and PREA Manager confirm that there is a coordinated response plan for the facility. The Coordinate Response Plan is documented in SOP 149.01.01.001. The Sexual Assault Response Checklist requires the staff include the date and time each action listed above is taken. The Auditor conducted formal interviews with staff listed in the agency's Coordinated Response Plan. Each were asked questions related to their specific duties in response to a sexual abuse incident. Each person interviewed was knowledgeable regarding their specific duties as required in the ISCC Coordinated Response Plan. The Auditor determined the facility has prepared its staff to take appropriate actions in response to sexual abuse. The Auditor found facility staff, volunteers and contractors have been trained in their responsibilities in response to an allegation of sexual abuse. The agency's training includes elements of its coordinated response plan.</p> <p>The Auditor verified all agency personnel, volunteers and contractors had received the training. The Auditor conducted formal interviews with offenders. Offenders were asked if they feel safe in the facility. Most stated they do feel safe in the facility. Offenders were asked if they are confident in staff's abilities to respond to incidents of sexual abuse. Most offenders interviewed stated they are confident in staff's abilities. Offenders informed the Auditor staff are helpful to the population.</p> <p>Through interviews the Auditor determined staff understands they are required to immediately ensure the safety of each offender who alleges sexual abuse. There were no incidents that required staff implement first responder duties as required in the facility's Coordinated Response Plan.</p> <p><b>Conclusion:</b></p> <p>The Auditor determined the facility maintains an appropriate response plan that coordinates the actions of personnel following an incident of sexual abuse and trained its personnel to follow the plan. Based on a review of the agency's policies, procedures, Coordinated Response Plan, Sexual Assault Response Checklist, training records, and interviews with staff and offenders, the Auditor determined the ISCC meets the requirements of this standard.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<b>Policy, Materials, Interviews and Other Evidence Reviewed</b>

	<ul style="list-style-type: none"> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Collective Bargaining Agreement Effective April 12, 2021</li> <li>• Interviews: Staff</li> </ul> <p>A review indicated that there are no collective bargaining agreements that preserve the ability of the Agency to remove alleged staff abusers from contact with inmates, consistent with provisions of the standard. Specifically, when warranted, the Agency may take actions that include suspension of an employee during an investigation and this suspension may continue until disciplinary actions are determined. There are no terms within the Agency that prevent the agency from removing staff for cause during an investigation. The Agency Head confirmed that the agency maintains the right to assign staff.</p> <p>This Auditor confirmed that the Agency has the right and ability as the employer, to remove alleged staff abusers from contact with inmates, consistent with provision (a) of the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during an investigation. This suspension may continue until the time where disciplinary actions are determined. There are no terms within any bargaining contracts that prevent the employer from removing staff for cause during an investigation.</p> <p><b>Conclusion:</b> The Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Retaliation Monitoring Form</li> <li>• Investigative Files</li> <li>• Interview Retaliation Monitor Random Residents</li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001 Protection against Retaliation</b></p> <p>The department strictly prohibits retaliation against any person for reporting or cooperating in an investigation of sexual abuse or sexual harassment. Any resident or</p>

staff member who reports sexual abuse or sexual harassment, or who cooperates with any such relative investigation(s), or, who fears retaliation, must be protected.

The facility PREA compliance manager must assign facility staff to monitor the conduct and treatment of residents or staff who reported the sexual abuse to determine if any activities suggest retaliation by other residents or staff and act promptly to remedy any such retaliation. The PREA Retaliation Monitoring Form is used for 90 days to track for retaliation in sexual abuse cases. One initial check in required in sexual harassment cases.

The PCM will request additional retaliation checks for harassment when merited. Completed forms are filed at the facility in the PREA compliance manager audit file. Possible retaliation by other residents must be reported to the facility head for further investigation and possible disciplinary action. Suspected retaliation must be reported to the facility head and human resources director for further investigation and possible disciplinary action, based on procedures in SOP 205.07.01.001, Corrective and Disciplinary Action, Retaliation, in and of itself, is grounds for disciplinary action up to and including termination.

**Analysis/Reasoning:**

The facility has designated the PREA compliance managers as the Retaliation Monitors for ISCC. The agency has also created a Retaliation Monitoring Form to use to assist the monitor in keeping track and notes of the monitoring. The agency employs multiple protective measures, to protect victims from abusers to include housing changes, 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.

Interviews with the Agency Head/Director, Warden/Superintendent, and Retaliation Monitor all conclude that the facility will take a variety of measures to protect the victim from their abuser. I reviewed investigative files of incidents where the victims were protected from potential retaliation.

Agency policy mandates that for at least 90 days following a report of sexual abuse, the facility shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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 and shall act promptly to remedy any such retaliation. The facility monitors inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. I have reviewed investigative files and determined that the facility does monitor for retaliation for at least 90 days. Interviews with the Retaliation Monitor also indicate that monitoring may continue as needed to protect the victim.

**Conclusion:**

The Auditor determined the agency has appropriate policies and practices in place to



	<p>ensure staff and offenders are protected from retaliation. The Auditor reviewed the IDOC policies, procedures, retaliation monitoring log, investigative reports, conducted interviews with staff and offenders and determined the facility meets the requirements of this standard.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC SOP 149.01.01.001, Version 6.0, Prison Rape Elimination</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Observations</li> <li>• Interviews <ul style="list-style-type: none"> <li>Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p>Alleged sexual abuse victims should not be housed on the same unit as the alleged abusers. Sexual abuse victims should be housed in the least restrictive environment possible and should be allowed to retain personal property that does not present a legitimate security concern. After a sexual abuse exam has been completed (or refused), victims should be given access to a shower, food, and drink. Telephone calls to family, visits from clergy, community victim services coordinators, etc., should be allowed whenever possible.</p> <p>If initial response SART members cannot agree on a housing assignment, the shift commander must notify the facility duty officer. The facility duty officer then decides the sexual abuse victim’s housing assignment.</p> <p><b>Analysis/Reasoning:</b></p> <p>During the past 12 months, there has been no offender who alleged to have suffered sexual abuse who were held in involuntary segregated housing for one to 24 hours awaiting completion of an assessment. During the past 12 months, there has been no offender who alleged to have suffered sexual abuse who was assigned to involuntary segregated housing for longer than 30 days while awaiting an alternative assessment. During the pre-audit, the auditor was provided with documentation showing a statement for the basis for facility’s concern for the offender’s safety, and the reason why alternative means of separation could not be arranged. If an involuntary segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for</p>

	<p>separation from the general population.</p> <p>Staff interviews confirm the agency’s policy prohibiting placing offenders at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from likely abusers. If an offender were to be held in involuntary segregated housing for this reason, they would be moved as soon as less restrictive housing became available.</p> <p><b>Conclusion:</b></p> <p>The agency’s policy includes the elements of PREA standard 115.43 to ensure sexual abuse victims receive privileges, programming, education, and work opportunities if a victim is placed in segregated housing for protection. After a thorough review of the agency’s policies and procedures, Assessment form, housing records, investigative records, making observations, interviewing staff and offenders, the Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• IDOC SOP #150.01.01.006 Administrative Investigations</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Sample Investigative Reports</li> <li>• Interview: <ul style="list-style-type: none"> <li>Warden/Superintendent</li> <li>PREA Coordinator</li> <li>PREA Compliance Manager</li> <li>IDOC Investigative Staff</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p>All reports of sexual abuse and sexual harassment must be investigated. Incidents involving potentially criminal acts are referred to law enforcement for investigation and potential prosecution.</p> <p><b>SOP #150.01.01.006</b></p> <p><b>Administrative Investigations</b></p> <p>An investigation occurs when it is alleged or suspected that an employee’s conduct or</p>

behavior violates any department policy, procedure, rule, or training. The Management Authority is encouraged to conduct an inquiry to determine if sufficient information exists to warrant further investigation. An investigation should be conducted through the SIU when the alleged violation may result in disciplinary action as outlined in:

- SOP 205.07.01.001, Corrective and Disciplinary Action
- Idaho Administrative Procedure Act (IDAPA) 15.04.01.01, Rules of the Division of Human Resources and Personnel Commission, Section 190 and codified at Idaho Code § 67-5309(n). The objectives of an investigation are to:
  - Uncover and preserve all pertinent facts and evidence
  - Determine if department personnel were involved in a violation of police
  - Determine if the conduct or behavior was intentional
  - Determine if the conduct or behavior was the result of action or inaction by the employer, such as training needs or procedure failure
  - Determine the reasonableness and the basis of the employee's actions and evaluate any explanations

### **Law Enforcement Relations / Criminal Investigations**

When an alleged crime involving a staff member has occurred, the SIU will be the designated authority for coordinating, requesting, and contacting the appropriate law enforcement agency. The management authority will contact the SIU to notify them of an outside law enforcement need. A referral to law enforcement may suspend the department's preliminary inquiry and/or investigation until further notice, as determined by the SIU chief investigator or designee.

Any related criminal investigation supersedes the administrative investigation. SIU investigators will not participate in an interview of the accused employee during the criminal investigation. The SIU chief investigator and the SIU investigator will monitor the progress of the criminal investigation to determine whether to or when to proceed with a separate administrative investigation.

Special Investigations Unit: The designated unit under the Director's Office with primary responsibility for conducting administrative and criminal investigations involving allegations of staff misconduct, offenders who have absconded from probation or parole, investigate escapes and assist in the recapture of offenders, pre-employment background checks, gather intelligence and coordinate facility investigations.

### **Analysis/Reasoning:**

The Auditor conducted a formal interview with a facility investigator. The investigator discussed the procedures utilized when conducting sexual abuse investigations. The process starts by interviewing the alleged victim. During the investigation the interviews the alleged victim, perpetrator and all witnesses, including staff witnesses. The Auditor asked what information is reviewed concerning the victim and abuser. The Investigator stated criminal record are reviewed, institutional history, grievances, discipline history, Incident Reports, Request Forms, video footage, telephone records, previous complaints and any other relevant information. The investigator was asked

	<p>how she determines the credibility of a victim, abuser and witnesses. The Auditor was informed credibility is not based solely on a person's status and is based on a review of documents, information, video footage, phone records, and statements made during the interview and subsequent interviews.</p> <p><b>Conclusion:</b> There were (5) number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later. This Auditor is satisfied that the ISCC conducts investigations consistent with the intended requirements of provision (a) of the standard and its practice demonstrate substantial compliance.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• IDOC Standard Operating Procedure 150.01.01.006 Administrative Investigations</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Interview: Investigators</li> </ul> <p><b>SOP 149.01.01.001</b></p> <p><b>Findings and Notifications</b></p> <p><b>Findings</b></p> <p>Substantiated means an allegation was investigated and determined to have occurred based on a preponderance of evidence.</p> <p><b>SOP 150.01.01.006</b></p> <p>In disciplinary actions, the department has the burden of proving cause for the discipline by a preponderance of the evidence.</p> <p><b>Not Sustained</b></p> <p>The investigation failed to discover a preponderance of the evidence to support or disprove the allegation(s) made in the complaint.</p> <p><b>Sustained</b></p> <p>The investigation disclosed a preponderance of the evidence to support the allegations made in the complaint.</p>

	<p><b>Analysis/Reasoning:</b></p> <p>The Auditor conducted a formal interview with facility Sexual Abuse Investigators. Each Investigator informed the Auditor the agency's policy requires the use of preponderance as the standard of evidence to substantiate an allegation of sexual abuse or sexual harassment. The Auditor asked the investigators to explain the meaning of preponderance. Investigators explained a preponderance means there is more evidence to justify the investigator's determination.</p> <p><b>Conclusion:</b></p> <p>Based on policy review, investigative file review, and interviews noted above, Idaho State Correctional Center meets requirements of this standard.</p>
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<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• Completed Inmate Notification Forms</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Staff</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p><b>Notifications</b></p> <p>The PREA compliance manager must ensure the victim is notified of key events, as noted below, during and after a sexual abuse investigation. All notifications will be documented on the PREA Finding Report. The PREA Finding Report must be signed by the staff delivering the notification. The signed PREA Finding Report is then filed in the PREA folder.</p> <p>For all allegations, the victim is notified of the investigation findings, and when criminal indictments or convictions occur. Findings for investigations involving outside agencies or SIU must be delivered in the same manner with the PREA coordinator providing the information for delivery to the victim. For investigations involving allegations against staff, the victim is also notified when the following occurs:</p> <ul style="list-style-type: none"> <li>• The accused staff member is no longer posted within the victim's unit.</li> <li>• The accused staff member is no longer employed at the facility.</li> </ul> <p>Notifications are no longer required after the resident is released from the custody of</p>

the department. The PREA coordinator must review open PREA cases monthly and notify PREA compliance managers of victims who have been transferred between facilities to ensure the victim continues to receive required services and notifications, unless the victim has requested otherwise.

**Analysis/Reasoning:**

The facility uses a Victim Notification Form to document that they have notified offenders who alleged sexual abuse as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. A review of the investigative files revealed that the victims are notified in a timely manner. When the agency does not conduct the investigation themselves, they do request that the investigative agency notify them of the outcome or status of the case. A review of the case files revealed that notices in files. When an inmate departs the facility prior to the completion of the investigation, the facility attempts to notify the victim of the outcome of the case. When the agency does not conduct the investigation into an inmate's allegation of sexual abuse in the facility, the agency requests the relevant information from the investigative agency in order to inform the inmate. A review of investigative case files indicates attempts to follow up with investigators.

The agency policy 149.01.01.001 requires that inmates are notified if following an inmate's allegation that a staff member has committed sexual abuse against the inmate, (unless the agency has determined that the allegation is unfounded) whenever the staff member is no longer posted within the inmate's unit; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. I reviewed investigative files that met this requirement and the appropriate notice was given to the victims.

Agency policy 149.01.01.001 requires that following an inmate's allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently must 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; or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of investigative files indicates that this is the practice at the facility. The facility documents notices in writing to alleged sexual abuse victims.

**Conclusion:**

ISCC had (18) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, there were (13) inmates who were notified, verbally or in writing, of the results of the investigation. There were (3) number of investigations of alleged inmate sexual abuse in the facility that were completed by an outside agency in the past 12 months. Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, there were (3) number of inmates alleging sexual abuse in the

	<p>facility who were notified verbally or in writing of the results of the investigation.</p> <p>In the past 12 months, there was (1) number of notifications to inmates that were provided pursuant to this standard; of those notifications made in the past 12 months, there was (1) number that were documented.</p> <p>The Auditor concluded the PCM understands the requirement and the agency has appropriate procedures in place to notify offenders of investigative results at the conclusion of an investigation of sexual abuse. The Auditor reviewed agency policy, procedures, investigative records, interviewed staff and offenders to determine the agency meets the requirements of this standard.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• IDOC Standard Operating Procedure 205.07.01.001 Corrective and Disciplinary Action</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Interviews: Staff</li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01001</b></p> <p>Alleged violations of state statutes will be referred to the appropriate local law enforcement agency prior to conducting any formal internal investigation. A subsequent internal investigation to determine if employment misconduct has occurred may be conducted if the law enforcement agency declines to accept the referral or determines that insufficient evidence exists for criminal prosecution.</p> <p><b>05.03.00.</b> Employee Discipline Appropriate corrective or disciplinary action up to, and including, dismissal will be taken whenever this policy is violated. The severity and extent of discipline will be determined on a case-by-case basis by the totality of factors and circumstances of the individual situation.</p> <p>Corrective or disciplinary action will be taken in accordance with Department Policy 205, Corrective and Disciplinary Action, and IDAPA 15.04.01, section 190.01, Cause for Disciplinary Actions or Separation from State Service.</p> <p><b>Sanctions</b></p> <p>All substantiated sexual abuse incidents are referred to law enforcement for possible</p>

prosecution.

### **Staff**

Staff members are subject to disciplinary sanctions, up to and including termination, pursuant to Sexual Misconduct with Offenders, Policy 219, for:

- Engaging in sexual abuse of a resident.
- Failing to report to a supervisor any suspected or known sexual abuse of an resident by another resident, or by a staff, contractor, or a volunteer.
- Engaging in retaliatory conduct against a party involved in a sexual abuse or sexual harassment complaint.

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

### **SOP 205.07.01.001**

Corrective or disciplinary action will be fair, reasonable, and appropriate for the offense. The underlying principle of a sound progressive corrective and disciplinary action is to use the least severe action necessary to correct unsatisfactory performance or unwanted behavior, and to progress to more severe actions if the performance or behavior issues persist. Factors that will be considered in determining the nature and severity of corrective or disciplinary action are:

- The nature of the unsatisfactory performance or unwanted behavior, and the seriousness with which it affected the operations of the area in which the employee works
- The level of authority and responsibility of the employee
- The employee's work record including past performance, length of service, and previous corrective and/or disciplinary actions
- Previous efforts made to help the employee

### **Analysis/Reasoning:**

There was (1) disciplinary action to review of staff related to an incident of sexual abuse or sexual harassment at this facility in the past year. In the past 12 months, there was (1) number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. In the past 12 months, there was (1) number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

All disciplinary sanctions imposed 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.

All terminations for violations of agency sexual abuse or sexual harassment policies,



	<p>or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero (0) case where staff should have been reported to law enforcement or to the relevant licensing body.</p> <p><b>Conclusion:</b> The Auditor determined the agency has appropriate policies and practices in place to ensure staff are disciplined for violating the agency's sexual abuse and sexual harassment policies. The agency makes termination the presumptive discipline measure for engaging in acts of sexual violence. The agency reports violations of sexual abuse to the local law enforcement agency and relevant licensing bodies. The Auditor reviewed the agency's policies, procedures, investigative records, and conducted interviews with staff and determined the agency meets the requirements of this standard.</p>
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<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Contractors</li> <li>Volunteer</li> <li>Staff</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001 Contractors and Volunteers</b></p> <p>Any contractor or volunteer who engages in sexual abuse must be prohibited from contact with residents and must be reported to law enforcement agencies and to relevant licensing bodies.</p> <p><b>Some Evidence</b></p> <p>In sexual abuse cases involving a staff member, contractor, or volunteer, additional steps are required. If the initial review finds some evidence supporting the allegation that staff resident abuse may have occurred, or law enforcement is contacted, the shift commander must contact the warden or facility duty officer, the administrative duty officer (ADO) and Special Investigations Unit (SIU).</p>

SIU must accept the investigation and perform the staff and contractor interviews or provide input to trained facility investigators on how to proceed with staff or contractor interviews in conformance with SOP 150.01.01.006, Administrative Investigations. The ADO will involve human resources staff as needed to ensure proper procedures are followed if a staff or contractor must be removed from the facility.

The Shift Commander ask the facility head or duty officer if the staff member or contractor should to be reassigned to a different unit than where the victim is housed or removed from the facility. If volunteer or visitor, remove from facility after conferring with facility head.

**Analysis/Reasoning:**

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with an inmate is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. SOP 149.01.01.001 treats all volunteers as employees of the state and the same rules govern the volunteers as staff. Contractors and volunteers who engage in sexual abuse are prohibited from future contact with inmates. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. There were no incidents reported involving a contractor in the past 12 months. An interview with the Warden/ Superintendent revealed that it is well ingrained that volunteers or contractors would be banished from the facility for egregious violations such as a violation related to sexual harassment or sexual abuse.

The ISCC reported there were no incidents in which a volunteer or contractor engaged in or was alleged to have engaged in sexual abuse or sexual harassment in the previous 12 months. The Auditor conducted formal interviews with a volunteer and contract personnel. Each were asked what actions would be taken against them for violating sexual abuse or sexual harassment policies. The volunteer and contractors informed the Auditor they would be terminated from the facility. The Auditor asked if each is aware they would be reported to a law enforcement agency if found to have committed a criminal act of sexual abuse. Each is aware the facility reports criminal violations of sexual abuse policies to the appropriate law enforcement agency.

Volunteers and contractors are made aware of the IDOC sexual abuse and sexual harassment policies during their initial training and prior to providing services in the facility. Each volunteer and contractor attend training and signs a form of receipt of such. All volunteers and contractors are required to read the agency's policies and procedures related to sexual abuse and sexual harassment and sign a receipt after doing so. The Auditor verified through training records each volunteer and contractor in the facility had received training and reviewed the policies.

**Conclusion:**

The IDOC maintains appropriate policies to ensure contractors and volunteers at the ISCC are removed from offender contact after committing an act of sexual abuse or sexual harassment of an offender. The Auditor reviewed the agency's policies, procedures, training records, training curriculum and conducted formal interviews

	with staff, volunteer and contractors to determine the facility meets the requirements of this standard.
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<b>115.78</b>	<b>Disciplinary sanctions for inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• IDOC Standard Operating Procedure 318.02.01.001 Disciplinary Procedures for Inmates</li> <li>• IDOC Standard Operating Procedure Policy 607.26.01.014 Program Management for Inmates</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Investigative Files</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Investigator</li> <li>Medical Practitioners</li> <li>Mental Health Practitioner</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p><b>Sanctions for Residents</b></p> <p>Residents involved in sexual abuse of other residents can face criminal charges and IDOC administrative disciplinary action. Residents are subject to IDOC disciplinary actions for false reports, sexual abuse, sexual harassment, and consensual sexual activity in accordance with Disciplinary Procedures.</p> <p>Residents- SOP 318.02.01.001. Disciplinary actions may be taken even if the resident is not criminally charged, criminal charges are dismissed, or they are not convicted of the criminal charge. A report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred must not constitute a false allegation, even if the evidence does not substantiate the allegation.</p> <p><b>Consensual Contact Between Residents</b></p> <p>Before an investigation, it is often unknown if sexual contact between residents is sexual abuse or consensual sexual activity. When it is determined the sexual contact is consensual, the procedure converts to disciplinary action based on SOP 318.02.01.001, Disciplinary Procedures for Residents. Consensual sexual activity</p>

between residents is a rule violation, not sexual abuse.

#### **SOP 318.02.01.001**

##### **Legal Versus Administrative**

The disciplinary process described in this SOP is the IDOC's internal administrative process to document, manage, and modify inmate behavior. It is not a legal process.

An inmate who commits a serious offense will receive a DOR and will also be referred to outside law enforcement for criminal investigation and charges. However, the disciplinary process will proceed, regardless of whether the inmate is prosecuted for the crime, or whether a trial results in a conviction.

#### **SOP 607.26.01.014**

Every male inmate with a sexual offense in his history will be assessed using the Static-99R in RDU. Inmates whose current offense is sexual in nature will be required to complete sex offender-specific programming based on their Static-99R Score. If an inmate's instant offense was plead down from a sexual offense, RDU staff must initiate a clinical review to assess placement in CBI SO.

An inmate with a previous sexual offense who returns to prison on a new offense or parole violation that is not sexual in nature (i.e. substance abuse) will not be required to complete sex offender specific programming.

##### **Analysis/ Reasoning:**

SOP 318.02.01.001 governs inmate discipline. The policy states that offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or a criminal finding that an inmate engaged in inmate- on-inmate sexual abuse. In the twelve months of the review, there were (19) administrative allegations of inmate-on-inmate sexual abuse. There were no (0) criminal cases of inmate-on-inmate sexual abuse. A review of investigative and disciplinary reports indicates sanctions are commensurate with the nature and circumstances of the abuse committed. The facility takes into consideration the offender's disciplinary history and sanctions for comparable offenses committed by other inmates with similar histories. An inmate's mental disability would be considered when determining what sanctions to impose. The facility offers a variety of therapeutic services to abusers in order to address and correct underlying reasons or motivations for the abuse. The facility does not mandate participation in the therapy as a prerequisite to participate in facility programming.

The facility may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. If an offender files a report in good faith the offender will not be disciplined for falsely reporting the incident. The IDOC prohibits all sexual activity between inmates and may discipline inmates for such activity. The agency does not deem the activity to constitute sexual abuse if it determines that the activity is not coerced. This information was collaborated through a review of the Resident Handbook, facility rules, and the Inmate Discipline policy.

##### **Conclusion:**

	<p>The Auditor discovered the agency maintains policies that align with PREA standard 115.78 Discipline Sanctions for Inmates. Facility personnel ensure the policy is applied when choosing whether to discipline an offender for reporting or participating in an act of sexual abuse. The Auditor reviewed the facility's policies, procedures, offender records, interviewed staff and offenders. The Auditor determined the facility meets the requirements of this standard.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Medical and Mental Health Secondary Records that Document Compliance</li> <li>• Interviews <ul style="list-style-type: none"> <li>Medical Practitioners</li> <li>Mental Health Practitioner</li> <li>Staff</li> <li>Random Residents</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p> <p><b>Mental Health Response</b></p> <ol style="list-style-type: none"> <li>a. If the screening indicates the resident has experienced sexual victimization that has not been previously reported, the resident will be offered the option to visit with a clinician.</li> <li>b. Residents who have previously perpetrated sexual abuse will also be offered a visit with a clinician.</li> <li>c. When a visit is accepted, it must be completed within 14 days.</li> </ol> <p><b>Confidentiality</b></p> <ol style="list-style-type: none"> <li>a. The release of any information related to sexual victimization and sexual abusiveness that has occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments.</li> </ol> <p><b>Analysis/Reasoning:</b></p>

	<p>Inmates that had prior victimization were interviewed to determine that they were seen by Mental Health. The staff that conducts the screening states that a follow-up meeting would be requested at once. The intake officers complete the Risk Screening Instrument at the facility. Likewise, if an offender risk screening shows that an offender has a history of being an abuser, they are offered a follow-up meeting with mental health within 14-days. The healthcare provider reviews inmate screening instruments to decide if an offender had indicated that they have experienced prior sexual victimization, whether it occurred in an institutional setting or in the community. The staff ensures that inmates are provided a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>Discussion around sexual violence is part of the intake process with medical staff. Information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. Security staff members have access to this information on a need-to-know basis to assist in determining housing assignments, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews with Medical and Mental Health staff confirm that they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting unless the inmate is under the age of 18.</p> <p><b>Conclusion:</b></p> <p>In the past 12 months, there were (100) percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. In the past 12 months, there were (100) percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner.</p> <p>Based upon the documentation reviewed and processes conducted in accordance with agency policies, this standard is in compliance with the requirement of the PREA.</p>
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<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• PREA Incident Protocols</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Medical Practitioners</li> <li>Mental Health Practitioner</li> </ul> </li> </ul>

Staff  
Random Residents

**Auditor Discussion:**

**SOP 149.01.01.001**

**Medical and Mental Health Services**

Victims of sexual abuse receive prompt access to emergency medical treatment and crisis intervention based on the nature and scope of the abuse as determined by a medical or mental health professional. These services are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

All appropriate follow-up exams and booster vaccines must be scheduled and completed based on the CDC treatment guidelines. Referrals for continued care must be provided upon release from custody as needed.

**Medical Services**

When sexual abuse is reported five calendar days or more after the incident, facility medical staff provide appropriate treatment to include a medical assessment, mental health referral, treatment of all injuries, appropriate baseline labs, and prophylaxis for sexually transmitted diseases as described in "A National Protocol for Sexual Assault Medical Forensic Examinations and the Centers for Disease Control (CDC) Treatment Guidelines."

All appropriate follow-up exams and booster vaccines must be scheduled and completed based on the CDC treatment guidelines. Referrals for continued care must be provided upon release from custody as needed.

Victims of sexually abusive vaginal penetration must be offered pregnancy tests. If a sexual abuse results in pregnancy, sexual abuse victims must receive comprehensive information about, and timely access to pregnancy-related medical services.

When a reportable infectious disease, such as HIV, is detected, the medical provider is responsible for reporting it to the state health authority as required by law.

**Mental Health Services**

Facility mental health providers must provide a mental health evaluation and appropriate treatment to residents who have been victimized by sexual abuse while incarcerated. Services provided must be based on that individual's identified clinical need. A follow-up mental status assessment will be performed within 30 days to monitor for delayed trauma reaction. The same standards as the first assessment apply.

If the resident is suffering from an acute stress reaction as the result of sexual abuse or victimization, the clinician will determine the level of need for services. In most cases, the resident will be referred to current facility mental health services. If a

mental health professional determines their mental health needs cannot be met by the facility services, the clinical supervisor is to consult with the Chief of Psychology, who may determine that a service provider outside the employment of IDOC is to be contracted to provide assessment and stabilization services for individual therapy to last approximately six sessions.

**Medical and Mental Health Services**

Victims of sexual abuse receive prompt access to emergency medical treatment and crisis intervention based on the nature and scope of the abuse as determined by a medical or mental health professional. These services are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

**Analysis/Reasoning:**

Victims of sexual abuse will be provided with timely unimpeded access to all services in which they would be entitled to if they were sexual abuse victims in the community. These services will be comparable to those provided in the community and at no cost to the victim. These services include but are not limited to victim advocate services, SANE/SAFE exams, Medical and mental health care, etc. If the SAFE's or SANE's are not available, the exam can be performed by other qualified medical practitioners.

The facility will document its efforts to provide SANE/SAFE. If it is determined that follow care is required (i.e. prenatal care, mental health care, etc.) These services will be offered in the facility or at an outside agency if the facility is unable to provide them internally.

If requested by the victim. The victim advocate, qualified DOC staff member, or qualified community based organization staff member shall accompany and support the victim through the forensics medical exam process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals.

Supervisors will ensure that someone that is trained in investigating sexual assault within a confinement setting is notified of the incident.

**Conclusion:**

The Auditor reviewed the agency's policies, procedures, Sexual Assault Response Checklist and interviewed staff, offenders and SANE. The Auditor determined the agency meets the requirements of this standard.

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



**Policy, Materials, Interviews and Other Evidence Reviewed**

- IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)
- PREA PAQ Completed by Idaho State Correctional Center (ISCC)
- PREA Incident Protocols
- Medical Records
- Interviews:
  - Medical Practitioners
  - SANE
  - Staff

**Auditor Discussion:****SOP 149.01.01.001****Medical Services**

When sexual abuse is reported five calendar days or more after the incident, facility medical staff provide appropriate treatment to include a medical assessment, mental health referral, treatment of all injuries, appropriate baseline labs, and prophylaxis for sexually transmitted diseases as described in "A National Protocol for Sexual Assault Medical Forensic Examinations and the Centers for Disease Control (CDC) Treatment Guidelines."

All appropriate follow-up exams and booster vaccines must be scheduled and completed based on the CDC treatment guidelines. Referrals for continued care must be provided upon release from custody as needed.

Victims of sexually abusive vaginal penetration must be offered pregnancy tests. If a sexual abuse results in pregnancy, sexual abuse victims must receive comprehensive information about, and timely access to pregnancy-related medical services. When a reportable infectious disease, such as HIV, is detected, the medical provider is responsible for reporting it to the state health authority as required by law.

**Ongoing Response**

A follow-up mental status assessment will be performed within 30 days to monitor for delayed trauma reaction. The same standards as the first assessment apply. If the resident is suffering from an acute stress reaction as the result of sexual abuse or victimization, the clinician will determine the level of need for services. In most cases, the resident will be referred to current facility mental health services. If a mental health professional determines their mental health needs cannot be met by the facility services, the clinical supervisor is to consult with the Chief of Psychology, who may determine that a service provider outside the employment of IDOC is to be contracted to provide assessment and stabilization services for individual therapy to last approximately six sessions.

**Mental Health Response**

- a. If the screening indicates the resident has experienced sexual victimization that

- has not been previously reported, the resident will be offered the option to visit with a clinician.
- b. Residents who have previously perpetrated sexual abuse will also be offered a visit with a clinician.
- c. When a visit is accepted, it must be completed within 14 days.

**Analysis/Reasoning:**

Offender victims have the right to follow up and counseling services after they have been abused at the facility. These services are all provided to the offender victim regardless of whether the offender names their abuser or agrees to cooperate with the investigation. If an offender is sent out for a forensic medical examination, they will be required to come back to medical when they arrive at the facility. This gives the medical personnel time to review the documentation provided by the hospital and follow those recommendations. When questioned about whether the level of care offender victims receive at the facility is equal to or higher than the level provided in the community at large, the answer was better than what the offender can expect in the community. The mental health personnel at the facility are able to provide reasonable care to those that are lower functioning.

**Conclusion:**

The facility's medical and mental health practitioners offer counseling, treatment, sexually transmitted infection prophylaxis and make referrals for continued care when necessary. The services provided to offender victims are consistent with a community level of care. The Auditor reviewed policies, procedures, offender records, interviewed offenders, SANE and medical/mental health practitioners to determine the facility meets the requirements of this standard.

<b>115.86 Sexual abuse incident reviews</b>
<b>Auditor Overall Determination:</b> Meets Standard
<b>Auditor Discussion</b>
<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Sample of Investigative Reports</li> <li>• Interviews: <ul style="list-style-type: none"> <li>Staff</li> </ul> </li> </ul> <p><b>Auditor Discussion:</b></p> <p><b>SOP 149.01.01.001</b></p>

## **Sexual Abuse Incident Reviews**

The facility head or designee must conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation usually within 30 calendar days after the investigation ends, unless the allegation was unfounded.

For substantiated and unsubstantiated incidents, the facility head must assemble a review team comprised of upper-level facility management, which will seek input from:

- Line supervisors
- Investigations
- Medical and mental health staff

The team must assess all factors outlined in the PREA Sexual Abuse Incident Review, provide recommendations for improvement, and submit the report to the facility head and PREA compliance manager. The facility head must implement the recommendations for improvement or document the reasons for not doing so and forward the completed incident review form to the PREA coordinator.

The PREA coordinator will compile a summary of incident reviews, address any departmental changes needed, and provide an annual review to the department's leadership team. The PREA compliance manager ensures the PREA Sexual Abuse Incident Review and investigation file are filed in the PREA folder.

### **Analysis/Reasoning:**

In the past 12 months, there were (10) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. In the past 12 months, there were (10) criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

### **Non-Compliance Reason**

The facility does not have an Incident Review Team and has not met the requirements of this standard.

### **Corrective Action Needed**

The facility must establish an Incident Review Team which shall include upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners. The Team will ordinarily meet thirty days after the completion of an investigation. The Team will meet on all completed cases that were not unfounded during the investigation of complaints during the current audit period. Copies of the Incident Review Team Report will be sent to the auditor.

### **Corrective Action Deadline**

This action should be completed 90 days from the date of the onsite audit.

	<p><b>Corrective Action Completed</b></p> <p>Idaho State Correctional Center's Incident Review Team has been activated and has met on several occasions to review PREA Cases that have been investigated and were determined to be unsubstantiated. The auditor has received copies of the Incident Review Team minutes. Standard 115.86 is now in compliance.</p>
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<b>115.87</b>	<b>Data collection</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Idaho Department of Correction PREA Webpage</li> <li>• SSV Reports to Department of Justice</li> <li>• Aggregated Data</li> </ul>
	<p><b>Auditor Discussion</b></p>
	<p><b>SOP 149.01.01.001</b></p>
	<p><b>Data Collection and Review</b></p> <p>The department must collect and review data on all incidents of sexual abuse and sexual harassment occurring in correctional facilities. Annually, the data is used to assess and improve the effectiveness of sexual abuse prevention, detection, response policies, practices, and training.</p> <p>The PREA coordinator aggregates the data to respond to the Survey of Sexual Violence conducted by the Department of Justice. The PREA coordinator also prepares an annual report that identifies problem areas, and corrective action or changes were implemented. The report, when approved by the director, is posted on the IDOC website, <a href="http://www.idoc.idaho.gov">www.idoc.idaho.gov</a>. The data collected is securely retained and maintained for 10 years after the date of the initial collection.</p> <p>Federal reporting requires sexual abuse and sexual harassment data be aggregated. IDOC removes all personal identifiers and consolidates data groupings to protect victims as is required by PREA Standard 115.87 (b)-1 and 115.287 (b)-1.</p>
	<p><b>Non-IDOC Facility Data</b></p> <p>Contract and jail facilities have their own reporting requirements. That data is not</p>

included in the agency’s Survey of Sexual Victimization. The IDOC Contract Unit monitors contract facilities and jails for compliance with agency policy, including PREA. During 2022, contract facilities substantiated three sexual abuse cases involving Idaho Department of Correction residents.

**Analysis/Reasoning**

The Idaho Department of Correction, SOP 149.01.01.001, details the standardized definitions. The agency collects uniform data of each allegation within the agency, including contracted facilities. The policy addresses quality assurance and accurately tracking data for the agency using a standardized instrument and set of definitions. While the IDOC follows the SSV as guidance for the collection of proper data, the agency also tracks all sexualized behaviors within the facilities to help gauge potential problems or trends. All PREA data is entered into a database for preservation and ease of tracking. All the data is aggregated annually, and a report is generated from the data. A review of the database revealed that the required data is tracked to answer all questions on the Survey of Sexual Violence by the Department of Justice.

The PREA Director reviews all sexual harassment and sexual abuse data and confirms that all the data is entered into the database. This data is gleaned from available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The agency also gathers PREA Incident data from the contracted agency that houses inmates on their behalf.

The IDOC is supplied with a monthly status report of all PREA incidents by the contractor. The contract monitor ensures that the incidents have been tracked and checked. The reports are then provided to the PREA Director for the IDOC who compiles the annual reports for the agency. The report for 2022 have been completed and posted on the website. The contracted agency aggregated reports are posted publicly on the IDOC webpage. I reviewed the 2022 aggregated reports as well as the annual reports generated by the IDOC.

**Conclusion:**

The Auditor observed evidence the facility is collecting and aggregating sexual abuse data annually. The reported data utilizes a standardized set of definitions. The Auditor reviewed the agency's policies, procedures, website, annual reports, Survey of Sexual Violence and

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA</li> </ul>

	<p>SOP)</p> <ul style="list-style-type: none"> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Idaho Department of Correction PREA Webpage (<a href="https://doc.vermont.gov/prison-rape-elimination-act-prea">https://doc.vermont.gov/prison-rape-elimination-act-prea</a>)</li> <li>• Annual PREA Reports</li> <li>• Interview: Staff</li> </ul> <p><b>Auditor Discussion:</b></p> <p>The PREA SOP 149.01.01.001 and the PAQ indicate that the agency reviews data annually to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies and training. The review includes identifying problem areas, taking corrective action on an ongoing basis, and preparing an annual report of its findings and any corrective action. A review of annual Reports indicates that the report contains information on IDOC’s PREA efforts to include the actions taken in response to the previous year’s PREA audits.</p> <p>.</p> <p><b>Conclusion:</b></p> <p>The Auditor concluded the agency completes an annual review of collected and aggregated sexual abuse data from its facilities, including a private facility that the agency contracts for the confinement of IDOC offenders. The annual report addresses problem areas and corrective actions taken and is approved by the Director prior to publishing on the agency's website. The Auditor reviewed the agency's policies, procedures, website, Annual Reports and interviewed staff to determine the agency meets the requirements of this standard.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Idaho Department of Correction PREA Webpage</li> <li>• Annual PREA Reports</li> <li>• Interviews: Staff Observations</li> </ul> <p><b>SOP 149.01.01.001</b></p> <p><b>Data Collection and Review</b></p>

The department must collect and review data on all incidents of sexual abuse and sexual harassment occurring in correctional facilities. Annually, the data is used to assess and improve the effectiveness of sexual abuse prevention, detection, response policies, practices, and training.

The PREA coordinator aggregates the data to respond to the Survey of Sexual Violence conducted by the Department of Justice. The PREA coordinator also prepares an annual report that identifies problem areas, and corrective action or changes were implemented. The report, when approved by the director, is posted on the IDOC website, [www.idoc.idaho.gov](http://www.idoc.idaho.gov). The data collected is securely retained and maintained for 10 years after the date of the initial collection.

**Analysis/Reasoning**

The IDOC has several safeguards in place to securely retain PREA related data. In addition to having an information security policy that addresses access, systems, and use, the agency requires that desktop computers require a password, and all mobile devices are needed to keep a strong password. Passwords must be updated periodically as required by agency policy. The agency makes available the aggregated data to the public on their website. The data from contracted facilities are also available on the webpage. All personal identifiers are removed from the aggregated reports prior to publication. Interviews with the PREA Coordinator reveal that all PREA related data will be kept for at least 10 years after the date of the first collection unless Federal, State, or local law requires otherwise.

**Conclusion:**

The Auditor reviewed the agency's website, annual reports, made observations and interviewed staff to determine the agency meets the requirements of this standard.

115.401	Frequency and scope of audits
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Idaho Department of Correction PREA Webpage</li> <li>• Annual PREA Reports</li> </ul> <p>The auditor had access to all areas of the facility, permitted to receive and copy any relevant policies, procedure, or documents, permitted to conduct private interviews, and was able to receive confidential information/correspondence from inmates. The audit team received complete cooperation with the IDOC, facility staff, and inmates</p>

	<p>at the prison. Policy and Procedures and secondary documentation were provided before the onsite tour and post audit.</p> <p>All staff at the facility cooperated with the Auditors and allowed them to conduct interviews with staff and inmates in a private area. The Auditors were permitted to conduct unimpeded, private interviews with inmates, both informally and formally in private interview rooms which were convenient to inmate housing areas and work areas. The facility staff facilitated the interviews in a timely and efficient manner and informal interviews with inmates confirmed that they were aware of the audit and the ability to communicate with the Auditors.</p> <p>Prior to the on-site review, letters were sent to the facility to be posted in all inmates living areas advising of the audit and which included the Auditor's address. These notices were sent to agency and facility staff for posting six weeks prior to the onsite visit and the Auditors observed notices posted in various areas of the facility.</p> <p><b>Conclusion:</b> The Auditor concluded the Idaho State Correctional Center meets the requirements of this standard.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p><b>Policy, Materials, Interviews and Other Evidence Reviewed</b></p> <ul style="list-style-type: none"> <li>• IDOC Standard Operating Procedure 149.01.01.001 Prison Rape Elimination (PREA SOP)</li> <li>• PREA PAQ Completed by Idaho State Correctional Center (ISCC)</li> <li>• Idaho Department of Correction PREA Webpage</li> <li>• Annual PREA Reports</li> </ul> <p>I have observed the PREA Final reports that were posted on the agency's webpage. The agency completed audits for all facilities in Cycle One and Cycle Two. This is year three of the audit cycle one and the agency has had three facilities audited this year.</p> <p><b>Conclusion:</b> The Auditor determined the agency meets the requirements of this standard.</p>



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

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

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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	no
	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?	no
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	no
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

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

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



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

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

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

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

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

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	no
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	no
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	no
	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?	no
	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?	no
<b>115.33 (c)</b>	<b>Inmate education</b>	
	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

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



	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	no
	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?	no
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	no
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	no

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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?	no
	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)?	no
	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?	no
	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?	no
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	no

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	no
	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?	no
	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?	no
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	no
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	no
	Does the facility reassess an inmate's risk level when warranted due to a request?	no
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	no
	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?	no
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	no
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	no

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a) Use of screening information</b>		
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	no
	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?	no
	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?	no
	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?	no
	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?	no
<b>115.42 (b) Use of screening information</b>		
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	no
<b>115.42 (c) Use of screening information</b>		
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	no
	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	no

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	no
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	no
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	no
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	no
	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.)	no
	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	no

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

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

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



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

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	no
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	no

	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?	no
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	no
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	no
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	no
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

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

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

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

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

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



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

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

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

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

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

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

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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	no
<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	no
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	no
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	no
	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?	no
	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?	no
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	no
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	no
	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?	no
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	no



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

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

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

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